

Adult Social Care Moving and Handing Policy

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Accountability



Integrity



Empowerment



Respect



Excellence

Adult Social Care Moving and Handling Policy

Version	Date	Author	Principal Changes
V1.4		Adult Social Care policy review officer, with thanks to GHC	Replaces the joint Moving and Handling policy between the Community and Adult care Directorate and NHS Gloucestershire (2011)

Any Questions regarding this policy can be directed to:



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1. Introduction

- 1.1 Moving and handling practices are critical components of health and social care settings. Proper techniques and procedures help ensure the safety and well-being of both staff and people accessing our services, reducing the risk of injury and promoting a supportive, dignified care environment. This policy outlines the principles, responsibilities, and best practices for moving and handling within our organisation. By adhering to these guidelines, we aim to provide a high standard of care, making the difference that matters, while safeguarding the health and safety of all involved.
- 1.2 Moving and Handling, refers to any activity which involves lifting, lowering, carrying, pushing, pulling or supporting of a load either by hand or bodily force. The load must be moveable and by definition, includes the movement of people and inanimate objects.
- 1.3 Poor moving and handling practice can lead to:
- Accidents which can injure both the person being moved and the employee
 - Discomfort and lack of dignity for the person being moved
 - Back pain and musculoskeletal disorders, potentially impacting a person's ability to work
- 1.4 This policy was created with thanks to Gloucestershire Health and Social Care NHS Foundation Trust.

2. Purpose

- 2.1 Gloucestershire County Council (GCC/we/the council) is committed to fostering a culture of safety, respect, and continuous improvement. This policy is designed to:
- **Protect staff and people accessing our services:** Minimise the risk of injury through the use of appropriate equipment and techniques.
 - **Promote training and awareness:** Ensure all staff receive comprehensive training and are aware of the latest best practices.

- **Encourage reporting and review:** Foster an environment where incidents are reported and reviewed to improve future practices.
- **Comply with legal requirements:** Adhere to relevant legislation and regulations to maintain compliance and accountability.
- **Embed person-centred care:** By ensuring the wishes of the person receiving care is considered and listened to, to guide the care they receive. The dignity, autonomy and privacy of the individual should be always respected.

3. Scope

- 3.1 This policy applies to all Gloucestershire County Council Staff, volunteers, students, agency staff, staff working as part of a GCC commissioned service and any other person working within adult social care and working within council in-house services.
- 3.2 When providing care to a person whose equipment is issued by the council's Occupational Therapists (OT), or other healthcare prescribers, any care providers/care staff must follow this policy.
- 3.3 Self-purchased equipment, or equipment bought without an OT assessment would requires a person-centred dynamic risk assessment. When this is the case, staff should follow the key principles of this policy.
- 3.4 The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments and maintain their own Moving and Handling policies, however, we expect these policies to align with the councils' policies and all relevant legal requirements.

4. Legislation

- 4.1 This policy is written in accordance with:
 - The Human Rights Act 1998
 - UN Convention on the Rights of Disabled People
 - Health & Safety at Work Act etc. 1974 (HASAWA)
 - Manual Handling Operations Regulations 1992 (MHOR)
 - The Management of Health and Safety at Work Regulations 1999
 - Provision and Use of Work Equipment Regulations (PUWER) 1998

- Lifting Operations and Lifting Equipment Regulations (LOLER) 1998
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (including but not limited to:
 - Regulation 12 - Safe care and treatment
 - Regulation 15: Premises and equipment
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

This list is not exhaustive

5. Definitions

Assessment of risk	The identification of hazards and the evaluation of the risks involved
Best Interest Decision	"Best interest decisions" refer to decisions made on behalf of someone who lacks the mental capacity to make those decisions for themselves. The decision maker must prioritize the individual's well-being, taking into account their past and present wishes, feelings, values, and beliefs. The decision should, as much as possible, reflect what the individual would have chosen if they had capacity. (https://www.gov.uk/make-decisions-for-someone)
Competent Person	The HSE defines a competent person as someone who has had sufficient training, experience, knowledge, skills and other qualities to comply with the requirements of the legislation
Care Quality Commission (CQC)	CQC is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. (cqc.org.uk)
Dynamic Risk Assessment	A dynamic risk assessment (DRA) is a real-time process of identifying and analysing hazards as they arise during a task, especially in unpredictable or changing environments. It's a continuous evaluation, distinct from formal risk assessments that are completed

	beforehand. DRAs enable workers to make immediate decisions and adapt their actions to ensure safety in dynamic situations
Hazards	Something with the potential to cause harm
Health and Safety Executive (HSE)	The UK's national regulator for workplace health and safety
Incident	Moving and handling incidents refer to accidents or near misses that occur during the process of moving and handling people or objects, often resulting in injury to the person being moved or the handler. These incidents highlight the risks associated with improper techniques and inadequate planning when lifting, carrying, pushing, or pulling loads, whether they are people or inanimate objects.
Lifting Operations & Lifting Equipment Regulations 1998 (LOLER)	<p>A requirement to maintain and inspect the safety of lifting equipment, i.e hoists, slings and adjustable height furniture. It sets regulations on the timescale for maintenance:</p> <ul style="list-style-type: none"> - New equipment for lifting should be professionally inspected before first use, after assembly and before use at each new location - Equipment for lifting persons that may be exposed to conditions causing deterioration should be inspected by a competent person, maintained at 6 monthly intervals or in line with the manufacturers recommendations and with the relevant record keeping - Employees should be trained in use of this equipment and in pre-use checks and emergency procedures e.g. in the event of the equipment failure or an emergency
Manual Handling	<p>Defined by MHOR as "...any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force"</p> <p>For example this may be pushing a manual wheelchair or turning a person in bed.</p>
Moving and Handling	<p>In adult social care refers more specifically to when an individual requires assistance with moving. See HSE</p> <p>https://www.hse.gov.uk/healthservices/moving-handling/index.htm</p>

Musculoskeletal (MSK)	Relating to or involving the muscles and the skeleton
Occupational therapist	Occupational therapists help people who have difficulties caused by physical or mental illness, disability, accidents or ageing. Occupational therapist could: <ul style="list-style-type: none"> - teach and help people to live independently - support people to manage permanent physical disabilities - suggest ways to adapt an office or home
Provision & Use of Work Equipment Regulations 1998 (PUWER)	These regulations specify the requirements for employers to ensure all equipment used at work is; <ul style="list-style-type: none"> - Suitable for the intended use - Maintained in a safe condition so that people's health and safety is not at risk - Inspected in certain circumstances to ensure that it is and continues to be safe for use. Inspection must be by a competent person and a record must be kept.
Reasonably Practicable	The level of risk is balance against the potential resources and input that is required to remove or reduce the risk This should include the risk arising from the home or the environment where the equipment is being used.
Risk	The likelihood and severity of harm being realised

6. Responsibilities

Organisation Responsibilities

6.1 The Health and Safety Executive (HSE) states employers must reduce the risk of injury to staff and people using care services by:

- avoiding those manual handling tasks that could result in injury, where reasonably practicable
- assessing the risks from moving and handling that cannot be avoided

- putting measures in place to reduce the risk, where reasonably practicable¹

6.2 To ensure compliance with the HSE, the council will:

Conduct regular risk assessments: Identifying potential hazards and assess the risks associated with them. This is to help implementing appropriate control measures to mitigate risks.

Provide Personal Protective Equipment (PPE): Ensuring that all employees have access to necessary PPE and that it is provided at no cost to them.

Maintain safe equipment: Regularly inspect and maintain equipment to ensure they are safe to use and keep documented records of these inspections.

Implement emergency procedures: Develop and communicate clear procedures for emergency situations, such as fire evacuation and medical response.

Provide training and information: Educating employees about their health and safety duties and provide ongoing training to ensure they are aware of best practices and any changes in regulations.

