Policy and programme planning
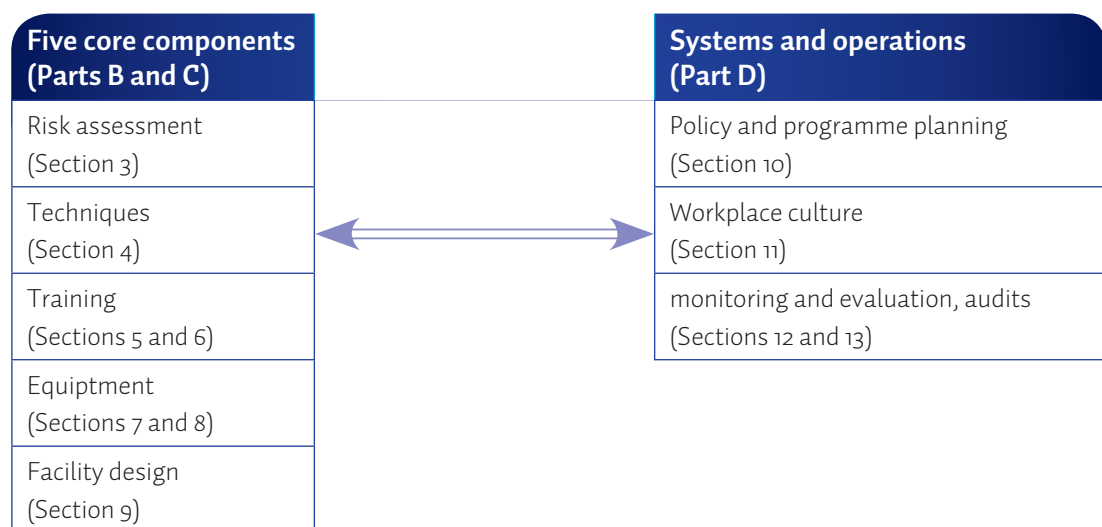

Contents

10.1 Setting up a moving and handling programme

Earlier sections of the Guidelines describe five of the six core components of moving and handling programmes. As noted previously, these five components, together with policy and programme planning, form the basis of any effective moving and handling programme. This section describes the policy and programme planning process. The next three sections outline two other essential aspects of moving and handling systems and operations – workplace culture and monitoring and evaluation. Figure 10.1 illustrates the links between the core components and moving and handling systems and operations.

FIGURE 10.1 SETTING UP AND MAINTAINING MOVING AND HANDLING SYSTEMS

Five core components (Parts B and C)	Systems and operations (Part D)
Risk assessment (Section 3)	Policy and programme planning (Section 10)
Techniques (Section 4)	Workplace culture (Section 11)
Training (Sections 5 and 6)	monitoring and evaluation, audits (Sections 12 and 13)
Equiptment (Sections 7 and 8)	
Facility design (Section 9)	

To maintain effective moving and handling practices over time, systems and operations integrate a moving and handling programme into the culture of an organisation. Underpinning this integration into workplace culture is the development of a moving and handling policy and programme. Monitoring the long-term effectiveness of the programme in maintaining low rates of injury and reduced costs is the third part of systems and operations.

10.2 Core components of moving and handling policies and programmes

Systematic reviews have shown that staff training by itself is insufficient to reduce injuries resulting from moving and handling.[1] Other reviews have provided strong evidence that multifactor interventions or programmes are successful in reducing injuries. One review concluded that, to reduce injuries, there need to be three essential components in a programme:

- Worksite policy changes (e.g. adopting a moving and handling policy, management commitment)

- The purchase and implementation of new client moving and handling equipment

- Training on how to use new equipment, and on client handling techniques.[2]

This view is consistent with a comprehensive review of intervention strategies aimed at reducing musculoskeletal injuries resulting from handling clients, which concluded that 'multifactor interventions based on risk assessment programmes are most likely to be successful'.[3] This review highlighted seven commonly used strategies for use in a generic intervention programme:

- The purchase of equipment

- The education and training of staff (e.g. risk assessment, use of equipment, client assessment)

- Risk assessment

- Policies and procedures

- Client assessment system

- Work environment redesign

- Work organisation and practices changed (e.g. developing a culture of safety, work allocations that avoid repetitive work and long hours).

