



Safe moving and handling guidance

An overview of moving and handling in the care industry, from legislation to practical tips, written by Frances Leckie, editor of the [Independent Living website](#)

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Introduction

Moving and handling is a regular daily task in healthcare, whether you are a professional care provider, or providing care for a family member, partner or friend.

Poor practice in moving and handling can have serious consequences. It is one of the most common causes of musculoskeletal disorders (MSD) at work.

The health and social care industry comes in at number three in terms of back injuries, after construction and transport, with an average rate of 730 per 100,000 workers.

An estimated 8.9 million working days were lost due to work-related MSDs; each case represents an average of 17 and a half days.

Likely consequences of attempting to move a person, or help them to move, incorrectly, are:

- back pain and damage, which can lead to long absence from work or premature retirement
- accidents which may injure you and/or the person you are moving
- pain and loss of dignity for the person being moved



What the law says

For employers, safe moving and handling is regulated by legislation:

Health and Safety at Work etc Act 1974 (HSWA)

This is the cornerstone of safe working practices, healthy environments and avoidance of accidents in the workplace, and has sections relevant to manual handling.

Management of Health and Safety at Work Regulations 1999 reinforces the 1974 act.

Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)

Specific regulations concerning moving and handling.

They include duties for employers, who are required to:

- **avoid** manual handling, wherever possible
- **assess** the risks of any handling tasks that can't be avoided
- **reduce** the risk of injury as far as possible

Employees also have responsibilities. They should:

- **follow** safe working guidance provided
- **use** equipment correctly
- **inform** the employer of any handling risks they identify
- **take care** not to put others at risk through their activities
- **cooperate** with their employer on health and safety

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

This law governs the use of lifting equipment specifically.

LOLER regulations state that any lifting operations which involve the use of equipment must be properly planned by someone competent to do so; supervised appropriately; carried out safely.



Any equipment used for lifting has to be fit for purpose, appropriate for the task and suitably marked. Maintenance records must be kept, and any defects reported.

The Health and Safety Executive (HSE) requires regular, thorough examination of lifting equipment. For equipment and accessories used for transferring people, the interval is six months.

Transfer equipment should also be inspected when it is first commissioned or installed; if it is out of use for an extended period of time; if it is modified in any way; or if it is involved in an incident or failure to function correctly.

In the event of a defect being identified in the course of LOLER testing, which is (or could become) a danger to people, the person carrying out the test must notify the equipment owner/operator immediately.

They are then responsible for ensuring the lifting equipment is not used until the defect has been remedied.

The LOLER report must include written notification of all defects, even if they are remedied immediately, for example by destruction of a sling.

The person making the report must also notify the relevant enforcing authority, such as the HSE, with a copy of the report.

If a defect is identified which is not serious enough to require that the equipment is not used until it is rectified, a time period should be specified in the report by which it must be put right.

Provision and Use of Work Equipment Regulations 1998 (PUWER)

PUWER regulations cover all equipment provided for work and used by employees in the course of their duties.

In health and social care environments, this can include equipment used to care for patients, such as hoists, electric profiling beds and medical equipment.

Essentially the Regulations require that work equipment is:

- right for the job
- used safely by people who have been trained in its use
- maintained so that it remains safe

Generally, any equipment, used by an employee at work, attracts the requirements of PUWER.



Risk assessment

Avoid manual handling where possible

Clearly, it is not possible to avoid moving a person who is unable to move independently, but it is possible to make the procedure safer with the right equipment.

For this reason, **risk assessment** is extremely important.

There are two types of risk assessment required; generic and individual.

Generic risk assessment considers the workplace/environment in general, including the equipment needed; safe staffing levels; emergency procedures; and any risks associated with the physical environment.

Individual risk assessments look at the specific moving and handling needs of a person, to ensure the safety of both care staff and patient/service user. This will include assessing the degree of help needed; any specific equipment requirements; the number of staff needed to complete the task safely.

All risk assessments must be carried out by a 'competent person', who is most likely somebody within the organisation, as they are best placed to understand the services provided and tasks carried out. They will probably require specialist training in risk assessment.

Risk assessments form part of a care plan, and should be person-centred, ensuring that the dignity and well-being of the individual is respected. They and/or their family should be involved in the process as far as possible, so that they understand the equipment being used, and how it will protect everyone involved in the transfer from injury and discomfort.

Specialist advice on helping users with specific moving and handling needs can be useful.

For example, some people can become agitated or upset when they are moved. Others may be able to cooperate with a transfer initially, but become too tired subsequently. Some needs change depending on the time of day.



Sources of advice include:

- occupational therapists
- physiotherapists
- manual handling advisers
- ergonomists with experience in health and social care
- professional bodies such as the National Back Exchange or Chartered Society for

Physiotherapists

If you employ five or more people, you are legally obliged to keep a record of all your risk assessments. It is good practice for all organisations to keep such records, and communicate them with any relevant staff, in order to help with managing risks effectively.

How far to reduce risks?

It is impossible to eliminate risk entirely, but paying attention to the environment, appropriate equipment and training can reduce risk to a minimum. The needs of both the person being moved and the carer must be considered.

Double handed care

The idea that there should be “two people for every lift” is a misconception, but still widespread. It is possible that the original source is the following paragraph in the **National Minimum Standards Regulations for Domiciliary Care 2003**, which states:

“12.8 Two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of care when the need is identified from the manual handling risk assessment.”

Note the final third of that statement, **when the need is identified from the manual handling risk assessment**.

What managers should take from this is that a moving and handling risk assessment is necessary, not that two carers should be involved in every lift.