Incident reporting process: (where for example the, equipment provision is hosted by one agency, the incident reporting process is communicated across all stakeholders to ensure lessons are learned.)

Third-party providers: the interface and overlap with third party providers, where applicable is supported with clear strategic and operational procedures and documentation.

¹ <https://www.hse.gov.uk/healthservices/moving-handling/manage-the-risk.htm>

Managerial Responsibilities

Heads of Service

- 6.3 Heads of Services (or any other job role which has the same level of responsibility) must ensure no-one is exposed to foreseeable risk of injury so far as is reasonably practicable.
- 6.4 They must also satisfy themselves that staff are competent, follow the principles of manual handling and do not operating in a way that is contrary to the way they have been trained.

Line Managers

- 6.5 Line Managers must:
- Disseminate the standards and procedures within this policy and ensure their implementation
 - Ensure staff are clear on their roles and responsibilities when an individual requires support with moving and handling. Including when a person has a personal budget and therefore are required to undertake a risk assessment of their workplace (i.e home) and ensure that:
 - any employees are trained in moving and handling techniques
 - the requirements to have lifting equipment serviced under the Lifting Operation and Lifting Equipment Regulations (LOLER) apply. This includes personally funded and health or social care provided equipment (responsibility lies with the owner)

However, the council may still provide guidance, resources, and support to help the person with care needs to understand their responsibilities and ensure a safe environment for both themselves and their care staff.

- Ensure suitable and sufficient risk assessments are carried out: completed for people accessing social care services using the principles at Appendix 1 and the additional guidance at Appendix 2 as appropriate
- Maintain adequate staffing levels to enable safe working practices and minimise impact of repetitive handling tasks and those requiring prolonged static postures
- Review employees ability to perform their duties safely and address any concerns or required adjustments

- Arrange the delivery of regular moving and handling training and ensure accurate record keeping of attendance and any further work required including their staff's understanding of the relevant legislations and moving and handling techniques
- Ensure that equipment provided is suitable and sufficient and is maintained in accordance with relevant legislation (LOLER and PUWER)
- Take appropriate action when moving and handling hazards, accidents or 'near misses' are reported
- Seek guidance from the council's Safety, Health & Environment (SHE) team when needed
- Use risk assessment as a tool to support a balanced decision-making process to ensure one party's benefit does not significantly increase the risk of the other party

Staff Responsibilities

6.6 Staff are responsible for:

- Taking reasonable care for their own safety and that of others when carrying out moving and handling tasks
- Attending appropriate Moving & Handling training relevant for their role, as identified on their training profile. Undertaking a Dynamic Risk Assessment of any moving and handling task, even where a written risk assessment is already in place
- Using moving and handling equipment and techniques in accordance with training provided and written guidance as per the manufacturer's instructions and guidance
- Wearing appropriate clothing and footwear, i.e. not open toed sandals, that do not constrain movement/posture when moving and handling, and use the personal protective equipment (PPE) provided
- Reporting to their line manager if they are unsure of any moving and handling procedure, or if they consider any task too difficult or likely to pose a risk of injury.
- Inform their line manager any reasons that may place them especially at risk such as:
 - Pregnancy
 - Disability which may affect their manual handling capability

- Recent manual handling injury or history of back, knee or other health problems
- Alerting their line manager/senior member of staff of the need for a review of the risk assessment, equipment or further training
- Reporting all incidents or potential incidents arising from moving and handling, in line with their service specific incident reporting procedures
- Reporting any musculoskeletal disorder/health conditions/pregnancy to their manager which may affect their work. The manager should seek advice on managing any risk, promptly
- Undertaking pre-use checks prior to using equipment. If equipment is found to be at fault, report it, label and withdraw equipment from use
- When moving a person, communicate and seek their consent and talk through their actions to the individual before any moving or handling take place
- Reading/reviewing any risk assessment and Moving & Handling plan every time they are involved with an individual's moving and handling needs

6.7 Additionally, employees working in a supervisory role, including professional staff, i.e. Physiotherapist, Occupational Therapist, supervising Therapy assistant/Technician are responsible for ensuring staff have adequate skills, knowledge and personal physical capability to undertake the required task.

6.8 Staff within the Adult Social Care Operations Team must also ensure that a person's support plan is reflective of the needs of the person and shared with the care providers and/or in-house services where appropriate.

7. Risk Assessment

7.1 The Management of Health and Safety at Work Regulations 1999 require employers to make a suitable and sufficient assessment of the risks to the health and safety of:

- employees to which they are exposed whilst they are at work; and
- non-employees arising out of / in connection with the employer's activities

- 7.2 Risk assessments must be completed for any essential moving and handling tasks that cannot reasonably and practicably be avoided and should include elements of clinical reasoning, from which a management handling plan will be produced (The Manual Handling Operations Regulations 1992 (as amended 2002)).
- 7.3 The manager has responsibility for the risk assessment, but the task of undertaking the assessment can be delegated to a trained and competent member of staff.
- 7.4 Moving and Handling risk assessment must consider: Task, Individual Capability, Load, Environment and Other (see appendix 1 on carrying out risk assessments).
- 7.5 The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multidisciplinary agency working is involved for risk assessments to be jointly completed.
- 7.6 The risk assessment document used should align with this policy and be appropriate for each individual service needs (e.g: In-House staff should use the moving and handling risk assessment in the Nourish case recording system).
- 7.7 Risk assessments should be regularly reviewed. The assessment should be kept up to date and reviewed if new information comes to light or if there has been a significant change in the manual handling operations. It should also be reviewed if there is an accident/incident or a case of ill health as a result of manual handling operations
- 7.8 Generally risk assessments must be
- Reviewed annually in the council's In-House Services
 - Reviewed based on a change in presentation when prescribed by OTs in the community

8. Individuals who have difficulties expressing their views or may lack mental capacity

- 8.1 Clear and effective communication with the people accessing our service is vital for providing them with person-centred care. Staff should use appropriate communication methods to explain moving and handling tasks and obtain consent from the individual being moved.

- 8.2 Where communication may be difficult for the individual, staff should use aids identified in their person-centred care and support plans, such as pictorial guides, communication devices or independent advocates to facilitate understanding and support sharing their views.
- 8.3 We assume someone has capacity to make decisions about their own care, including moving and handling tasks unless it is established that they lack capacity. If there is reason to doubt a person's capacity, a mental capacity assessment for this specific decision should be undertaken by a qualified professional and in-line with the Mental Capacity Act 2005 and Gloucestershire Multi Agency Mental Capacity Act Policies.
- 8.4 If the individual is found to lack capacity for this specific decision, a Best Interest Decision is required.
- 8.5 If a moving and handling decision involves restrictions that could amount to a deprivation of liberty, where the person is unable to consent to the restrictions staff must ensure that appropriate authorisation is obtained through the Court of Protection or under the Deprivation of Liberty Safeguards (DoLS) if the person is in a care home or hospital.

9. Training and Competency

- 9.1 The Manual Handling Operations Regulations 1992 (as amended 2002) require staff to be suitably trained to carry out moving and handling operations.
- 9.2 Moving and Handling training is mandatory for any staff who have the responsibilities of moving and handling people accessing our services.
- 9.3 Job profiles and service requirements will inform which staff require mandatory moving and handling training – no staff are to undertake any moving and handling of people accessing our service prior to the completion of training required by the council.
- 9.4 As per provision 3.2; training for services commissioned by the council is to be arranged by the provider, who takes ownership and holds liability.