1.   Martimo et al, 2008; Dawson et al, 2007.
2.   Amick et al, 2006.
3.   Hignett, 2003, p. 1.

> **BOX 10.1**
>
> **Example of core components of a moving and handling programme**
>
> These are the basic but crucial components of a sustainable programme:
>
> - **Training** – needs adequate content, duration and appropriately qualified trainers to deliver orientation and update training in a venue equipped for the job
>
> - **Equipment** – whatever equipment is required in the working environment to use the practices shown during training. This needs to be in place as training begins, or preferably before
>
> - **Risk assessment and documentation** – before a client is moved or handled, a risk assessment must be carried out and documented. Such assessments are important in deciding how the client should be moved and handled
>
> - **Facility design** – the risk assessment of the planned area should involve competent people who are able to decide what and how much is required in that area, and where, to enable practices shown in training.
>
> Researchers around the world have documented that to remove one of these components is to make the implementation unlikely to succeed.
>
> Source: Moving and handling coordinator, Waitemata District Health Board

Based on research evidence and evidence-based reviews of moving and handling, there is general agreement about the core components of a moving and handling programme.

Some of the components vary across organisations, but each of those shown below is important. These components need to be included in the policy statement. Table 10.1 shows the specific core components of an effective moving and handling programme. Each of these components represents current best practice for moving and handling people. They are referred to as the 'six core components of a moving and handling programme'. Five of the components have been described in detail in earlier sections of these Guidelines.

TABLE 10.1 CORE COMPONENTS OF A MOVING AND HANDLING PROGRAMME

Programme component	Description
Policy on moving and handling	A written policy statement that includes the other components and is endorsed and resourced by senior management
Risk assessment protocols	Rules about risk assessments, performed prior to moving and handling people to ensure risks are controlled or reduced
Techniques for moving clients	A set of approved techniques for carers to use when moving clients
Training of all carers	Training of all carers both initially (induction training) and through annual updates
Equipment provided	Provision of the equipment needed to use the approved techniques
Facilities and spaces that allow effective moving and handling	Providing facilities and spaces that allow effective moving and handling techniques. Renovating and upgrading facilities if needed

10.3 Why is a moving and handling policy important?

The reason for developing and using a moving and handling policy is ultimately to reduce the risk of injury to staff and healthcare clients. Having such a policy helps to create a workplace culture where staff are trained, equipped and supported always to use safe moving and handling techniques.

Policies serve three functions in organisations:

- They are formal statements about how the organisations or institutions should operate

- They drive the programmes that guide the actions of managers and employees

- They can direct resources to support programmes.

Having a written moving and handling policy establishes clear expectations that staff will use appropriate, low-risk ways to move and handle clients. The policy also highlights management's obligations to provide the necessary resources, training, equipment and facility design to develop and maintain an environment that is safe for clients and staff.

A moving and handling policy should be part of an organisation's broader set of health and safety policies, and often needs to be integrated with existing policies, for example those covering health and safety for both clients and staff, and the quality of healthcare for clients.

