

Loss Prevention Standards – Casualty Classes

Manual Handling in Nursing and Residential Homes

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Identifying the training, equipment and assessment needs required for safe manual handling of residents.



Manual Handling in Nursing and Residential Homes



Introduction

Recent statistics produced by the Health and Safety Executive (HSE) demonstrate the importance of managing the risks associated with manual handling to protect employees in this setting. 13% of the UK workforce are in the health and social care sectors, and of 208,000 workers who suffered from work-related ill health, of these there was an estimated 63,000 cases related to musculoskeletal disorders (new or long standing) – source: [HSE](#).



Legal Requirements

The Manual Handling Operations Regulations 1992 ([click here](#) for further guidance) defines manual handling operations as: *"transporting or supporting a load (including lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force."*

Employers are required to eliminate the risk of injury by avoiding manual handling where possible. If the risk cannot be eliminated, a systematic assessment of manual handling activities must be carried out including the action taken to reduce risks to the lowest practical level.

As a first step, employers must judge the risk of injury. If no evidence of risk of injury for a particular manual handling task is found, no further action will be necessary. But if a risk of injury is identified, and the task cannot reasonably be avoided, a more detailed assessment will be needed. Assessments must be reviewed regularly and kept up to date.

The Home's health and safety policy should already include a section on manual handling of residents by nursing and other staff groups. This section should identify who undertakes manual handling or has responsibilities for training or purchasing equipment and mechanical lifting aids. Policies and procedures must be effectively communicated to everyone involved.

Commissioning Organisations and Care Provider

Commissioning organisations should supply the care provider with any information gained during the care assessment that has health and safety implications in time for it to feed into the initial care plan.

Manual Handling Assessments

The first step is to identify where manual handling operations can be avoided, but this doesn't mean automatically adopting a 'no lifting' policy irrespective of the client's wishes and needs.

In addition to the assessments carried out to comply with the legislation, the individual care plans for each client will make reference to manual handling, whether two people are required, and any need for aids and appliances. Even if mechanical handling equipment is available, it may not totally avoid the need for manual handling, so an assessment will still need to be made.

The HSE has developed an [assessment form](#) as part of a package of measures for manual handling. The assessment should be user-focussed and where possible, user-led, so that each individual client has more control over their personal needs. A co-operative approach is required, with due sensitivity to client needs.

Handling Aids

The assessment process should identify which manual handling tasks require which mechanical aids, such as slide sheets, stand-aid hoists, and adjustable height beds. In addition to reducing the manual handling load of staff, equipment should be:

- Easy to operate
- Capable of lifting the load safely and being used in the intended location
- In sound condition and properly maintained and statutory inspections up to date
- Suitable for the condition and comfort of the resident

Training

Training in manual lifting techniques has often been regarded as the primary means of avoiding injury. However, training in manual lifting techniques in isolation can be misleading, causing staff to apply the techniques irrespective of other relevant factors.

Appropriate training must be provided to all staff groups before any manual handling tasks are undertaken, with ongoing training by review or refresher courses planned and implemented. Appropriate supervision must be provided to ensure training is put into practice. As a minimum, training programmes should include:

- Back care - training should cover spinal mechanics so that the causes of back pain, of posture and movements likely to contribute to pain or injury can be readily identified
- Ergonomics - guidance on evaluation of the environment, task, load, and individual capability should be included, along with advice on how employees can alter their own environment to make work safer
- Mechanical handling aids - training should cover the practical use and care of such equipment and reference should be made to the supplier's handbook. Advice on how to gain the co-operation of residents and when to offer reassurance should also be covered
- Manual handling techniques - the procedures to be followed if the designated system of work cannot be applied and how to secure additional assistance when it is required
- Fitness - increasingly recognised as important in the avoidance of injury. General fitness, the effect of obesity and other physical conditions such as pregnancy are relevant considerations

Audit and Review

The precautions put into place through the risk assessments and training will have no effect if they are not used in practice. Systems should be put in place to regularly review the actual practices taking place and to act upon the findings. This will include investigating any injuries or incidents.

Key Action Steps

The following steps need to be taken to manage the manual handling risks:

- Appoint a competent person to carry out the manual handling assessments and ensure that they are adequately trained and resourced for the task
- Assess the tasks and identify how to reduce the risks as far as is reasonably practicable
- Provide handling aids and equipment
- Appoint a competent trainer and decide what training should be provided
- Carry out training
- Record the assessments and training
- Audit and review

Checklist

A generic Manual Handling in Nursing and Residential Homes Checklist is presented in Appendix 1 which can be tailored to your own organisation.

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Additional Information

- [Manual Handling: Guidance on the Regulations \(L 23\), HSE Books 2016](#)
- [All Wales NHS Manual Handling Training Passport and Information Scheme](#)
- [HSE website - Moving and Handling in Health and Social Care](#)
- [Health and Safety in Care Homes HSG 220](#)

To find out more, please visit [Aviva Risk Management Solutions](#) or speak to one of our advisors.

Email us at riskadvice@aviva.com or call 0345 366 6666.*

*The cost of calls to 03 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. For our joint protection telephone calls may be recorded and/or monitored.

Appendix 1 – Manual Handling in Nursing and Residential Homes Checklist



Location	
Date	
Completed by (name and signature)	

	Manual Handling	Y/N	Comments
1.	Have manual handling risk assessments been completed by a competent person and are these included within the individual's care plans?		
2.	Has the assessment looked at the use of manual handling equipment where possible?		
3.	Have all relevant employees been trained on manual handling and does this include TILE (Task Individual Load Environment)?		
4.	Is refreshing training carried out?		
5.	Is the manual handling training provided relevant for the tasks undertaken?		
6.	Are any observations carried out to ensure staff are following the plans and procedures?		
7.	Are formal audits and reviews carried out?		
8.	Is all the manual handling equipment subject to a visual daily check by the operator and statutory inspections?		
9.	Can users easily identify that all equipment testing is up to date?		
10.	Additional Comments:		

LOSS PREVENTION STANDARDS

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