In-House Services & Gloucestershire Shared Lives

- 9.5 When the requirement for mandatory moving and handling training is identified, the employee will be required to undertake:
- One full day face-to-face Moving and Assisting course, undertaken by an external trainer
 - An annual half-day Moving and Assisting refresher course
- 9.6 Within the full day and half day refresher training course, staff are individually assessed as being competent to carry out all the moving and handling tasks and that they have a stable base to do these tasks.
- 9.7 Bespoke risk assessment training is also provided to employees who are required to complete any risk assessment forms for individuals pertaining to moving and handling.
- 9.8 It is the responsibility of line managers to keep records of training within their service areas, including training records, certificates and logs of employee attendance.
- 9.9 Mandatory roles for moving and handling training in the council's In-House Services and Gloucestershire Shared Lives can be found at appendix 4.

10. Equipment

- 10.1 PUWER and LOLER contain several legal requirements for employers – please see appendix 5. These requirements are met through the roles and responsibilities described in section 6.
- 10.2 Where bedrails are prescribed, provided, used, maintained or fitted by an employee of Gloucestershire County Council, they must follow the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance - <https://www.gov.uk/guidance/bed-rails-management-and-safe-use>.

In-House staff

- 10.3 Staff are responsible for ensuring onsite equipment is well maintained, clean and safe for use.

- 10.4 Staff must only use equipment for which they are suitably trained and competent – any concerns should be raised with their line managers.
- 10.5 When a person attending the service brings equipment with them, all staff have a responsibility to carry out appropriate pre-use checks and ensure that the equipment is clean and in good working order before using it. If the equipment is not suitable for use, it must not be used and staff must report all faults and failures to the person, their carers, family and friends for resolution.

Occupational Therapists

- 10.6 Where an Occupational Therapist (OT) is involved, they will support with determining the most appropriate moving and handling techniques and equipment when prescribed.
- 10.7 Based on the assessment, OTs will recommend suitable moving and handling equipment, such as hoists, transfer aids, and mobility devices, tailored to the specific needs of the individual.
- 10.8 OTs will arrange for the person to be provided with the equipment they have assessed as required, either through Gloucestershire Equipment Loan Service, or an alternative supplier.
- 10.9 OTs are expected to have required training in using and prescribing equipment.

Gloucestershire Equipment Loan Service

- 10.10 For the purpose of this policy, equipment loaned out will be considered as work equipment and the principles of LOLER and PUWER will be followed.
- 10.11 The Gloucestershire Equipment Loan Service (GELS) loans equipment to Gloucestershire residents to support in their own home to achieve or maintain their independence, and/or to support their carers.
- 10.12 When equipment is returned and refurbished (if applicable) GELS will ensure manufacturers specifications are maintained, the item is serviced, and equipment is clean and safe to reuse.

- 10.13 Equipment loaned by GELS will be for the exclusive use of the person for whom it was prescribed. If other people use the equipment and an incident occurs, the equipment provider GELS cannot be held liable.
- 10.14 Gloucestershire Equipment Loan Service accepts no responsibility if the equipment is moved, used, cleaned or adapted in any way other than instructed.
- 10.15 Residents issued with loaned/hired equipment will make it available for repair in the event of breakdown and for routine servicing. Gloucestershire Equipment Loan Service accepts no responsibility for the failure of equipment if access for routine servicing is not made available or declined.

11. Reporting and Incident Management

- 11.1 Moving and handling incidents refer to accidents or near misses that occur during the process of moving and handling people or objects, often resulting in injury to the person being moved or the handler. These incidents highlight the risks associated with improper techniques and inadequate planning when lifting, carrying, pushing, or pulling loads, whether they are people or inanimate objects.

Emergency incidents

- 11.2 Most situations which require moving and handling are foreseeable, however there may be some life-threatening situations where staff may not have time to get equipment or plan the move. Staff in this **emergency** instance must undertake a dynamic risk assessment considering their safety and the safety of others prior to taking any further action.
- 11.3 These incidents must be reported as per para 11.11.

Falls

- 11.4 When a person falls, it is important that safe methods are used to move them, to avoid causing pain and/or further injury. This is critical to their chances of making a full recovery.

11.5 If a person falls and is unable to stand independently with verbal prompting (Backward chaining²) and/or who is complaining of pain (and is not in immediate danger), staff should not attempt to physically support the person and should seek further advice/assistance from the emergency services. They must stay with the person until necessary assistance/equipment arrives.

11.6 These incidents must be reported as per para 11.11

Example scenario: A person falls while attempting to stand from a lounge chair without assistance. They cannot stand independently and are complaining of a pain in hip, but not in immediate danger.

Staff performing moving and handling tasks

11.7 Staff members must report to their line manager if during any moving and handling tasks they:

- feels unsafe or at risk of injury,
- are experiencing pain
- are experiencing an injury or ill-health

11.8 These incidents must be reported as per 11.11.

Example scenario: A care worker strains their back while helping someone stand from a seated position without using appropriate equipment due to poor manual handling technique or lack of equipment.

People receiving care and support

11.9 A moving and handling incident may occur when an individual receiving care experiences an unexpected event or near miss during a physical transfer or repositioning activity, which may result in discomfort, distress, or harm. This can happen while being moved with or without equipment.

11.10 These incidents must be reported as per 11.11.

² <https://www.torbayandsouthdevon.nhs.uk/uploads/ilt-backward-chaining-v2-2018.pdf>

Example scenario: A person becomes agitated during a transfer and grabs at staff or equipment which could potentially cause injury or incident requiring de-escalation and review of care approach.

Reporting and investigation

11.11 All incidents and near misses must be reported to relevant managers for their investigation. Managers must report incidents to the council's SHE unit by completing the "Report and Incident" form Gloucestershire County Council's Health and Safety Portal. <https://app.uk.sheassure.net/gloucestershirecc/p/Portal/> and following the council's health and safety policy instigate lessons learned and in-line with service specific reporting & monitoring processes.

Corporate guidance on accident reporting/investigation can be found at Appendix 8, taken from [https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/How-to-report-an-accident\(1\).aspx](https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/How-to-report-an-accident(1).aspx)

Monitoring

Safety of people who use our service

11.12 Managers will monitor how often incidents happen that fall within the provisions of 11.1 – 11.11 of this policy. When these are frequent, relevant steps will be taken to have a review of the person's care and support needs and ensure their care plan, and staff supporting them are doing so in the most suitable way.

Safety of staff

11.13 Line managers must ensure the employee was following the appropriate training and risk assessment and seek appropriate guidance on their next steps to support their staff – this may be through Occupational Health (OHU) or short term reasonable adjustments to job responsibilities. Longer-term pain will be reviewed alongside OHU to decide next steps.

Managing incidents and concerns

- 11.14 When there are concerns around the safety of an individual with care needs, this must be raised to the relevant manager. These concerns may also be raised to the Adults Safeguarding Team when appropriate.
- 11.15 When there are concerns that a staff members actions amount to danger or serious risk to the people we support or our colleagues, staff can use the council's "speak up if it's not right" campaign, following the council's whistleblowing policy.

12. Conflicts in Moving and Handling

- 12.1 The council commits to ensuring the individual and their family or advocate have been fully engaged in the assessment process. However, there may still be some who disagree with our findings, and/or may find it challenging to modify existing practices to address the identified risks.
- 12.2 In such cases staff must
- Seek immediate advice from their line manager
 - Outline the benefits/advantages/safety for all parties of the planned technique to the individual and their carers
 - Seek alternative methods and/or equipment, if possible, from the nominated professional
- 12.3 If all reasonable efforts to provide a service in a way acceptable to all parties has been unsuccessful, then the designated service manager may consult with the health and safety manager and the legal department to decide whether this constitutes a refusal of service by the individual. The organisation must balance its legal duties to employees under Health and Safety legislation and the quality of care to individuals.
- 12.4 It is unacceptable for unsafe work practices, which pose a risk of injury to employees and the people we support to continue, whilst a satisfactory solution is found. A balance must be found where one party's benefit does not significantly increase the other party's risk. In rare occasions , this may mean a temporary pause in the individual attending in-

house services, or a pause in service in their own home until such a time everyone is assured there is a safe environment for staff and people accessing our services.