> **BOX 10.2**
>
> **The purpose of policy**
>
> The purpose of the policy is not punitive but supportive of both staff and administration… policy is not to be used to discipline employees but to educate them.
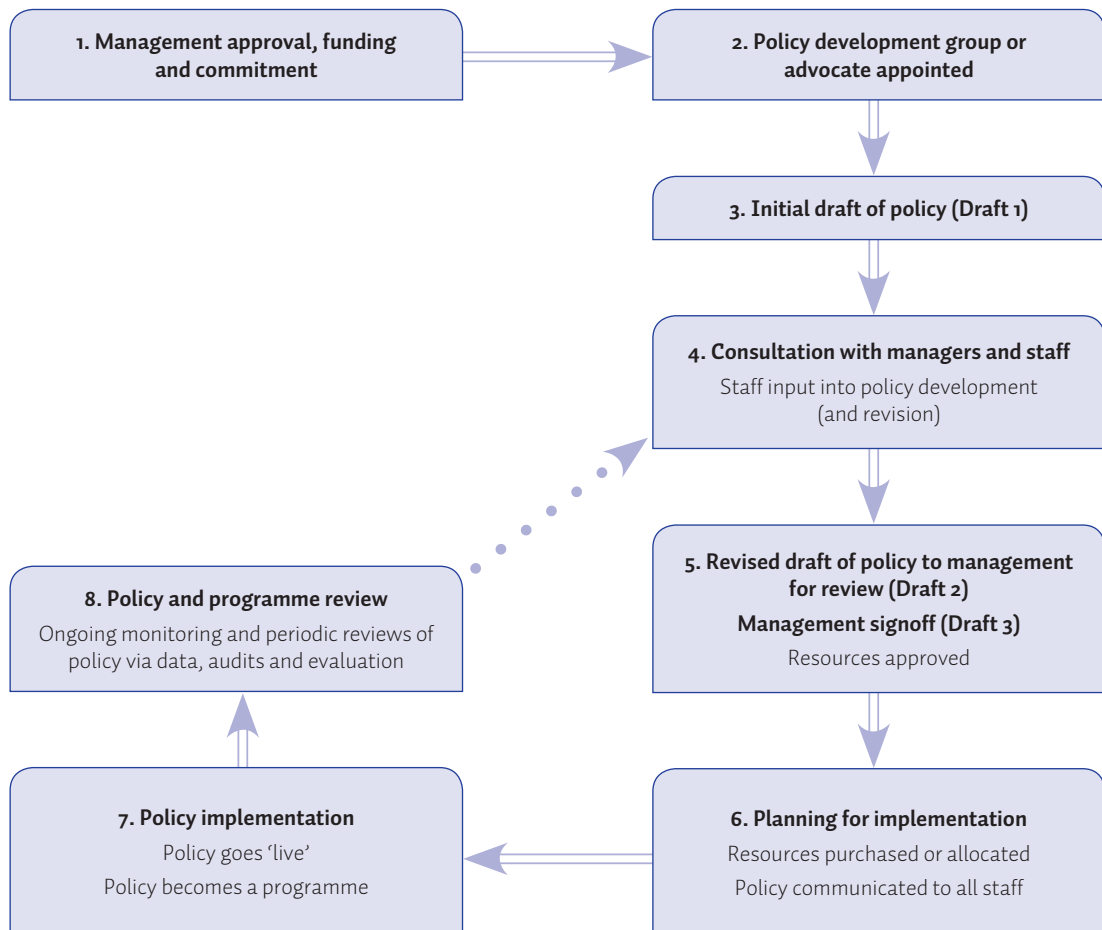>
> Source: Nelson, 2003

> **BOX 10.3**
>
> **Integration of moving and handling with other policies**
>
> Employers need to recognise and address workplace hazards by supporting and implementing moving and handling policies. A moving and handling policy should be an integral part of an organisation's policies on safety, quality of client care and good employer-employee relationships. Having a moving and handling policy is a key performance indicator. How well clients are moved during care has a direct bearing on their wellbeing.

A moving and handling policy becomes a 'programme' once it has been adopted and implemented. Moving and handling programmes can also include incident and injury investigations and follow-up hazard controls (e.g. retraining staff, modifying facilities, acquiring additional equipment) and programme evaluations.

10.4 Developing and implementing moving and handling policies

There are eight general procedures in the development and implementation of effective policies. Figure 10.2 below illustrates the stages of developing and implementing a moving and handling policy.

FIGURE 10.2 DEVELOPING AND IMPLEMENTING MOVING AND HANDLING POLICIES

| 1. Management approval, funding and commitment | → | 2. Policy development group or advocate appointed |

3. Initial draft of policy (Draft 1)

4. Consultation with managers and staff
Staff input into policy development (and revision)

5. Revised draft of policy to management for review (Draft 2)
Management signoff (Draft 3)
Resources approved

8. Policy and programme review
Ongoing monitoring and periodic reviews of policy via data, audits and evaluation

7. Policy implementation
Policy goes 'live'
Policy becomes a programme

6. Planning for implementation
Resources purchased or allocated
Policy communicated to all staff

The stages shown in Figure 10.2 for developing and implementing a moving and handling policy are described in more detail below. These stages can be modified to suit the size and needs of an organisation.

