



The Dales School
North Yorkshire

Health & Safety Manual Handling Appendix 2

Person responsible: Ann Marie Ellis

Adopted and reviewed by the Governing Body : May 2022

Review Date: May 2023

Signed by the Chair:

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INTRODUCTION

The Dales School considers the Health and Safety of its pupils and staff as paramount and has produced this guidance for **Safer Moving and Handling**, i.e. lifting and transferring, both in and out of school. In implementing this policy the school will:

- Promote minimal, safer, effective and dignified moving and handling for all.
- Put into practice the school's Duty of Care towards pupils and staff.
- Work in co-operation with outside agencies that influence and advise on moving and handling.

The school will strive to promote and encourage the independence and dignity of all pupils and, at the same time, protect the health and well-being of staff and pupils. It will endeavour to achieve a balance within its decision-making between the needs and safety of all.

RATIONALE

Safer moving and handling is an integral part of the school's Health and Safety Policy. With regard to the specific needs of our pupils, it should be given special consideration. Liaison with Occupational Therapist, physiotherapists and reference to the HSE Manual Handling Guidance Regulations, 1992 should help to ensure that correct procedures are followed.

AIMS

[For all staff to follow and reduce risk to the lowest practicably possible]

1. **Avoid** hazardous moving and handling operations so far as is reasonably practical.
2. **Assess** any hazardous moving and handling operations that cannot be avoided.
3. **Reduce** the risk of injury so far as is reasonably practical.
4. **Review** all procedures on a regular basis.

(HSE Manual Handling Operations Regulations, 1992, Regulation 4, p8).

LEGISLATION

This guideline is based on, and complies with, current legislation, namely:

- **HEALTH AND SAFETY AT WORK ACT 1974**
- **THE MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1999**
- **THE MANUAL HANDLING OPERATIONS REGULATIONS 1992**
- **THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURENCES REGULATION 1995**
- **PROVISION AND USE OF WORK EQUIPMENT REGULATIONS 1998 (PUWER)**
- **LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS 1998 (LOLER)**
- **HUMAN RIGHTS ACT 1998**

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GUIDELINES AND PROCEDURES

1. The School Development and Action Plans will ensure that the **'continuing duty'** with regard to Moving and Handling is maintained. (HSE Manual Handling Operations Regulations, 1992, Regulation 4, p8)
2. Staff should be aware of the **Duty of Employees** with regard to Moving and Handling, namely:
 - to take reasonable care for their own health and safety and that of others who may be affected by their activities.
 - to co-operate with their employers to enable them to comply with their health and safety duties. (HSE Manual Handling Operations Regulations, 1992, Regulation 5 p37)
3. Teachers should ensure that appropriate risk assessments are carried out with Myra Woods Moving and Handling Practitioner and that a **Moving and Handling Management Plan** is completed for each pupil who requires one using the Moving and Handling master document. Some pupils may require more detailed information in relation to hoisting. This should be completed within the master document (Appendix A). A pupil may require a specific short term risk assessment after surgery. It is the responsibility of Myra Woods to complete this document (NYCC Moving and Handling of a Person) along with support and information from the relevant teaching staff and LMT.
 - In completing the Moving and Handling master document a hierarchy of measures will be established in line with NYCC guidelines and the aims of this policy.
 - The outcomes of agreed measures for safer moving and handling tasks will be recorded and maintained through the use of the Moving and Handling master document. Myra Woods also has a personal Moving and Handling requests document which records updates and progress.
 - The provision, storage and maintenance of moving and handling equipment must also be considered as part of the risk assessment procedure and recorded on the Moving and Handling master document.

MOVING AND HANDLING TRAINING

All teachers, teaching assistants, pupil support assistants, Office Administrators and Site Manager

- Require training.
- An annual general refresher and update on moving and handling will be delivered at an in-service event intended for all staff.
- New staff will be introduced to good manual handling practice through their induction and by working with staff members who have received training.
- Training and monitoring needs in relation to the moving and handling of specific pupils are on-going.

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SUPERVISION AND MONITORING

The supervision and monitoring of moving and handling practice within school is the **responsibility of all established staff** who have received training and should follow the NYCC guidelines.