- 12.5 If disagreements arise between the assessor/prescriber and the service provider regarding the best way to carry out a manoeuvre, it's important to prioritise the individual receiving support at the centre of the conversation. This is achieved by coming together to review the risk assessments, alongside the needs, preferences, and well-being of the individual involved. By focusing on the safety, well-being, and preferences of both the individuals receiving support and the staff performing the manoeuvre, they can collaboratively find a solution that minimises risk while ensuring a respectful and effective approach.

13. Complaints and concerns

Council's In-House Services – people receiving the service

- 13.1 In the first instance, individuals should raise any concerns or complaints to the person providing their service, or another member of the providers teams.
- 13.2 If the person is not satisfied with the response, they can escalate their complaint to the relevant service manager.
- 13.3 If this does not resolve the concern, the individual can make a complaint through the corporate complaints and feedback procedure.

You can contact the council's complaints team here:



online at: <https://www.gloucestershire.gov.uk/council-and-democracy/complaints-and-feedback/complaints-about-adult-social-care/>



by phone: 01452 427082

- 13.4 People using regulated services have the right to bring concerns about their care and treatment to the notice of the Care Quality Commission (CQC) (the regulator).

You can contact CQC:



online at: www.cqc.org.uk/contact-us



by phone: 03000 616161

Commissioned services

- 13.5 When a service is commissioned by the council, where appropriate, the individual should raise their concerns with the provider directly in the first instance.
- 13.6 The council will work with the providers to ensure concerns are adequately addressed following the Adult Social Care Complaints policy, which can be found here:
<https://www.gloucestershire.gov.uk/health-and-social-care/adult-social-care/social-care-policies-and-procedures/>

Staff

- 13.7 Any staff member who is concerned about moving and handling in the workplace should raise this with their line managers in the first instance.
- 13.8 If concerns remain unresolved, the staff member should raise their concerns with their line manager's manager. Council staff may wish to make use of the council's grievance policy and procedures (this can be found on the council's staffnet).
- 13.9 Where concerns feels serious because it is about a possible fraud, danger, corruption or malpractice or maladministration (the term used when the council has done something wrong which affects a member of the public) that might affect others or the council itself,

staff can report through the council's whistleblowing procedure:

<https://www.gloucestershire.gov.uk/council-and-democracy/complaints-and-feedback/whistleblowing/>

14. Monitoring and Review

- 14.1 This policy will be reviewed by September 2028, or sooner following any changes to regulations or legislation.

Appendix 1 – Carrying out risk assessments

(Adapted with gratitude from Gloucestershire Health and Care NHS Foundation Trust Moving & Handling Policy (V2))

Risk assessments must be completed for any essential moving and handling tasks that cannot reasonably practicably be avoided and should include elements of clinical reasoning, from which a management handling plan will be produced.

The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multidisciplinary agency working is involved for risk assessments to be jointly completed.

When making a moving and handling risk assessment, there are some factors that must be considered (**TILEO**):

TASK

INDIVIDUAL CAPABILITY

LOAD

ENVIRONMENT

OTHER

The following factors must be considered as they will increase the risk of injury. This list is not exhaustive and can be added to for specific work areas:

Task

- Is the load held at a distance from the trunk?
- Does the task make it difficult to achieve correct posture?
- Does the task involve twisting the trunk?
- Are there combined factors?
- Does the task involve excessive lifting or lowering distances?
- Does the task involve excessive pushing and pulling?
- Does the task involve any risk of sudden movement of the load?
- Does the task involve frequent or prolonged physical effort?

- Does the task involve insufficient rest or recovery periods?
- Is the task being done while seated?
- Is the load to be handled by a team? (Working as a team may reduce the risk of injury but team handling must be properly planned)

Individual Capability

- Do handlers have experience with this task?
- Does the task require unusual strength, height, etc.?
- Does the task put at risk those who are pregnant or who have recently given birth?
- Does the task require special knowledge or training for its safe performance?
- Is the handler fit for the task?
- Do uniform/clothing/shoes allow safe movement?
- Do the handlers work well within a team?
- Is the load heavy? What is the person's weight?
- Does the person have mental capacity?
- Is the person able to reliably follow instructions?
- Is the load bulky or unwieldy? • Is the load difficult to grasp?
- Is the load unpredictable?
- Is the load unstable, or are its contents likely to shift?
- Is the load sharp, hot or otherwise potentially damaging?
- Does it involve lifting most or all of a person's body weight?
- How much can the individual assist?
- Are they able to turn onto side? • Do they have sitting balance?
- Do they have head control?
- Can they weight bear?
- Does the person have equal weight distribution?

Environment

- Are there space restraints preventing good posture?

- Are there uneven, slippery or unstable floors?
- Are there variations in floor levels or work surfaces?
- Are there extremes of temperature, humidity or air movement?
- Are there poor lighting conditions?

Other

- Are there any other factors not mentioned above?

If the task cannot be avoided, steps should be taken to reduce the risk of injury by implementing safer systems of work. This includes the provision and use of equipment and an increase in number of people. Employees should be involved with any redesign of systems of work.

Staff should be aware that by not following Safe Systems of Work, disciplinary action could be taken

The current risk assessment must be stored in the person's file (electronic or paper, service dependant) and a copy to be provided to the relevant care agency/family member/ private carers, as appropriate.

Risk assessments should be reviewed in accordance with local working practices and policies or if there is reason to suspect that it is no longer valid; or where there has been a significant change in circumstances. Any changes should be recorded.

The aim is to eliminate hazardous moving and handling in all but exceptional or life-threatening circumstances

Appendix 2 - Additional Guidance and Information

(Adapted with gratitude from Gloucestershire Health and Care NHS Foundation Trust Moving & Handling Policy (V2))

Rehabilitation requirements

In the rehabilitation of individuals, it is advisable that a multi-disciplinary team approach is adopted; using Risk Assessment before deciding which handling aids and techniques should be used. To ensure that agreed care plans are implemented through joint working, it is essential for the various organisations to take responsibility for their own acts and omissions.

In a joint statement by the Chartered Society of Physiotherapists, the College of Occupational Therapy and the Royal College of Nursing – Partnership in the Manual Handling of Patients (1997), it is stated that there may seem to be a conflict between safer handling policies and the rehabilitation or maintenance need of the patient, however both health and safety and professional procedures call for nurses and therapists to assess their patients and devise suitable management programmes, considering the safest techniques, evidence based practice, use of additional people and the use of equipment to facilitate rehabilitation whilst applying a host of risk reduction measures. Assessment for core treatment plans are not separate from those for the reduction of manual handling risks/hazards and decisions on the methods of moving the patients together with treatment plans flow from the same decision-making process.

Therapists having identified the skills required to perform a task should ensure these skills are possessed by the appropriate staff. The employer of these staff must be aware of, and responsible for, their health and safety.

It is recognised by the organisation that there are different levels of skills and training within various professions and that there may occasionally be individuals who will require different handling to those methods outlined in this document. This is acceptable as long as the situations have been risk assessed and that the agreed method of handling is performed by trained staff. Documentation and agreement by managers must be completed in all these identified situations, e.g. It may be a necessary component of assessment for relevant employees who are suitably trained to supervise and prompt individuals on steps or stairs by

observing them closely and assisting in accordance with the requirements of a risk assessment/management plan.

Guidance to support with reasoning regarding what equipment is suitable for use (NB: Some elements of this algorithm may not be relevant to all settings and will be dependent on the equipment they have available)

Individuals who have difficulties expressing their views

Where the individuals have mental capacity but have difficulty expressing their wishes, employees should make all reasonable attempts to ascertain their wishes by making use of interpreters, non-verbal communication, independent advocates and the view expressed through others.