1. Management approval for and commitment to developing a moving and handling policy are essential. Tangible management support includes providing resources and funding to turn the policy into an operating programme. A policy development group is formed, which is the driving force for development and implementation. In small organisations, one person (a policy advocate or 'champion') may carry out this role.

2. The policy development group or policy advocate (depending on the size of the organisation) steers the policy through to implementation. The development group must have sufficient status and management skills to influence

organisational change. As well, the group should have a range of skills and experience, particularly in moving and handling. The group should comprise (or consult) people throughout the organisation, such as those responsible for health and safety, nursing, medicine, finance and administration, human resources, engineering, maintenance, laundry and cleaning. Having a multidisciplinary group with effective networking skills will lead to better coordination across the organisation and the development of a more robust and workable policy.

3. When drafting the policy the group should review existing policies relevant to moving and handling, including those of other organisations and health systems. The group develops an initial written draft of the policy and makes it available in paper and electronic form to all staff in the organisation. It is a good strategy to contact managers in other organisations who have been involved in implementing similar policies, to get advice and ideas. The draft policy may be accompanied by supporting evidence such as the cost savings estimated from fewer staff injuries and reduced absenteeism and turnover and a 'business case' that sets out the resource implications of the proposed policy.

4. Consult relevant managers and frontline staff for broad input to ensure the long-term viability of and support for the programme. When the initial draft is ready (Policy Draft 1), it is circulated to staff throughout the organisation for discussion and comment. This feedback is then collated and reviewed by the policy development group. Following consultation, a revised version (Policy Draft 2) is prepared and sent to senior management.

5. Management reviews and approves the draft policy. During their review, management needs to consider the operational implications of the policy for the organisation as a whole. The management review will need to consider the:

    –   Implications of the policy for existing operations

    –   Issues that may arise during the initial policy implementation

    –   Resources needed for the policy to be implemented effectively, and the approval of those or the reallocation of existing resources

    –   Identification of managers or other staff who will have specific responsibilities for policy implementation

    –   Procurement process, criteria for selecting equipment, setting up an equipment register, and maintenance systems

    –   Approval of training needed to implement the policy

    –   Approval of a communication plan to ensure the final version of the policy is sent to all unit managers and staff

– Confirmation of arrangements for policy auditing and periodic evaluations after it has been implemented

– Options for implementation (e.g. will it be rolled out in phases?)

– Confirmation of a policy start date or a rollout plan if the policy is to be implemented in stages, starting with selected units or wards.

Management then approves a final version (Policy Draft 3). The policy must be approved in principle and also be supported with funding and other resources. For example, there should be resources for staff to attend training during working hours and for additional staff needed to fill any gaps.

6. Once formally adopted, an implementation plan is developed to move the policy into a programme. The 'programme implementation plan' will include decisions on organising activities and events to implement the policy, such as management resources, funding, logistics and staff training. The final policy and the plan for its implementation are communicated to all people affected. Following the management review and revision of the policy, the final version is sent to the policy development group and designated managers to ensure the necessary resources are in place before the start date. This will include the training of managers and staff in the principles of the policy, including any new or updated moving and handling techniques. The policy development group will also initiate the policy communication plan and brief the managers and staff who will be advisers and problem-solvers during implementation.

It is likely that some programme components will need to be organised prior to the full programme rollout, especially in small organisations. For example, facility upgrading and equipment purchase and storage may need to be organised ahead of the formal implementation. Other programme components that are likely to need early implementation are risk assessment protocols, staff training and equipment maintenance systems.

7. The policy goes 'live' at the agreed date and becomes an operating programme. In large organisations there may be a policy 'rollout', where some units or wards initially implement the policy, followed by others several weeks or months later. Teething problems are inevitable, so it is vital that policy advisers and problem-solvers are available during the initial implementation, and can communicate any necessary 'fixes' and adaptations.

8. The policy is reviewed and updated periodically. The initial programme implementation should be monitored for a specified period (e.g. three months) and a review meeting held. Lessons learned from the initial implementation should be included in a revised implementation plan to be used in other units. During the initial implementation, unanticipated problems and concerns can be expected. These need to be managed adequately. For example, where specific aspects of the programme are not working, unit managers should have

responsibility for organising fixes, and communicating these fixes to the policy development group.