Senior management and governors will ensure that effective standards for all aspects of moving and handling practice are implemented and maintained and that risk reduction measures are identified and implemented so far as is reasonably practicable.

COMMUNICATION

- General information is held by the Head and specific information relating to pupils is held by class teachers.
- Information regarding individual pupils is shared at class meetings or as required.
- Moving and handling issues should be reported to the Headteacher or Myra Woods in writing. Myra keeps a written record of correspondence and advice.
- It is the responsibility of all staff members to establish **good rapport and communication** to maintain good moving and handling practice and to aid problem solving.

EMERGENCY PROCEDURES

A **moving and handling emergency** is defined as an unforeseen imminent risk of injury to pupils or staff. In such an event staff should carry out such measures as are required to reduce the risk of injury and call for immediate assistance. The incident should be brought to the attention of the Head without delay.

REVIEW

All Health and Safety Policies, including appendices, on a regular basis.

- Pupil Moving & Handling Profile
- Moving and Handling Risk Assessment
- Hoisting Profile (annually)
- Pupil's Moving and Handling Management Plan

(Insert picture)

My Moving and Handling Plan

(Insert picture)

Date reviewed	Assessor	People Involved in Writing this Plan
	Myra Woods (MH HLTA)	

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Pupil Moving and Handling Profile						
Name						
DOB						
Diagnosis/Needs						
Other information						
Does the pupil have:						
<i>Please indicate if applicable</i>		Yes		Sometimes		
Altered muscle tone						
Epilepsy/Dystonia						
Sensory impairment						
Perceptual difficulties						
Hearing impairment						
Visual impairment						
Communication difficulties						
Pain - please indicate						
Delicate skin						
Risk of fractures						
Unpredictable movement						
Fear/anxiety- please detail						
Other- please detail						
Does the pupil have:						
Behaviour Support Plan						
Health Care Plan						
MOVE programme						
Physio programme						
Other						
Does the pupil						
		Yes		No		Sometimes
Show consistency in motor skills						
Understand instructions						
Follow instructions						
Are motor skills (please identify if applicable)						
		Yes		No		
Developing						
Static						
Declining						
Motor Skills	Independent	Minimal assistance	Assisted	Not able	Number of staff	Equipment (see further direction of use of equipment below)
Sitting						
Sitting to lying						
Lying to sitting						
Rolling						
Sit to stand						
Standing						
Transfers						
Walking forwards						

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Walking backwards						
Steps						

Equipment used (overview)	Tick and detail as necessary
Wheelchair/home chair	
Work/school chair	
Stander	
Walker	
Acheeva bed	
Side lyer	
Toileting chair	
Appliances worn	Detail as necessary
Hand splints	
Leg splints	
AFO	
Specialist boots	
DMO suit/Second skin	
Helmet	

Transfers & Hoisting	Classroom/ toilets	Pool
Is the pupil hoisted?		
Sling		
Another other information		

Hoist/ sling maintenance	Staff to carry out daily checks on the hoist, sling and tracks making sure all equipment is fit for purpose. If not report to the site manager. Staff to make sure the sling is positioned correctly around the student especially around the hips and legs area.
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Equipment	Staffing	Method or Technique

Additional information:

