



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Workforce Support Policy

Safer Moving and Handling

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1.0 POLICY STATEMENT

- 1.1 The occurrence of such incidents is in decline, nevertheless, it is accepted that moving and handling can result in cumulative damage to an individual, apart from the obvious risks from over exertion. The submission of Incident/Near Miss Reports relating to Moving and Handling, referred to the National Ambulance Service (NAS) continues to decline.
- 1.2 NAS attaches great importance to the safe moving and handling of patients and loads by its employees. The majority of moving and handling duties are carried out away from Ambulance Stations in environments uncontrolled by the NAS. Staff may be faced with hazards such as stairs, exceptionally weighty patients or violent situations. Nevertheless, a high proportion of tasks are foreseeable and therefore, have the ability to be assessed and appropriate measures taken to minimise risk.

2.0 PURPOSE

- 2.1 To reduce the risk of injury to staff by providing a safe system of work through a risk assessment process and safer handling & lifting techniques that offers protection not only to staff, but also to patients when carrying out moving and handling operations.
- 2.2 This Policy should be adhered to and NAS staff should no longer accept back pain as an occupational hazard.
- 2.3 Legal obligations are placed on an employer under a number of headings:
 - A. Common Law
 - B. The Safety, Health and Welfare at Work Act, 2005
 - C. Sections 68, 69 of the Safety, Health and Welfare at Work (General Application) Regulations, 2007

3.0 SCOPE

- 3.1 Applies to all Managers, Supervisor and Staff in the NAS

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. <http://www.hsa.ie>
- B. <http://www.irishstatutebook.ie>
- C. Safety, Health and Welfare at Work Act, 2005
- D. Safety, Health and Welfare at Work (General Application) Regulations, 2007

5.0 GLOSSARY OF TERMS AND DEFINITIONS

5.1 Manual handling of loads

5.1.1 *Part 2, Chapter 4, Section 68*; In this part, “manual handling of loads” means any transporting or supporting of a load by one or more employees, and includes lifting, putting down, pushing, pulling carrying or moving a load, which by reason of its characteristics or unfavourable ergonomic conditions, involves risk, particularly of back injury, to employees.

5.2 Load

5.2.1 A load is any moveable object or patient, the lifting and moving of which constitutes moving and handling.

5.3 Ergonomics

5.3.1 This is a scientific study of work with the intention of matching the job to the worker whilst also considering the tasks, working environment and individual capabilities.

5.4 Reasonably Practicable

5.4.1 The cost of any further preventative steps would be grossly disproportionate to the further benefit that would accrue from their introduction.

5.5 Injury

5.5.1 The NAS seeks to prevent injury not only to the back but to any part of the body, for example, muscle, nerve, ligament and tendon injuries.

5.5.2 In moving objects other injuries may be caused by, for example, roughness, sharp edges, extremes of temperature, or slipiness of the load which affects the grip when carrying out moving and handling operations.

5.5.3 Injuries may be caused by a shift in the weight distribution of a load and this is a particular hazard with certain patients and medical conditions, e.g., grabbing hold of a banister when being carried down a stairs.

5.6 Risk Assessment

- 5.6.1 Risk Assessment - Regulation 68B - Where the need for the manual handling of loads by the employer's employees cannot be avoided, take appropriate organisational measures, use appropriate means or provide the employer's employees with such means in order to reduce the risk involved in the manual handling of such loads, having regard to the risk factors specified in Schedule 3
- 5.6.2 Risk assessment is about recognising and predicting the potential for a situation to occur. The National Ambulance Service needs to balance the likelihood of risk occurring against resources put into preventing or controlling it (reasonable practicable).

5.7 Risk Management

- 5.7.1 Risk Management is about taking reasonable steps to avoid risk and to reduce the likelihood of risk occurring.

6.0 ROLES AND RESPONSIBILITIES

6.1 Management Responsibilities

- 6.1.1 To comply with the legislation (Regulation 69) and to reduce risks, to which is reasonably practicable, to all NAS staff.
- 6.1.2 NAS Management will ensure that moving and handling requirements are identified in job descriptions and preemployment health declarations.
- 6.1.3 NAS Management will ensure that candidates are trained and assessed in safe moving and handling operations.
- 6.1.4 Ambulance Control will endeavour to plan work routines to ensure there are adequate opportunities for rest and recovery.
- 6.1.5 Safe systems of work will continue to be developed and appropriate equipment provided and maintained. Every effort will be made to prevent or minimise risks in consultation with Quality and Patient Safety personnel.
- 6.1.6 Adequate supervision will be provided for inexperienced staff.
- 6.1.7 Instigate disciplinary procedures where prescribed working methods and safety procedures are being flouted.
- 6.1.8 Develop effective liaison with Health and Safety Representatives, Moving & Handling Instructors and Back Care Advisors.