Once the implementation phase is complete, the role of the policy development group changes. It now focuses on:

– Setting up auditing systems

– Monitoring the programme implementation and ensuring that relevant data are collected (e.g. on incident reports, injuries, absenteeism and staff turnover) and that the data can be linked to moving and handling events

– Organising periodic evaluations of the programme (e.g. every two or three years).

The programme is updated when needed to reflect changes in the organisation and client profiles and changes in technology, equipment and the workforce.

10.5 Writing the policy

The written policy sets out the organisation's commitment to client moving and handling by stating the standards and approach required. It should encompass all the components essential to an effective programme, including guiding principles, management and staff roles and responsibilities, organisational reviews, client risk assessments and handling procedures, training, equipment, facilities, monitoring and evaluation.

The policy should be practical and applicable, with client and staff safety at its core. The initial sections of the written policy should establish the purpose of the moving and handling policy, and that manual lifting by staff is unsafe for both clients and staff and is therefore not permitted. It should also include programme goals for reducing staff injuries and improving client safety, care and outcomes.

The policy title should communicate the policy's purpose. In some organisations descriptive titles – such as Zero-lift Policy and LITEN-UP Policy – are used to help staff remember the policies' intent easily. Titles such as No-lift Policy are commonly used in some countries.[4]

Table 10.2 shows an example of a generic outline for a policy document. Appendix 10.1 at the end of this section provides a policy template that can be adapted to suit the requirements of specific organisations. The amount of detail in a written policy will depend on the size and type of organisation.

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4.   European Agency for Safety and Health at Work, 2007, p. 7.

TABLE 10.2 GENERIC OUTLINE FOR A MOVING AND HANDLING POLICY

Heading	Description of content
1. Purpose	Brief statement of purpose of policy. An example is: 'This policy, known as the Client Moving and Handling Programme, is to ensure that employees use approved client moving and handling techniques in all cases where client movement and handling is needed.' Also acknowledge employer obligations under relevant legislation, such as health and safety workplace legislation
2. Policy	A paragraph that provides a brief rationale for the policy and an elaboration of its purpose. The statement includes the name of the organisation
3. Procedures	This usually includes descriptions of the following policy components: A. Compliance B. Client or client moving and handling requirements C. Training D. Moving and handling equipment and aids E. Client moving and handling programme F. Reporting of injuries and incidents (e.g. near misses)
4. Definitions	Definitions of key terms in the policy document, such as: · High-risk client handling tasks · Unsafe manual handling · Moving and handling equipment and aids · Culture of safety
5. Delegation of authority and responsibility	This describes the policy responsibilities of all main groups of staff. Specific responsibilities are usually described for: · Chief executive or director · Managers · Employees · Maintenance staff · Union officials

Procedures (Policy Section 3)

The procedures section of the policy should include:

- A statement about the need for compliance with the policy by all employees
- Client movement and handling requirements – avoiding hazardous handling tasks whenever possible, and using moving and handling equipment and other approved aids
- Training requirements for all staff handling clients, including for new staff, update training for existing staff, training when new equipment is introduced or there is a change in procedures, briefings following specific incidents, and task analysis in areas with unique or isolated risks
- The need for risk assessments (before moving or handling) and the control of risks
- The moving and handling equipment required, including equipment selection and procurement, equipment register, maintenance schedules, storage and battery-charging procedures
- Requirements to select safe transfer methods, including examples of the techniques that should be used for moving clients
- Facility design and upgrading
- Infection controls
- A statement and pathway on bariatric moving and handling (see Section 14 in these Guidelines)
- Emergency evacuation procedures for clients.

Definitions (Policy Section 4)

Include the definitions of the key terms contained in the policy document so that their meanings are as clear as possible. This will include terms such as high-risk client handling tasks, hazards, risk assessment, manual handling, moving and handling equipment and aids, and culture of safety.

Delegation of authority and responsibility (Policy Section 5)

The section on the responsibilities of the key staff running the programme should outline what is expected from each group in relation to the policy. It should emphasise that everyone is responsible for protecting their own health and safety, as well as the health and safety of others in the workplace. The policy's general message is the need to create a culture of safety for which everyone – managers and staff – is responsible.