Where individuals lack capacity staff must follow the council's Mental Capacity Policy and procedures.

Under the terms of the Mental Capacity Act, it is possible for individuals to make an advanced directive as to their wishes and this should be honoured whenever practicable.

Emergency handling

Some situations are foreseeable and can therefore be planned for to reduce the risk of injury. Assessment of the person prior to movement is essential undertaking a multifactorial falls risk assessment e.g. If an individual has a history of falls or collapses then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan.

However, there may be some life-threatening situations where staff may not have time to get equipment or plan the move. Staff in this instance must undertake a dynamic risk assessment considering their safety and the safety of others prior to taking any further action. If a person falls and is unable to stand independently with verbal prompting (Backward chaining) and or who is complaining of pain (and is not in immediate danger), staff should make the person comfortable and seek further advice/assistance from the emergency services. They must stay with the person until necessary assistance/equipment arrives.

The falling person

Where staff are close to a person, staff may use preventative steps to support someone who is at risk of falling. For example, if a person is wobbly staff might put a chair behind them and guide them towards it if it were safe to do so. However, staff should not take any weight or stabilise if they are putting themselves at risk. If an individual falls and it would be unsafe to guide them to a chair, staff are advised to let them fall - moving obstacles where possible, use first aid skills and protecting their head where possible. If the person is holding onto staff and pulling them down, the staff member should go to the ground safely with the individual in a controlled manner to reduce the likelihood of any injuries to either party.

If a person falls when a staff member is not within arm's length this is perceived to be attempting to catch a falling person. Staff members should not attempt to catch a failing person, such as when a person falls outside of a staff members arm's length, the staff members should allow them to fall to the floor removing obstacles where able to minimise risk of injury. Attempts to break the fall may pose too great a risk to the member of staff (Betts and Mowbray in Smith 2005; Sturman, 2008).

Sturman 2008 (cited in HOP 6 2011) argues that if a staff member is in contact with the individual prior to a fall (i.e. hands on) then the handler has contact and therefore would not be catching the person. In this instance a technique may be attempted depending on the handler's level of fitness, and their skill level, to lower the individual to the floor in a controlled manner allowing the person to slide down the front leg of the handler. This technique does come with risks as the handler's balance may be compromised. It is therefore recommended the following factors must be considered and dynamically risk assessed in each case.

Is the person /patient of similar stature to the handler?	If No this technique may pose too great a risk
Does the handler have a hold of the person that can easily be released?	If Yes can they move directly behind the person to facilitate a controlled lower?
Is the handler Pregnant?	If Yes it would not be advisable to attempt this technique

Does the handler have any current or previous medical conditions/underlying musculoskeletal injuries?	If Yes it would not be advisable to attempt this technique
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Bariatric handling/plus size

The terms “bariatric” and “plus size” are used interchangeably

The origin of the word bariatric comes from the Greek word Barys meaning heavy and Baros meaning weight. Bariatric medicine is defined as the study of obesity and its causes (Mosby 2006), but the definition of those who may be described as bariatric is less clear.

According to Naylor et al (2005) as cited in Handling of People Guide (2014), persons are defined as being morbidly obese if they have a body mass index (BMI) of 40 kg/m or more, or they have a BMI of between 35kg/m and 40kg/m with comorbidities. The manual handling of bariatric individuals presents an increased risk to staff and the individual alike.

Staff must be aware of their duty of care in respect of the social, emotional and psychological care of a bariatric person. These individuals should expect to be treated with respect, dignity and without prejudice. Rush, in her ‘Overview of Bariatric Management (2006), pointed to the ‘prejudice and discrimination’ against the obese person in society. Further guidance can be found on the Department of Health website ‘Human Rights in Healthcare’ and can be used to further guide staff in their duty of care

Knowledge of bariatric body shapes is important as it has an impact on the way a person is able to assist in movement and will therefore have implications on the delivery of care.

The excessive weight of a bariatric person will increase joint stress, affect body movement, and decrease lung function. Following long periods of hospitalisation, regaining mobility is critical for the bariatric person. Planning should include multidisciplinary team approach with input as required from the moving and handling practitioners.

A thorough risk assessment to identify appropriate equipment, techniques and number of people required is paramount. Consideration should be given even in cases where an

individual is ambulant, as to how staff would safely assist them from the floor in the event of a fall or if evacuation from a building was required.

Staff must be aware of the safe working load (SWL) of all equipment including furniture and fittings in their areas. (Models will vary across sites). This must not be exceeded When considering individual equipment requirement safe working load (SWL), width, height, and care/nursing requirement must all be considered.

Maintaining skin integrity is an integral part of bariatric management. Each body shape comes with associated risks of skin damage.

The effective management and safer handling of bariatric persons requires a collaborative multidisciplinary and multiagency approach.

Equipment

All equipment must be suitable for use, for its intended purpose, in line with (Provision and Use of Work Equipment Regulations (PUWER) 1998). For instance; bed sheets must not be used as a handling aid as this is in breach of PUWER

Staff must only use equipment for which they have received adequate training.

Where equipment is issued to individuals, it is the responsibility of the prescriber to carry out a suitable and sufficient clinical assessment. This will include an assessment of risk and the provision of safe systems of work, identifying how equipment must be used with individuals. It is the responsibility of the staff using the equipment to seek further guidance if they are still unsure about how to use equipment via their employer.

Where risk assessments have been completed by the appropriate professional and an equipment need has been identified, managers/team leaders must ensure that sufficient resources are available to allow the prompt provision of the required equipment. If the equipment is not available for use, then this must be reported to the line manager, documented in the person's care plan and the assessed task not performed until the equipment is in place.

All staff involved with the prescription of equipment must be aware of the range of mechanical and other moving and handling equipment available. Managers/team leaders must ensure

that all such equipment used by their staff in individual's homes, which has been issued via the community equipment store, is maintained regularly in accordance with relevant legislation and manufacturer's instructions. All staff have a responsibility to carry out appropriate pre-use checks and ensure that the equipment is clean and in good working order before using it, and report all faults and failures.

All staff have a responsibility to use moving and handling equipment correctly and to report any malfunction or potential malfunction immediately. The equipment must have a notice applied which should be dated to alert other people to the potential problem and moved to a safe place. (It cannot be used until checked/serviced and deemed safe by a competent person).

Equipment must be provided and used following an assessment. It should be suitable and sufficient for the purpose and for the person for whom it was provided. It should not be used for any other person for whom it was not assessed.

Specific lifting appliances, e.g. hoists, must have a current test certification which must be signed and dated by a competent person. It must specify the safe working load which must not be exceeded. This is in accordance with LOLER (1998) and PUWER (1998).

In General terms staff must:

- Make use of equipment that allows for the elimination of Lifting individuals e.g. Hoists (where appropriate taking into consideration rehabilitation goals)
- Make use of equipment that allows for safer handler posture. E.g. Bed raisers, Hi-lo Beds. Whilst striking a balance between handler and person's wishes.
- Make use of friction lowering equipment such as, Slide Sheets and in-bed systems where appropriate and following assessment etc.
- Individuals who have fallen or put themselves on the floor will NOT be lifted up from the floor manually if suitable equipment is available. The following factors should be considered:
 - Should the emergency services be called?
 - Is the person able to stand up independently with verbal prompting? Backward chaining

- Is a Hovermatt / Hoverjack available on site to undertake a flat lift? Where available this should be the first option.
- Is a lifting cushion available i.e. manger Elk/ Camel or Raizer 11? These must only be used if there is no injury identified
- Is a hoist available? This option should only be considered if other options have been explored first and staff are certain no injury has occurred

Useful links further information:

<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>

<http://www.hse.gov.uk/pubns/hsis4.pdf>

<http://www.hse.gov.uk/pubns/hsis3.pdf>

Further reading

- The Guide to The Handling of People 5th edition edited by Jacqui Smith
- The Guide to The Handling of People, a Systems Approach 6th edition edited by Jacqui Smith Hop 6
- The Guide to The Handling of People, Person Centred Practice (HOP 7) edited by Jacqui Smith

Appendix 3 – Assisting someone to walk

Information has been taken from Therapy Professionals Ltd (see here:

https://www.therapyprofessionals.co.nz/uploads/4/9/5/2/49523375/assisting_someone_to_walk.pdf)



Assisting someone to walk

Keeping older people mobile and on their feet is good for families, their carers and the older person. The more people can do for themselves the less physical strain there is on the carer.