6.1.9 Assess all moving and handling operations, taking into careful consideration the patient's injuries and medical condition as part of an overall process in order to avoid hazardous situations. Where a risk has been identified, take appropriate action following risk assessments to eliminate or reduce the risk of injury.

6.2 Staff Responsibilities

6.2.1 Individuals have a duty to take all reasonable care for their own health and safety and that of other staff, patients and members of the public who may be affected by their actions or omissions. They must also cooperate in the investigation of accidents and adhere to policies, procedures and codes of practice etc.

6.2.2 Staff in particular need to report; defects in vehicles and other equipment, environmental hazards, injuries, accidents and near misses.

6.2.3 Employees are required to make management aware of any illness, disability, medical reason or physical condition affecting their handling capability.

6.2.4 In situations where staff may need to act beyond existing safe systems of work, e.g. snatch rescue, then what is reasonable and practicable must be taken into account. Consideration must be given to staff as to what may cause injury to themselves or others.

6.2.5 Staff should utilize, as appropriate, moving & handling equipment and Personal Protective Equipment in accordance with established procedures to safeguard their health and safety.

6.2.6 Staff should not intentionally or recklessly interfere with or misuse anything provided in the interests of health and safety.

6.2.7 The provisions of Health and Safety legislation should be observed and adhere to procedures established to provide a safe and healthy work environment.

6.2.8 Employees are required to cooperate in the investigation of accidents with the objective of ensuring that measures are taken to prevent or minimise a recurrence.

7.0 PROCEDURE/GUIDELINE

7.1 Hierarchy of Measures

7.1.1 The aim is to avoid hazardous moving and handling operations wherever possible. Where it cannot be avoided, a full assessment must be carried out; taking into account the patient's injuries and medical condition and then for action to be planned, implemented and documented where practically possible.

7.1.2 The Safety, Health and Welfare at Work Act 2005, establishes a clear hierarchy of measures as follows:

- A. Avoid hazardous moving and handling operations in so far as is reasonably practicable.
- B. Make a suitable and sufficient assessment of any moving and handling operation that cannot be avoided
- C. Reduce the risk of injury from those operations so far as is reasonably practicable.

7.2 Eliminate/Reduce Risks

7.2.1 Operational Support and Resilience Managers will have lead responsibility, through consultation with operational staff, Instructors, other Managers and the Fleet, Logistics and Support Manager for the elimination and reduction of risks associated with moving and handling operations in line with current and relevant legislation and regulation.

7.2.2 This will be achieved through the purchase of suitable replacement vehicles and modifications to existing vehicles, design & equipping of ambulances and moving and handling equipment, where reasonably practicable.

7.2.3 Equipment purchased after evaluation and recommendation shall set the standard for all future purchases, whether the equipment is additional or a replacement.

7.2.4 Mechanical equipment and all handling aids should be used where possible in order to minimise the need for the manual handling of loads by staff.

7.2.5 Every device shall be thoroughly examined by a "competent person" at least once in every twelve months by those under contract.

7.2.6 All work wear and protective clothing should be selected taking into account compatibility with existing equipment and the job in mind. Uniforms and protective clothing can have a direct impact on the ease of movement with consequent safety implications.

7.3 Training

7.3.1 Injuries to staff can be prevented through effective training and educational programmes. The NAS will provide three types of training as follows:

- A. Training for newly appointed staff through introductory courses and basic training as appropriate.
- B. Training for Officers, Assistant Trainers, Moving and Handling Trainers.
- C. Training in order to update and reinforce safe practices on a regular (Tri annual basis) basis.

7.3.2 Training will include the risk assessment process - which is part of an overall assessment process taking into careful consideration the patient's injuries and medical condition - safer handling and lifting techniques and back care. In all instances, this training will involve an ergonomic approach, which is, examining the Task, Individual capability, the Load and the Environment - TILE.

7.3.3 Moving and Handling techniques as taught by the National Ambulance Service College and the NAS Moving and Handling Trainers are the accepted safe systems of work.

7.3.4 Training programmes will be regularly reviewed with operational managers and staff updated in the light of experience.

7.4 Development of Systems

7.4.1 Wherever possible, NAS staff are advised about moving and handling hazards, both real and potential, in advance: for example, if a patient requires carrying to an ambulance or lives above or below ground floor level and there is no lift. This will ensure that the appropriate ambulance is sent to the job being properly staffed and carrying the correct moving and handling equipment.