In large organisations, the specific groups of staff and their responsibilities under the policy are:

- The chief executive and board of directors decide how the healthcare facility is run and how resources are allocated, and are responsible for overall health and safety compliance

- Senior managers are responsible for the success of the programme in their operational areas, and need to set a clear leadership example

- Unit or ward managers are responsible for the programme in their units or wards, and their duties cover all operational aspects

- The health and safety manager and client handling coordinator or adviser are the champions of best practice and organise aspects such as training, equipment purchasing and reporting to managers and staff. In some organisations this will also involve staff who are health and safety representatives

- Staff and contractors must follow safety procedures for their own safety and that of others in the workplace, and are responsible for carrying out client handling procedures correctly

- Unions and employee organisations should work in partnership with management and staff to create safer workplaces.

For small organisations, some of these responsibilities may be combined in a single group or person, but it is important that all key responsibilities are covered in the policy document.

Additional topics

Topics that could also be included in a moving and handling policy are:

- Admission procedures and forms for clients

- Staff recruitment and employment contracts (may need to include the physical capabilities required to perform tasks to allow pre-employment screening for suitability)

- Staff appraisals and performance measures

- Contractors, suppliers, visitors, volunteers and others

- Timing for the programme introduction

- Staff participation and feedback

- Consultation and ongoing communication

- Organisational and ward or unit reviews

- Recording and reporting data related to incidents and injuries

- Evaluating, reviewing and reporting progress
- Dealing with accidents, near misses and non-compliance
- Managing injuries and conditions that affect staff
- The identification of exceptions to the policy, such as any immediate life-threatening circumstances, and ways that specific procedures or plans could address them.

Note: All healthcare facilities and organisations providing care – either for clients in a facility or for clients living at home – should also have policies, plans and training that include managing threats or incidents of aggressive behaviour or violence towards staff.

10.6 Communicating the policy

For all the general stages of policy development and programme implementation shown earlier in Figure 10.2, communication throughout the organisation is crucial. Well planned and effective communication demonstrates commitment, and ensures that the views of people who manage and perform moving and handling are heard.

The policy development group (or advocate) will need a comprehensive communication strategy to make sure that the policy initiatives are coordinated and well understood. Table 10.3 shows the key elements for developing a communication strategy and examples of communication procedures for the various stages during development and implementation.

Audiences for communications about the policy and programme should include: management, staff, unions, clients and families, visitors, volunteers, suppliers, contractors, consultants, equipment designers and suppliers, facility designers, students and teachers, stakeholders, health and safety advisers, professional groups, disability managers, interest groups and associations, and media.

For the communication strategy you need to decide on the key messages for each of your audiences. Key messages include: what the policy is, why changes are being made, what the benefits are, when and how the changes will be made, what everyone's role is, what resources will be available and what evaluation will take place. There will also be specific and detailed operational messages for each employee group.

Other factors to consider are timing and frequency. It is important to keep up a steady flow of communication and to repeat key messages several times, preferably using different channels.

Specific communication channels to consider are:

- **Existing formal communication channels**: Staff newsletters, staff email networks, organisation web pages, audits, workplace visits by managers and supervisors, committee meetings, training sessions and incident investigations and reports

- **Informal channels**: Tearoom discussions, suggestion boxes, wall posters and day-to-day interactions.