Often carers try to help older people get up from sitting and walk by hooking the older person under the arm, which could easily damage the older person and the carer's shoulders. The other mistakes we often make are:

- not get their attention
- rush them,
- not explain what we want them to do.

If you want to assist an older person walk, first we need them to stand. Just follow the guidelines:

- Get their attention and tell them you want them to get up and walk.
 - put their hands on the arms of the chair
 - shuffle their bottom forward in the chair
 - place legs shoulder width apart
 - tuck feet under chair
 - lean forward, feet on the floor, nose over toes
- Place your arm across their back and hand on their bottom or hip
- Tuck the back of their shoulder into the front of your shoulder
- Place your other hand on the front of their shoulder (their shoulder should be sandwiched firmly between your shoulder and hand).
- Keep yourself close to the person
 - rock their body back and forth (if required)
 - on the count of "Ready, steady, stand" ask them to push up through their hands and feet to stand



Walk the person while holding them with your arm across their back and hand on their bottom or hip. Their shoulder should be sandwiched firmly between your shoulder and hand. They may use a walking stick or walker.

You may wish to use a hand grip instead of the shoulder sandwich hold.

Hand grip

Have your hand open upwards and allow the person to grab it. If you can avoid them grabbing your thumb do so especially if the older person has dementia.



without thumb gripped



with thumb gripped



Appendix 4 – In-House Services and Gloucestershire Shared Lives roles which require moving and handling training

Day Services	Rehabilitation	Respite	Gloucestershire Shared Lives
Support Worker OP/PD	Night Support Worker	Coordinator	Gloucestershire Shared Lives Carer
Support Worker LD	Support Worker	Team Leader	
Coordinator OP/PD	Coordinator	Deputy Manager	
Coordinator LD	Night Coordinator	Registered Manager	
Assistant Manager OP/PO	Team Leader	Night support worker	
Assistant Manager LD	Deputy Manager		
Day Care Manager	Registered Manager		
Service Manager	Activity Coordinator		

Appendix 5 – PUWER and LOLER legal requirements for employers

PUWER covers a broad range of work equipment to ensure it is suitable and safe for use.

PUWER³ contain a number of legal requirements for employers, including that equipment must be:

- suitable for its intended use
- selected with regard to the working conditions and risks to the health and safety of people in the premises, and additional risk posed by its use
- only used for operations and under conditions for which it is suitable
- maintained in an efficient state, working order and in good repair
- marked in a clearly visible manner with any marking appropriate for reasons of health and safety.

And that:

- where there is a maintenance log, it should be kept up to date
- where the use of work equipment is likely to involve a specific H&S risk: its use is restricted to those given the task of using it
- repairs/modification/maintenance/servicing is restricted to people designated to do so and that they have adequate training
- people who use, or supervise/manage the use of, work equipment must:
 - have adequate health and safety information and where appropriate, written instructions pertaining to its use
 - have received adequate training for purposes of health and safety, including training in the methods which may be adopted when using the work equipment, any risks which such use may entail and precautions to be taken.
- work equipment or any part of work equipment is stabilised by clamping or otherwise where necessary for health and safety purposes.
- work equipment incorporates any warnings or warning devices which are appropriate for reasons of health and safety

³ <https://www.hse.gov.uk/work-equipment-machinery/puwer.htm>

LOLER⁴ contains further legal requirements for employers, specific to equipment used for the lifting and lowering of loads, including that:

- it is of adequate strength and stability
- it is positioned or installed in such a way as to reduce the risk, as far as reasonably practicable, of the equipment or load striking a person, or of the load drifting, falling freely or being unintentionally released
- it is clearly marked to indicate its 'safe working load' (SWL), as well as that of any accessories (and including all potential configurations where this affects SWL)
- accessories must be marked to show any characteristics that might affect their safe use
- where it is not designed for lifting people, but might be used this way in error, it is clearly marked to indicate it should not be used in this way
- lifting operations involving the equipment must be properly planned by a competent person, appropriately supervised and carried out in safe manner
- it is thoroughly examined and inspected by a competent person (six monthly for equipment used for lifting people), who must then complete a written report

LOLER specifically addresses lifting equipment to ensure it is used safely and properly maintained. LOLER also includes specific requirements in relation to equipment used for lifting people, including that

- it is marked to indicate the number of people that can be lifted in addition to its SWL
- a person using it / carrying out activities from the carrier is prevented from being crashed, trapped, stuck or falling from the carrier.
- if a person becomes trapped in a carrier they are not exposed to danger and can be freed
- it has devices to prevent the risk of the carrier falling, or if this cannot be prevented due to site / height differences, that the carrier has an enhanced safety coefficient suspension rope / chain, and the rope / chain is inspected by a competent person every working day

⁴ <https://www.hse.gov.uk/work-equipment-machinery/loler.htm>

Appendix 6 – Good handling techniques for liftings

Good handling technique for lifting, as advocated by the HSE

Think before lifting/ handling

Plan the lift. Can handling aids be used? Where is the load going to be placed? Will help be needed with the load? Remove obstructions such as discarded wrapping materials. For a long lift consider resting the load midway on a table or surface to change grip.

Adopt a stable position

The feet should be apart with one foot slightly forward to maintain balance. This provides a walking style base of support (alongside the load if it is positioned on the ground). Be prepared to move your feet during the lift to maintain stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.

Get a good hold

Where possible, the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only.

Start in a good posture

At the start of the lift, slight bending of the back hips and knees is preferable to fully flexing the back (stooping) or fully flexing the knees and hips (squatting).

Don't flex the back any further while lifting

This can happen if the legs begin to straighten before starting to raise the load.

Keep the load close to the waist

Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

Avoid twisting the back or leaning sideways

Avoid twisting the back or leaning sideways, especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.

Keep the head up when handling

Look ahead, not down at the load, once it has been held securely.

Move smoothly

The load should not be jerked as this will make it harder to maintain control and increase risk of injury.

Don't lift or handle more than can be easily managed

There is a difference what people can lift and what they can safely lift, if in doubt, seek advice or get help.

Put down, then adjust

If precise positioning of the load is necessary, put it down first then slide in into the desired position.

Good handling technique for pushing and pulling

Here are some practical points to remember when loads are pushed or pulled:

Handling devices

Aids such as barrows and trolleys should have handle heights that are between the shoulder and waist. Devices should be well maintained with wheels that run smoothly. The law requires that equipment is maintained. When you buy new trolleys etc. make sure they are good quality with large diameter wheels made of suitable material and with castors, bearings etc. which will last with minimum maintenance. Consult your employees and safety representation.

Force

As a rough guide the amount of force that needs to be applied to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight. For example, if the load weight is 400 kg, then the force needed to move the load is 8 kg. The force needed will be larger, perhaps a lot larger, if conditions are not perfect (e.g. wheels not in the right position or a device that is poorly maintained). The operator should try to push rather than pull when moving a load, provided they can see over it and control steering and stopping.

Slopes

Employees should get help from another worker whenever necessary, if they have to negotiate a slope or ramp, 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 required force is over 30 kg even in ideal conditions – good wheels and a smooth slope. This is above the guideline weight for men and well above the guideline weight for women.

