The Dales School
North Yorkshire

Health & Safety Manual Handling policy and procedures Appendix 2

Person responsible: Ann Marie Ellis
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Safer Moving & Handling (Appendix 2)

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 (NYC Moving and Handling of a Person) along with support and information from the relevant teaching staff, LMT, physios and OT's.

   - In completing the Moving and Handling master document a hierarchy of measures will be established in line with NYC 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 NYC 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

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My Moving and Handling Plan

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

Pupil Moving and Handling Profile			
Name			
DOB			
Diagnosis/Needs			
Other information			
Does the pupil have*:*			
Please indicate if applicable	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			

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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						
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.	

Equipment	**Staffing**	**Method or Technique**
Additional information:		

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Equipment:		**Photo**
Serial Number:		
Responsible Body: Wheelchair Centre		
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.		
Pushing wheelchair/ buggy.		
Wheelchair adjustments.		
Moving pupil equipment		
Pushing pupil/ chair under/away from desk.		
Wheelchair to changing bed. Changing bed to wheelchair.		
Wheelchair to floor. Floor to wheelchair.		
Wheelchair-standing. Standing-wheelchair.		
Wheelchair-plinth Plinth-wheelchair		
Additional information:		
Staff competency		
Name		**Date**

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Equipment:		**Photo**
Serial Number:		
Responsible Body:		
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.		
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		

Name	**Date**

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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**
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment		
Transfer to walker		
Assisted walking/ walker		
Assisted up and down stairs		
Walker/ toilet, Toilet/ walker		
Walker/stander/toilet Toilet/ 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**

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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**
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment		
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**

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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**
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment		
.Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		

Name	**Date**

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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**
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment	1	
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		

Name	**Date**

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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**
Always check that brakes are applied correctly before completing any moving and handling.		
Moving pupil equipment	1	
Additional information:		
Staff competency		
The people signed below have received training in the use of the specific use of this equipment.		

Name	**Date**

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Activity: Personal Care	
Access to toilet area	
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	• 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	• 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.

Activity: Hammock	
Access on to hammock	
Additional notes	

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

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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	The chair needs to be clean, stable, in a good state of repair with all the bolts tight and straps intact. Follow the maintenance and servicing instructions from the manufacturer, which are likely to include: **Daily Visual Checklist before child sits in the chair** • 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. • Call the Occupational Therapist if… • You feel that the child has grown and no longer sits well in the chair – they may look snug or the seat too short **OR** if the child's needs have changed and the child requires a review • Call the company if… • The chair is clearly broken and needs an engineer (for school chairs), but for home chairs call the OT	Injury to the child if the chair fails mechanically
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	This has a range of purposes:	There are risks to staff if a chair is not

	• 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 **Tell the child when you are going to adjust the height**.	used at the correct height for handling.
Tilt in space	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. The tilt can also be used to change the child's pressure or to help to keep their head up against gravity. Sometimes tilt is used when a child dozes. Tell the child when you are going to tilt the chair and keep holding the handle when you tilt up or down. Tilt slowly.	The risks are: • 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	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. 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. The straps need to be fastened so that they fit snuggly and allow the carer to insert a finger under the belt. This strap runs under any hip guides and not over the top of them Doing up a • 2 point strap – click together and adjust with the D rings • 4 point harness with be pre-adjusted 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	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 If the strap is too tight this may be uncomfortable and cause pressure
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 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) It should be tensioned so that a finger can be inserted comfortably between the chest harness and the child's body The harness must not sit near to the throat or windpipe Ensure that the harness is symmetrical Check that the straps are fitting against a PEG or MIC-Key button	There is a risk of asphyxiation / strangulation or discomfort if the harness sits too high If the straps sit on a feed tube it will be uncomfortable If done up incorrectly the child will be in a poor posture
Foot straps / ankle huggers	Check that the foot is in the sandal before doing up straps. Make sure that the foot is straight and symmetrical.	Without the feet strapped when this is recommended the child may not get

	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.	support through the foot plate and this changes their sitting position. If the footplates are at the wrong angle or the straps are too tight the child's feet may be uncomfortable.
Flip away laterals operation and tightness	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. The lateral should be in Contact with the body to provide support. You should be able to insert a finger between the lateral and the body. 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'. 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.	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. Without them tight enough the child may not have enough postural support.
Hip and thigh guides	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.	Pressure or discomfort if too tight
Pommel	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.	Pressure or discomfort if too tight
Fitting and adjusting the tray	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. 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. Ensure that there is a finger space between the tray and the child's body.	If not fitted the child may not be able to take part in activity. Risk of arm entrapment when fitting. Risk of discomfort and pressure if too tight.
Headrest	This needs to support the child's head. It should not push the head forward or make the child lift their chin to rest on the headrest.	If it is not correctly positioned the child may have poor posture or 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