TABLE 10.3 COMMUNICATION STRATEGY FOR POLICY DEVELOPMENT AND PROGRAMME IMPLEMENTATION

Policy development stage	Communication strategy	Examples of specific communication procedures
Initial draft of policy **(Draft 1)**(or updating of an existing policy)	Messages that the policy is being developed (or updated) and that staff input will be sought	Staff newsletters, memos to unit managers, staff meetings/briefings
Consultation with staff **Revision of policy** **(Draft 2)**	Copy of the initial draft (Policy Draft 1) and a summary of its main features circulated to all staff with invitation to comment and provide feedback. Electronic and paper copies of a feedback form are supplied to staff. Collate staff comments and archive for future reference. Revised version (Policy Draft 2) sent to management	Staff newsletters, email networks, organisation web page, suggestion boxes, memos to unit managers, regular staff meetings, special meetings to review draft policy
Management review and approval of final version of policy **(Draft 3)**	Managers review policy draft, revise where needed and approve final version (Draft 3). Unit managers receive final version of policy. Communicate summary version to all staff, with implementation plan and dates	Staff newsletters and email networks, memos to unit managers, organisation web page, staff meetings
Organisation of resources	Progress report to staff about resources being organised, equipment being purchased and plans for equipment allocation and maintenance. Managers hold meetings with staff to discuss implementation. Wall posters and other communications, including media releases, are prepared and distributed	Staff newsletters and email networks, memos to unit managers, organisation web page, staff meetings, wall posters displayed
Policy implementation	Policy becomes a 'live' programme, with an announcement of its implementation. Stories about the implementation process are disseminated. 'Fixes' for any problems during programme implementation are communicated	Staff newsletters and email networks, media releases, organisation web page, staff meetings
Policy review	Collation of implementation data, communication of successes and aspects where improvements could be made. Summary of revisions and 'fixes' to ensure the programme operates effectively are prepared and archived for future reference. Highlighting of successful units or wards	Memos to unit managers, staff newsletters and email networks, organisation web page, staff meetings

10.7 Reviewing the programme

Following programme implementation, the policy development group may transition into a programme review group, or perhaps another group can be created (or delegated to a manager). In any case, it is important to monitor and review the programme during the early stages of its implementation.

Some key tasks will be to:

- Set up communication strategies that provide opportunities for staff to comment on how the programme is working

- Set up a database that records incidents and injuries related to client handling and manual handling and the outcome details of any investigations (if there is not an existing database)

- Communicate about the programme and its evolution over time to all managers and staff. This includes the communication of successes and aspects where changes are being made. It could also include specific revisions and 'fixes' to ensure the programme operates effectively.

Sections 12 and 13 in these Guidelines provide specific strategies for programme monitoring and evaluation, and conducting programme audits.

10.8 Sustaining an effective moving and handling programme

A common experience following the setting up of new initiatives in the workplace is that such initiatives fade and dissipate over time as staff change, and systems revert to the previous styles of operation. After the successful launch and implementation of an injury prevention programme, management may reduce funding and resources. Once a programme is operating successfully, it may not seem to need special funding. For example, moving and handling staff may be made redundant after injury rates drop.

Other moving and handling systems, such as training and equipment maintenance and renewal, may gradually decline. As a result, there is typically a reduction in the level and quality of training and the attention given to the ongoing procedures. There might be a lack of support for clinical staff in the management of complex clients, and a lack of staff compliance with the techniques required for effective moving and handling.

To sustain an effective moving and handling programme, all of the components identified earlier in this section are necessary. In the longer term, there are both threats and opportunities associated with reducing injury rates for carers involved in moving and handling people (see Box 10.4).

The threats include an ageing healthcare workforce, increasing numbers of clients who are overweight and obese, people living longer at home, and the care needed for loss of mobility due to ageing. The opportunities include developments in moving and handling equipment and technology, and a growing recognition of the need for a well trained workforce in both healthcare and community services.

For the successful sustainability of moving and handling programmes in New Zealand, some key themes are likely to be:

- The continuing development and updating of moving and handling programmes

- Having a local champion or advocate for moving and handling in every facility involved in moving and handling people

- Establishing strategic links with key groups and organisations, including regional linkages for moving and handling coordinators

- Integrating moving and handling with other systems within an organisation, including other health and safety programmes, training programmes, audits, and performance targets

- Ensuring programme continuity during turnover in management and staff.

BOX 10.4

Emerging issues for future planning in healthcare and community services

A national audit report in Australia, published in 2005, identified several emerging issues for the health and community services industry. These issues are also relevant to New Zealand.

- Residents/Patients getting older, heavier and more disabled
- 'Ageing in place' without facilities to deal with increasing dependencies
- Increasing numbers of special needs patients (e.g. Down syndrome, drug- and alcohol-affected patients, dementia patients)
- Client-related violence
- An ageing workforce
- Greater use of relatively unskilled aides, personal carers
- Increasing use of agency staff.