7.4.2 Control Managers will have the lead responsibility for the development of systems that will ascertain the appropriate information relating to moving and handling operations. This information should then be passed to Intermediate Care Operatives/Paramedics for action to be taken in advance, wherever possible.

7.5 Personal Risk Assessment for NAS Staff

7.5.1 Under normal circumstances, staff should always carry out an assessment of the patient's injuries and medical condition. The assessment of risks associated with moving and handling the patient must take account of the patient's injuries, medical condition, treatment and care before any patient movements take place. The risk assessment for patient handling must involve the ergonomic approach that is, examining the Task, Individual capability, Load and Environment - TILE.

7.5.2 *If the task involves any one or more of the following:*

- Head down? STOP.....REASSESS
- Stooping? STOP.....REASSESS
- Twisting? STOP.....REASSESS
- Holding the load away from the trunk? STOP.....REASSESS
- Strenuous lifting, lowering, pushing? STOP.....REASSESS
- Carrying a long distance? (10m+) STOP.....REASSESS
- Poor hold or grip? STOP.....REASSESS
- Incorrect foot position? STOP.....REASSESS

7.5.3 The emphasis is on STOP and REASSESS on how the patient can be moved safely. The aim of the assessment is to determine the appropriate precautions necessary to avoid or reduce the risks to the lowest level reasonably practicable and ensure safer moving and handling of patients.

7.5.4 Under no circumstances should staff proceed in these situations unless a snatch rescue is essential.

7.6 Principles of Safer Moving & Handling

7.6.1 The principles of safer moving and handling may require careful practice before they can be automatically incorporated into everyday routine, but the rewards can be significant. The body structure will maintain elasticity so long as the individual carries out regular stretching exercises and the progressive stiffening and loss of suppleness, which occurs with age, will be reduced.

7.6.2 Once you start to lift something you must concentrate on what you are doing. If you start to lose control, immediately warn your colleague(s) in order to control its descent by squatting and going down with the load.

7.6.3 Principles of Manual Handling:

- Assess the Risk
 - Task Never handle unnecessarily. (Always ask, “Do I need to”)
 - Always use appropriate handling equipment.
 - Prepare area and watch for hazards, i.e., lockers, vases, flowers
 - Handling knowledge, Know your own and that of your colleagues
 - Load Assess the patient. (Identify special needs)
 - Agree the process and explain to patient. It is imperative to have the co-operation and consent of the patient
- Bend the Knees
- Broad stable base feet apart, in order to give you a good base of support
- Back Straight Keep your back straight, though not necessarily vertical
- Firm Palmar Grip
- Arms in line with Trunk
- Weight close to the centre of Gravity Get close to the patient
- Point feet in the direction of movement
- Use appropriate command - Prepare to: Move/Slide/Lift/Lower and: Move/Slide/Lift/Lower (Remember, it is important for one member of staff to act as leader).
- Move by easy stages
- Use to the best advantage your legs when pushing and pulling
- Get help if the load is awkward or beyond your capacity

7.7 Explanation and Record of Assessment

- 7.7.1 It is important to avoid any misunderstanding when carrying out a risk assessment.

7.7.2 This process should be explained, wherever possible, to the patient and/or relative(s) or other person(s) and reassurance should be given that a safe moving and handling operation is being determined which will reduce the risk of injury to Intermediate Care Operatives/Paramedics and give protection and comfort to the patient. It is recognised that moving some patients with certain medical conditions/injuries will cause discomfort in certain circumstances.

7.7.3 *An assessment need not be recorded if:*

- A. It could easily be repeated and explained at any time because it is simple and straightforward, or,
- B. The moving and handling operation is straightforward and of low risk, is going to last only a very short time and the time taken to record it would be disproportionate to the task

7.7.4 *A record of assessments must be made and kept in writing using the Risk Assessment Form (see Appendix II), in all cases where:*

- A. The patient cannot be moved for whatever reason and Ambulance Control must be notified immediately or,
- B. There is a hazardous lifting operation and measures have to be taken to reduce the risk to the lowest level or,
- C. If assistance is required.

7.7.5 On the risk assessment form, the hazards should be highlighted along with the immediate measures taken and implemented to reduce the risk. Completed forms should be sent to the relevant Quality, Safety and Risk Manager at the relevant Area Headquarters, via the appropriate Supervisor.

7.7.6 *This is to ensure that:*

- A. Control Managers - appropriate information is retained in Ambulance Control, whilst relevant, and passed on to the crew who have to deal with that patient in the future.
- B. Education and Competency Assurance Officers - relevant information is retained in the Training files to update: staff training programmes, operational instructions, equipment evaluations etc.
- C. Operational Support and Resilience Managers - action is taken in the longer term to eliminate or reduce the risk of injury wherever possible, to the lowest level reasonably practicable.