Uneven surfaces

Moving an object over soft or uneven surfaces requires higher forces. On an uneven surface, the force needed to start the load moving could increase to 10% of the load weight, although this might be offset to some extent by using larger wheels. Soft ground may be even worse.

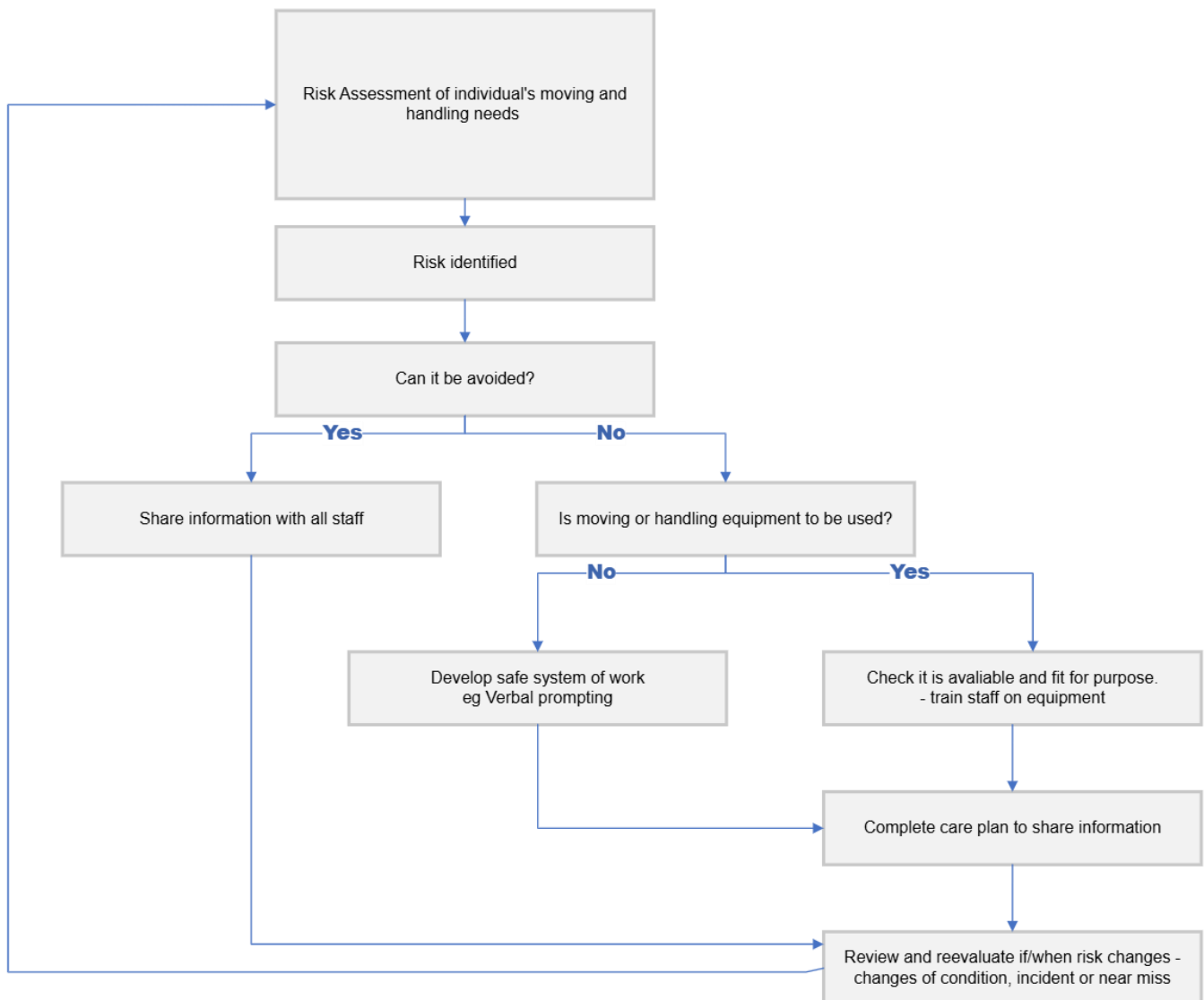
Stance and pace

To make it easier to push or pull, employees should keep their feet well away from the load and go no faster than walking speed. This will stop them becoming too tired too quickly.

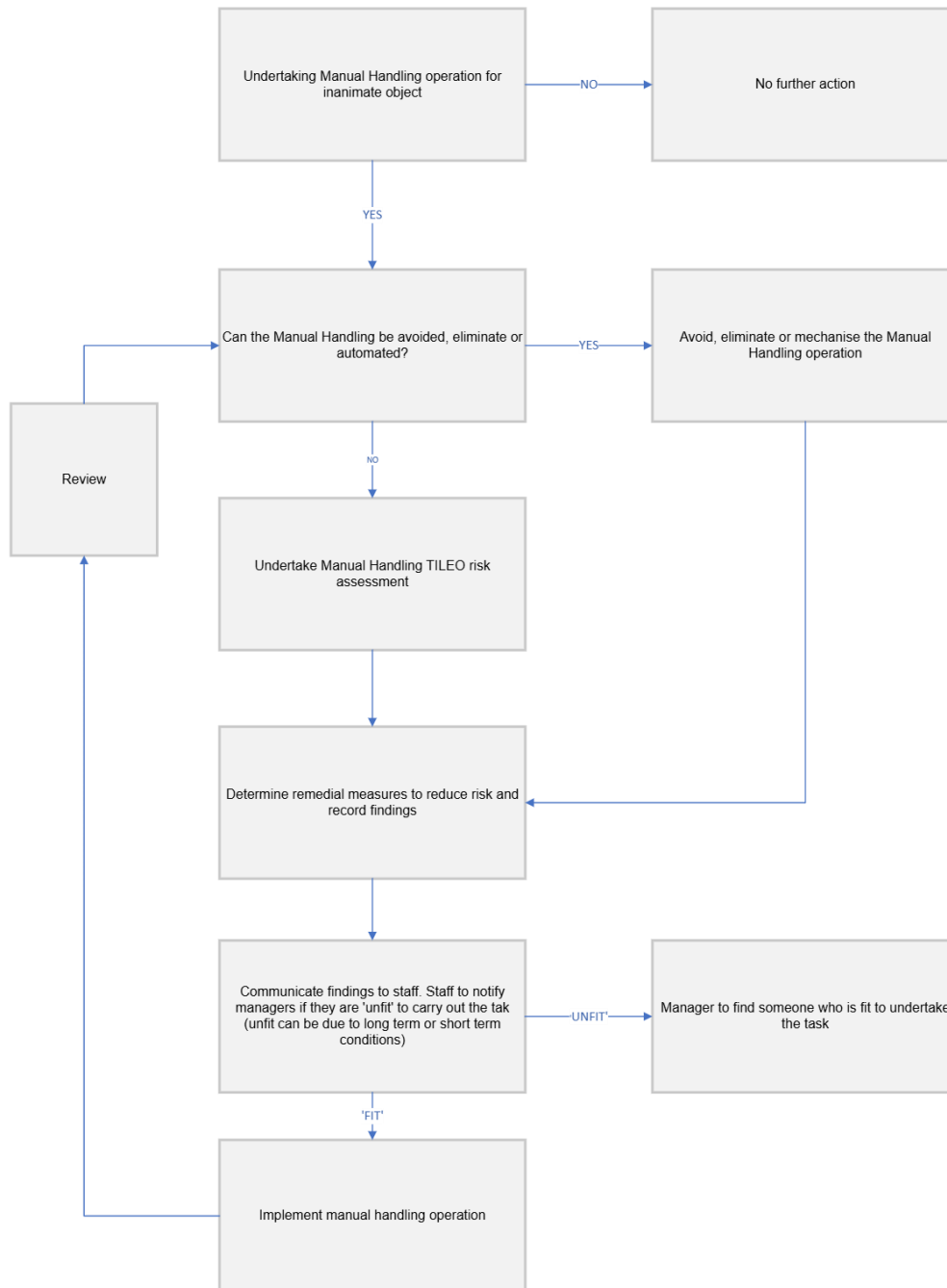
For further information see: <http://www.hse.gov.uk/pubns/indg143.pdf>