Equally significantly, there have been significant developments in the design of transfer equipment in recent years. Very often, it is intended to be used by one person, and is quite safe without the need for an extra pair of hands.



Transfer equipment

Ceiling hoists

Overhead hoists run along permanently fixed tracks, and do not occupy floor space as a mobile hoist does.

Although the tracks are fixed in position, a well-designed overhead hoist system can give flexible support for transfers, with features such as XY junctions and turntables providing full room coverage, and even transfers through doorways from one room to the next.

They are generally less arduous for a carer to operate than a mobile hoist, and are the more suitable for longer distance transfers. They may even be operated by the user independently.

Standing transfer aids

These are a dignified option, provided the user can support their weight for at least a short time, and participate in the transfer. Some designs can be used for transport over short distances as well as simply transferring from bed to chair, or chair to toilet.

There are also health benefits to be derived from standing up, such as improving muscle and bone strength, digestive function and circulation.

In and out of the bath

A soak in the bath is a therapeutic experience, and an opportunity for children to play, not just a way of getting clean.

Transferring into the tub can be accomplished more easily with one of the new generation of assisted baths that incorporate a powered chair to lift the bather up over the rim and down into the water.

Some, like the Syncra system, use the same chair on a wheeled base to transfer from bedroom to bathroom, eliminating the need for an additional hoist.



Bathing routines – safe working height

Providing care to someone in bed or in the bath is uncomfortable and likely to cause injury, unless the surface can be raised to a safe working height for the carer. Hi low baths allow the bather to be transferred into the tub safely and comfortably at a normal, fairly low level, and can then be raised to the appropriate height for the carer.

The addition of a height adjustable changing table, such as the Nivano or Neatfold, allows the bath to be used as a height adjustable showering, changing and dressing table. This cuts down on the amount of moving and handling normally associated with getting someone in and out of specialist baths.



Training in safe moving and handling

Irrespective of the quality of the equipment used, if the people using it are not properly trained, the transfer is not likely to be smooth and comfortable as it should be, and there will be a risk of injury to one or both parties.

Training is therefore paramount – and indeed a legal requirement. Unfortunately, though mandatory, training is not currently subject to any minimum quality threshold. Courses provided by respected organisations such as RoSPA and St John's Ambulance, which lead to Ofqual recognised qualifications in safe moving and handling, will be much more thorough and reliable than cheaper alternatives.

Good quality training provided by reputable suppliers in using their own equipment safely is also important. There may be differences between the operation of one hoist and another, so skills are not necessarily transferable.

Possible hazards in use of hoists

Training should address the key risks in hoist usage:

- selecting the wrong type of hoist or sling for the person being transferred, or the task. This can mean there is too little support, and a risk of falling. For example, a toileting sling provides great access, but not much support.
- using a sling of the wrong size, causing discomfort if the sling is too small, or risking the person slipping through if it is too large. Unfortunately, there is no universal colour coding for sling sizes.
- incompatibility of hoist and sling. Not all slings are suitable for every hoist, and the fixing may be insecure if you don't make the right selection. You should follow the hoist manufacturer's advice about suitable slings.
- mobile hoists are at risk of overturning if used on unsuitable surfaces, or for long-distance transfers.
- not following the manufacturer's instructions.
- equipment failure due to poor maintenance or lack of inspection.
- leaving a vulnerable person unattended in a hoist.
- failing to use any safety harness or belt correctly. Some slings come with loops of different length for fixing to the hoist, either to increase the user's comfort or the range of positions. The correct loops must be selected so that there is no risk of slipping.



Basic principles of safe manual handling

For those situations where manual handling cannot be avoided, there are some basic principles you should observe to protect yourself from injury.

Lifting

1. Plan ahead. Is there an aid you could use? Are there any obstructions on the way?
2. Wearing suitable shoes with nonslip soles, adopt a stable position, with feet apart and one leg slightly forward.
3. Get close to the load; hold it near your body, rather than at arms length, with a firm, comfortable grasp.
4. As you start to lift, it is better to bend through back, hips and knees, rather than either bending your back fully, or squatting.
5. If the weight is uneven, make sure the heaviest side is nearest to your body.
6. If you aren't comfortable in your grip, put the load down and adjust your position, rather than carrying on.
7. Keep your movements smooth, not jerky.
8. Your spine should be as close to neutral as possible: avoid twisting or leaning to one side.
9. Don't look down at what you are carrying, keep your head up and look ahead.



Pushing and pulling

Make sure that equipment such as wheeled shower chairs is well made and maintained. Larger wheels and castors with good quality bearings will make it easier to push without undue effort.

As long as you can see where you are going, and control the steering, it is better to push from behind, rather than pull from in front.

Managing slopes may well need an extra pair of hands, as pushing and pulling forces can be very high. For example, if a load of 400 kg is moved up a slope of 1 in 12 (about 5°), the necessary force is over 30 kg, even in ideal conditions. This is above the guideline weight for men and well above that for women.

Pushing someone in a chair over a soft or uneven surface, such as carpet, requires more effort. The force needed to start moving could be 10% of the load weight, rather than the 2% needed on a smooth level surface.

Keep your feet well away from the load, and don't try to go faster than normal walking speed, or you will quickly become tired.



Sources and further reading:

Health and Safety Executive – Guidance on safety in the workplace; Statistics relating to workplace injuries and accidents

You can download current legislation from legislation.gov.uk

HSE has comprehensive information about LOLER and PUWER

Royal College of Nursing has guidance on moving and handling techniques

RoSPA (Royal Society for the Prevention of Accidents) training in safe moving and handling

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