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Equipment: Buggy		Photo
Serial Number:		
Responsible Body: Wheelchair Centre		
Person responsible for training:		
When to be used (plus additional eg max usage times): Savvy comes to school and leaves school in her buggy. When accessing outside or other areas of the school Savvy is to use her buggy.		Additional information: Savvy has a chest strap that must be fastened when being moved in her chair. Savvy can bring her bottom forward in her buggy resulting in her neck being on her chest plate causing a chocking hazard. Staff to supervise Savvy in her buggy at all times.
Task	Staffing	Method or Technique
Always check that brakes are applied correctly before completing any moving and handling.		
Pushing wheelchair/ buggy.		Staff to be familiar with controls of wheelchair and confident in use. Good posture, elbows bent and tucked into body, keep chair close to body.
Wheelchair adjustments.		Good posture management, realign body so as not to stoop or twist. Use wide base either standing, kneeling or squatting.
Moving pupil equipment		POSAR, move shortest distance possible, ask for assistance
Pushing pupil/ chair under/away from desk.		Can table/desk be moved to the chair- is this a safer easier option? Postural management- do not lift, use techniques shown -sink, lock and rock.
Wheelchair to changing bed. Changing bed to wheelchair.		Staff to have completed their moving and handling training. Good posture management, realign body so as not to stoop or twist. uses a sling to access the changing bed from his wheelchair. The wheelchair should be as close to the changing bed to shorten the hoisting distance.
Wheelchair to floor. Floor to wheelchair.		
Wheelchair-standing. Standing-wheelchair.		
Wheelchair-plinth Plinth-wheelchair		
Additional information:		
Staff competency		
<p>The people signed below have received training in the use of the specific chair being used for the above pupil and have demonstrated their proficiency in operating the features of the chair. Training included:</p> <p>Daily checks, safety and the environment How the child gets in and out of the chair How and when to use the brakes High Low mechanism –</p> <ul style="list-style-type: none"> • when to use high-low function to facilitate transfers, • healthy moving and handling • the best visual field. <p>Tilt in space and how this can be used to help with transfers / change of pressure Lap straps – how to do it up and how to check tension</p>		

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Person responsible for training: School		
When to be used (plus additional eg max usage times)		Additional Information:
Task	Staffing	Method or Technique
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment	1	POSAR, move shortest distance possible, ask for assistance
Enabling pupil to function at desk, dining table ect	1	Can table/desk be moved to chair or height adjustable- is this safe/easier? Chair can be height adjusted to be placed at the table when necessary. Postural alignment, use techniques shown- sink, lock and rock. Do not lift
Wheelchair/ acheeva bed Acheeva bed to wheelchair	2	Staff to have completed their moving and handling training. Good posture management realign body so as not to stoop or twist.
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		
Name		Date

Equipment:	Photo	
Serial Number:		
Responsible Body:		
Person responsible for training:		
When to be used (plus additional eg max usage times)	Additional information:	
Task	Staffing	Method or Technique

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Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment	1	POSAR, move shortest distance possible, ask for assistance
Transfer to walker	1	
Assisted walking/ walker	1	
Assisted up and down stairs		
Walker/ toilet, Toilet/ walker		
Walker/stander/toilet Toilet/ stander/walker		N/A
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		
Name	Date	

Equipment: (Stander)	Photo
Serial Number: N/A	
Responsible Body:	

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Person responsible for training:		
When to be used (plus additional eg max usage times)		Additional information:
Task	Staffing	Method or Technique
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment	1	POSAR, move shortest distance possible, ask for assistance
Wheelchair to stander Stander to wheelchair		
Walking/standing into stander Stander to walking/standing		
Stander/ walker to toilet Toilet to stander/walker		
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		
Name		Date
Equipment:		Photo
Serial Number: N/A		
Responsible Body:		
Person responsible for training:		
When to be used (plus additional eg max usage times)		Additional information:
Task	Staffing	Method or Technique

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Facilities used	
Access to changing bed	
Staffing	
Additional notes	

Activity: Pool (to be read in conjunction with pool RA)

Access into pool	
Staffing In pool	
Swimming capabilities	
Buoyancy aids required (please list)	
Medical emergency procedure	
Other	<ul style="list-style-type: none"> • Staff to be aware of student's temperature and be mindful when opening windows as he/she may become cold. • The student should be offered a drink when back in the classroom.
History of falls	

Activity: Emergency Evacuation

In pool	.
Phased evacuation	
Other	

Activity: Rebound (to be read in conjunction with rebound RA)

Has been assessed and can use the Rebound Bed	
Access onto bed	
Number of spotters required	
Medical emergency procedure	
Awareness of moves due to medical condition	.
Other	<ul style="list-style-type: none"> • Staff to be aware of student's temperature and be mindful when opening windows as he/she may become cold or such physical activity can make the student hot. • A blanket/ long sleeved top is advisable for PMLD students as their elbows and body can bruise or graze easily. • The student should be offered a drink when back in the classroom • Staff should wear appropriate clothing for this session.