Appendix 7 - Moving and Handling Process Flowcharts

Person (Patient) Handling



Inanimate Load Handling



Appendix 8 – Corporate guidance on reporting and investigating incidents and near misses

What you should do as an employee:

1. Inform your line manager as soon as possible if you have been involved in any of the following:
 - Any accident which results in an injury to any person
 - An incident of violence and aggression towards you or your colleagues, whether physical, verbal, in person, over the phone, written threats etc. This type of behaviour should not be tolerated.
 - If you are suffering from ill-health caused by work. This could include pain and discomfort from using your computer, a manual handling back injury, illness from exposure to substances hazardous to health, a disease attributed to work.
 - Near misses or events that under slightly different circumstances may have caused an 'accident'.
2. If you are unsure, follow the Incident Reporting Flowchart (see: [https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/How-to-report-an-accident\(1\).aspx](https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/How-to-report-an-accident(1).aspx))
3. Ensure an accident form is created, preferably with your manager, detailing all specified information.

What should you do as a manager

If you are made aware of an accident, incident or ill-health, it is your responsibility to ensure it is appropriately managed, investigated and reported via the GCC H&S Portal.

The following actions should be taken, proportionate to the incident and risks:

1. Immediate Response

- First aid - assist the injured, call for first aid assistance or call emergency services by dialling 999 if necessary.
- Ensure Safety - prioritise the safety of all persons in the area, stop all work and make sure there is no risk of further injury or danger.
- Report what's happened to Facilities Management if necessary (Tel 01452 425850).
- Defusing the situation - staff need to talk through their experience as soon as possible after the event and preferably within the hour. It is important to create a supportive and positive atmosphere where acceptance of the situation is encouraged.

2. Secure the scene

- You may need to prevent anyone else entering the areas to prevent danger or preserve evidence.

3. Document the Incident

- Take photographs of the scene, equipment and any relevant conditions.
- Take details of any witnesses and what they saw or heard.
- Complete an accident report form via the [GCC H&S Portal](#) with details of the incident.

4. Investigate the Incident

- Conduct a thorough investigation to determine the cause of the accident.
- Review existing safety procedures and identify any lapses or areas for improvement.
- Review existing risk assessments and any training that has been provided.
- For major incidents, inform your senior manager and contact the [SHE team](#)

5. Implement Corrective Actions

- Address any immediate hazards identified during the investigation.
- Develop and implement measures to prevent recurrence, such as additional training or changes in procedures.
- Amend any risk assessments to identify any further actions or update control measures.

6. Post Incident Support

<https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/Post-incident-Support-and-Reporting.aspx>

- Provide any ongoing medical support for the injured/affected employees.
- Consult with HR about the management of the situation.
- Consider referral to Occupational Health, counselling, temporary alteration of duties etc.

Although 'safety' is all about preventing accidents, we can learn from those that do happen. Consequently, it is important that accidents are reported quickly so that an investigation may follow as soon as possible and then remedial action put in place to prevent a recurrence.

Purpose of investigation

- to establish the root causes of the accident/incident;
- to identify any weaknesses in standards or arrangements for managing health and safety;
- to identify any corrective action(s);
- to reduce the likelihood of a recurrence;
- but not to blame any individual or group of individuals.

Level of investigation

The level of investigation will clearly vary depending on the severity of the accident/incident (or the likely consequences in the event of a near miss). To assist line managers in deciding the degree of investigation the following levels provide guidance:

- Level 1 – a minor accident with minimal consequences or implications – a simple investigation conducted by line manager;
- Level 2 – a more serious accident that requires a proper investigation but can be accomplished by the local manager/supervisor;
- Level 3 – a serious accident, probably with reportable injuries – conducted by the line manager but may include other assistance (e.g. a SHE Adviser);
- Level 4 – an accident with life threatening or fatal injuries – investigation very likely to be led by a senior managers and, if fatal, will have external involvement by the HSE, police etc. Could also be a high potential accident or near miss for which a Structured Inquiry may be arranged.

Appendix 9 – Promoting Equality, Diversity and Dignity in Moving and Handling

This appendix outlines Gloucestershire County Council's commitment to promoting equality, diversity, and dignity in all moving and handling practices. It addresses the importance of inclusive care that respects the protected characteristics under the Equality Act 2010. These principles are integral to delivering person-centred care and fulfilling our duties under the Care Act 2014.

Dignity in Moving and Handling

Maintaining dignity is a core principle of our moving and handling policy. All individuals must be treated with respect, and their autonomy and privacy upheld. Staff must explain procedures clearly, seek consent, and involve individuals in decisions about their care.

Particular attention should be paid to ensuring that individuals are not exposed unnecessarily, that their preferences are respected, and that equipment is used in a way that promotes comfort and safety.

Age

Older adults and younger individuals may have different physical capabilities and risks. Staff must tailor moving and handling techniques to accommodate age-related conditions such as frailty, osteoporosis, or developmental needs. Age-appropriate equipment and communication methods should be used.

Disability

Disability is central to moving and handling practices. Staff must ensure reasonable adjustments are made, including the use of assistive technology, tailored risk assessments, and accessible communication. Respect for autonomy and consent is paramount.

Marriage and Civil Partnership

Staff must respect the role of spouses or civil partners in advocacy and consent processes. Their involvement should be welcomed where appropriate.

Pregnancy and Maternity

Pregnant staff must be supported with individual risk assessments and reasonable adjustments to reduce physical strain. People receiving care who are pregnant should be handled with additional care to avoid harm to them or the unborn child.

Race and Culture

We recognise that cultural background and ethnicity can influence how individuals perceive care, including physical contact and personal space. Staff must be sensitive to cultural norms and religious practices when planning and delivering moving and handling support. This includes considering preferences for same-gender staff, modesty requirements, and communication needs.

To support this, staff training in cultural competency will be encouraged. Staff should use interpreters or culturally appropriate communication tools where needed. Risk assessments should reflect any cultural considerations relevant to the individual's care.

Religion or Belief

Religious beliefs may affect how individuals wish to be handled, including preferences for same-gender staff or modesty requirements. Staff must accommodate these beliefs wherever possible and ensure respectful dialogue.

Gender Identity and Trans Inclusion

We are committed to ensuring that transgender and non-binary individuals are treated with respect and dignity during all moving and handling procedures. Staff must use the individual's preferred name and pronouns and ensure that care is delivered in a way that affirms their gender identity.

Where possible, individuals should be offered a choice of staff to support them, and any preferences should be documented in their care and support plan.

Sex

Sex-based differences in physical strength and anatomy may influence both staff and service user needs. Staff should avoid assumptions and ensure that care is based on individual assessment rather than stereotypes.

Sexual Orientation

Staff must provide inclusive care regardless of sexual orientation. This includes respecting relationships and avoiding assumptions about family structures or preferences. Dignity and privacy must be maintained at all times.

Monitoring and Continuous Improvement

We will use local population and service user data from Gloucestershire to identify trends and potential disparities in outcomes. Equality monitoring will be embedded in incident reviews and training evaluations to ensure that our practices are inclusive and equitable.

Feedback from individuals, particularly those from underrepresented or marginalised groups, will be used to co-produce improvements in training, risk assessment, and care planning.

By embedding these principles into our moving and handling practices, we aim to ensure that all individuals receive safe, respectful, and inclusive care that meets their unique needs and upholds their rights.