7.8 Special Considerations

- 7.8.1 Pregnancy has significant implications for the risk of moving and handling injury. Hormonal changes in pregnancy may slacken ligaments, and postural changes in the last few months may increase the risk of injury. Individuals should seek medical advice and inform NAS immediately in order that a risk assessment may be arranged as appropriate.
- 7.8.2 After maternity or extended sick leave, retraining in moving and handling techniques should be given before normal moving and handling duties are resumed or if recommended by the Occupational Health Service.
- 7.8.3 As part of rehabilitation, a physiotherapist or occupational therapist's assessment of the necessary moving and handling techniques for an individual patient may differ from that of Intermediate Care Operatives/Paramedics. Therapists may request Intermediate Care Operatives/Paramedics to use different techniques as part of the rehabilitation programme. These will be taught by the therapist and must be documented in the patient's individual moving and handling profile. If the technique conflicts with any training that Intermediate Care Operatives/Paramedics have received, this must be reported to their Supervisor and the technique should not be used until the matter is resolved.

7.9 Handling of High Risk

- 7.9.1 The following information must be included in an individual patient moving and handling profile and brought to the attention of Intermediate Care Operatives/Paramedics involved in the moving and handling of that patient:
- Weight of patient
 - The patient's ability to assist or weight bear
 - Whether their actions are predictable or unpredictable
 - Method of moving and handling required
 - Type of equipment/vehicle required
 - Environmental constraints
- 7.9.2 These patients should be informed of the safer moving and handling policy in order to obtain their informed consent
- 7.9.3 If patient moving and handling equipment becomes wet and/or contaminated with blood or body fluid it must be adequately decontaminated. Advice may be sought from the Infection Control advisers.

7.10 Adverse Incidents

- 7.10.1 All incidents, potentially hazardous incidents and near misses must be reported using the HSE's Incident/Near Miss Form.
- 7.10.2 Quality, Safety and Risk Managers must investigate and monitor all adverse incidents at work in order to:
- Identify unsafe practices/conditions
 - Establish trends
 - Follow up individual incidents
 - Enable preventative action and control measures to be taken
- 7.10.3 Reports will be analysed and statistics compiled to be circulated to the NAS management and Quality, Health and Safety Committees.
- 7.10.4 Staff who sustain an injury at work should always seek medical advice immediately or as soon as possible after the incident.
- 7.10.5 Operations Resource Managers should refer staff who have suffered back or neck injuries or pulled muscles for fast access to the Occupational Health Service. Any member of staff involved in moving and handling who is absent from work for 3 weeks or longer due to back/neck injury will be reviewed by the Occupational Health Physician before returning to work.
- 7.10.6 Operations Resource Managers must inform Operations Performance Managers as soon as possible of staff to whom this procedure would apply in order to prevent delays in returning to work caused by arranging an appointment with the Occupational Physician.

7.11 Records

- 7.11.1 Education and Competency Assurance Officers should keep records of employee's attendance (or non-attendance) at a moving and handling training/instruction session, including date, duration, trainer's names and feedback from trainers on an individual's additional needs, etc.
- 7.11.2 Quality, Safety and Risk Managers and Supervisors should keep records of all defects in equipment, place of work or system of work brought to their attention and of follow-up action taken.

8.0 IMPLEMENTATION PLAN

- 8.1 This Policy will be circulated electronically to all Managers, all Control Supervisors and Staff
- 8.2 This Policy will be placed in hardcopy in each Policy Manual in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

- 9.1 This policy will be reviewed whenever necessary following changes in procedures and/or legislation and/or a relevant event.
- 9.2 The Fleet, Logistics and Support Manager has the responsibility for ensuring the maintenance, regular review and updating of this policy.
- 9.3 Revisions, amendments or alterations to the policy can only be implemented after consideration and approval by the NAS Leadership Team, following consultation with the Quality and Patient Safety Directorate.
- 9.4 This policy must be adhered to at all times to ensure maximum safety for NAS employees.
- 9.5 Adequate and appropriate methods of Communication with Ambulance Control, or for urgent assistance, will be identified, implemented, and regularly reviewed.
- 9.6 Operational Support and Resilience Managers and any Health and Safety Governance Groups will monitor compliance with this Policy through regular reviews of equipment maintenance and Incident/Near Miss reports.

10.0 REFERENCES

None Applicable

11.0 APPENDICES

Appendix I - Policy Acknowledgement Form
Appendix II - Patient Moving & Handling Risk Assessment & Handling Plan