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Activity: Hammock	
Access on to hammock	
Additional notes	

Activity: Minibus	
Access on to bus	
Seating on bus	
Specialist Seat belt used	
Additional info	

Activity: Cycling (to be used in conjunction with bikes risk assessment)	
Bikes identified as suitable	
Access to bikes	
Other	

Additional Manual Handling notes

- The plan consists of general tasks, mobility tasks and transfer tasks. The sections relevant to the student are to be filled in.
- Staff must always carry out a 'Personal on the Spot Risk Assessment' (POSAR) before any Moving and Handling task.
- Staff who are pregnant should have a formal risk assessment to enable them to carry out their job safely.
- Staff should state whether they feel confident with moves and transfers. If they do not feel competent then more training, advice and guidance can be provided
- Classroom staff with moving and handling training, as well been shown how to correctly support
- Staff should be aware of other support plans in place to support pupil.
- If staff do not feel competent to carry out any move then they must speak to Myra who can advise and offer more training.

Seating Feature	Information	Safety
Daily checks and safety	<p>The chair needs to be clean, stable, in a good state of repair with all the bolts tight and straps intact.</p> <p>Follow the maintenance and servicing instructions from the manufacturer, which are likely to include:</p> <p>Daily Visual Checklist before child sits in the chair</p> <ul style="list-style-type: none"> • Check that all bolts are on the chair and tight • Check that there is no wobble on any of the parts • Check the upholstery and Velcro for cleanliness and wear and tear (if it's dirty you might need to wipe or arrange washing of the covers as per the manufacturers guidelines) • Check that the casters are moving freely and that all 4 brakes are working • Check that the seat is well secured to the base and the chair is locked in the right position for transfers • If the chair is broken, do not use it. Contact family. <p>Call the Occupational Therapist if...</p> <ul style="list-style-type: none"> • You feel that the child has grown and no longer sits well in the chair – they may look snug or the seat too 	Injury to the child if the chair fails mechanically

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	<p>short OR if the child's needs have changed and the child requires a review</p> <p>Call the company if...</p> <ul style="list-style-type: none"> The chair is clearly broken and needs an engineer (for school chairs), but for home chairs call the OT 	
Environment	Check that there is space to move and handle and that the room is safe to the child. Check lighting, floor surfaces etc.	
Brakes	Check that brakes are on when the chair is static	Risk of injury to others if a child rolls or is pushed. If the chair is not still when the child is being positioned there are risks of injury to the carer.
High low mechanism	<p>This has a range of purposes:</p> <ul style="list-style-type: none"> To enable the chair to create a safe working height for staff to work with a child To ensure the child is at the right height to participate in all activity For some children to help with transfers <p>Tell the child when you are going to adjust the height.</p>	There are risks to staff if a chair is not used at the correct height for handling.
Tilt in space	<p>This can be used to help with transfers as when the chair is set in tilt the handler can position the child's bottom at the back of the chair more easily.</p> <p>The tilt can also be used to change the child's pressure or to help to keep their head up against gravity.</p> <p>Sometimes tilt is used when a child dozes.</p> <p>Tell the child when you are going to tilt the chair and keep holding the handle when you tilt up or down.</p> <p>Tilt slowly.</p>	<p>The risks are:</p> <ul style="list-style-type: none"> Poor posture Distress for the child Unable to participate in activities Discomfort if tilt is not used and head is hanging forwards
Pelvic / Lap strap	<p>This is the 1st strap to do up when a child is being seated in a chair. The strap allows the child's pelvis to be secured into the chair.</p> <p>There are 2 main types of strap – a 2-point lap strap which fits across the pelvis and a 4-point harness which fits across the pelvis and top of the thighs.</p> <p>The straps need to be fastened so that they fit snugly and allow the carer to insert a finger under the belt.</p> <p>This strap runs under any hip guides and not over the top of them</p> <p>Doing up a</p> <ul style="list-style-type: none"> 2 point strap – click together and adjust with the D rings 4 point harness with be pre-adjusted <p>If the strap is hard to do up, the child's bottom may not be back in the seat far enough or their pelvis may be tilted backwards. Re-position the child to get a better position</p>	<p>If a strap is too loose there is a risk of the child slipping under the seat and therefore an entrapment risk. The child's pelvis will not be secure and they will slip causing them to sit on their sacrum and if they have a chest harness slump into it</p> <p>If the strap is too tight this may be uncomfortable and cause pressure</p>
Chest harness	The chest harness provides support for the top part of the body and needs to be done up according to the therapist's instructions	There is a risk of asphyxiation / strangulation or

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	<p>It needs to be done up in the order – bottom two fasteners and then top ones (often one stays done up so that the harness stays with the chair when it is not being used)</p> <p>It should be tensioned so that a finger can be inserted comfortably between the chest harness and the child's body</p> <p>The harness must not sit near to the throat or windpipe</p> <p>Ensure that the harness is symmetrical</p> <p>Check that the straps are fitting against a PEG or MIC-Key button</p>	<p>discomfort if the harness sits too high</p> <p>If the straps sit on a feed tube it will be uncomfortable</p> <p>If done up incorrectly the child will be in a poor posture</p>
Foot straps / ankle huggers	<p>Check that the foot is in the sandal before doing up straps. Make sure that the foot is straight and symmetrical.</p> <p>The footrest should be positioned so that knees and ankles are at 90° - you may need to adjust the angle of the footplate with the turner at the front of the footplate.</p>	<p>Without the feet strapped when this is recommended the child may not get support through the foot plate and this changes their sitting position.</p> <p>If the footplates are at the wrong angle or the straps are too tight the child's feet may be uncomfortable.</p>
Flip away laterals operation and tightness	<p>The laterals are there to help keep the child's trunk positioned symmetrically. They should sit approximately 2 fingers under the axillae; higher than this can cause pressure and discomfort.</p> <p>The lateral should be in Contact with the body to provide support.</p> <p>You should be able to insert a finger between the lateral and the body.</p> <p>The laterals are flip away which means that they can be moved away when the child gets in and out of the chair. Check that they click back in to place when you 'do them up'.</p> <p>Sometimes the laterals will be set to different heights to achieve a particular position – don't change them, but if you are worried talk to the Occupational Therapist.</p>	<p>If they are positioned incorrectly the child may have pressure in the under arm area. They may not be able to move their hands and arms well.</p> <p>Without them tight enough the child may not have enough postural support.</p>
Hip and thigh guides	<p>Check that you can insert a finger between these and the child. Some chairs have thigh pads between the legs to stop the child crossing their legs or adducting.</p>	<p>Pressure or discomfort if too tight</p>
Pommel	<p>Some children have a pommel to keep their legs apart. On some chairs this can be removed to enable the child to be transferred into the chair. Ensure that the groin is not being crushed.</p>	<p>Pressure or discomfort if too tight</p>
Fitting and adjusting the tray	<p>The tray should be fitted so that it is at the correct height for the child to participate in activities. It needs to be level.</p> <p>Take care when sliding the tray on to the chair that the child's arms are out of the way – you may need a 2nd person to assist.</p> <p>Ensure that there is a finger space between the tray and the child's body.</p>	<p>If not fitted the child may not be able to take part in activity.</p> <p>Risk of arm entrapment when fitting.</p> <p>Risk of discomfort and pressure if too tight.</p>
Headrest	<p>This needs to support the child's head.</p> <p>It should not push the head forward or make the child lift their chin to rest on the headrest.</p>	<p>If it is not correctly positioned the child may have poor posture or</p>

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		not be able to see and participate in activities.
Regular position changes for comfort and pressure relief	Regular changes in position are necessary for comfort and pressure relief. A chair should not be used for more than 2 hours normally before a positional change.	Pressure or discomfort if too tight
What to do if you have concerns about the size of the chair	The child should be comfortable in the chair with the backrest level with the shoulders and a gap of about 2.5cm between the back of the knees and the end of the seat.	Pressure or discomfort if too tight