Source: Design 4 Health, 2005, p. 5

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Appendix 10.1 Example of a client moving and handling policy

Client moving and handling policy[5]

1. **Purpose**: This policy, known as the *Client Moving and Handling Programme*, is to ensure that employees use safe client handling and movement techniques whenever client handling and movement occurs. This policy is consistent with the obligations of employers to ensure health and safety in the workplace as required by *Health and Safety in Employment Act (1992)*, and the 2002 Amendment to the Act.

2. **Policy**: (Name of Organisation) wants to ensure that its clients are cared for safely, while maintaining a safe work environment for employees. To achieve this, a *Client Moving and Handling Programme* will be implemented in order to ensure the required infrastructure is provided to comply with components of the client handling and movement policy. This infrastructure includes client handling and movement equipment, employee training, and a 'culture of safety' approach to safety in the work environment. All staff should assess client handling tasks before moving clients to determine the safest techniques to use. Moving and handling equipment and other approved client handling aids should be used whenever feasible to avoid the unsafe moving and handling of clients.

3. **Procedures**

   A. **Compliance**: It is the duty of employees to take reasonable care of their own health and safety, as well as that of other staff and their clients during client handling activities by following this policy.

   B. **Safe Client Handling and Movement Requirements:**

   - Avoid hazardous client handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to completion

   - Use moving and handling equipment and other approved aids for client handling whenever possible, in accordance with instructions and training for these aids.

   C. **Training**:

   - Staff will complete client handling and movement training, including risk assessment and equipment training, initially, annually, and as required to correct the improper use or understanding of safe client handling and movement

   - Supervisors should maintain training records for three years.

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5.   Adapted from Nelson, 2003.

D. **Moving and Handling Equipment and Aids:**

- Moving and handling equipment and other aids will be accessible to staff

- Moving and handling equipment and other aids will be maintained regularly, have certificates of fitness displayed where required, and be kept in proper working order

- An equipment register will be kept to record details of equipment purchased, when items are due for maintenance, any incidents involving equipment and repairs, and other information

- Moving and handling equipment and aids will be stored conveniently and safely.

E. **Client Moving and Handling Programme**: The *Client Moving and Handling Programme* will be implemented in all units, and will include the following key programme elements:

- Workplace assessments

- Use of moving and handling equipment and transfer aids

- Client assessment and care planning for safe client handling and movement

- Specified techniques for safe client handling and movement

- Incident and injury reporting procedures.

F. **Reporting of Injuries and Incidents**:

- Staff will report all incidents and injuries (including near misses and equipment malfunctions) resulting from client handling and movement to the occupational health and safety manager (or the equivalent position in a small organisation)

- Managers and supervisors will maintain incident reports and injury statistics as required by policy managers.

4. **Definitions**

A. **High-Risk Client Handling Tasks**: Tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include – but are not limited to – transferring, lifting, repositioning, bathing clients in bed, making occupied beds, dressing clients, turning clients in bed, and tasks with long durations.

B. **Unsafe Manual Lifting**: Lifting, transferring, repositioning and oving clients using a carer's body strength without the use of moving and handling equipment or aids to reduce forces on the carer's musculoskeletal structure.

C. **Moving and Handling Equipment and Aids**: Equipment and aids used to move, transfer and reposition clients. Examples include slide sheets, transfer boards, slings, mobile hoists and ceiling hoists.

D. **Culture of Safety**: The collective attitude of employees taking shared responsibility for safety in a work environment and, by doing so, providing a safe environment of care for themselves as well as clients.

5. **Delegation of authority and responsibility**

A. **Chief executive/director** shall:

a. Support the implementation of this policy

b. Support a 'culture of safety' within this organisation

c. Ensure there is a designated manager (or other person) responsible for workforce and client health and safety

d. Furnish sufficient moving and handling equipment and aids to allow staff to use them when needed for client handling and movement

e. Furnish acceptable storage locations for moving and handling equipment and aids

f. Provide routine maintenance of equipment

g. Provide staffing levels sufficient to comply with this policy.

B. **Managers** shall:

a. Consult the Health and Safety Manager (or designated moving and handling adviser) on all aspects of client moving and handling

b. Ensure high-risk client handling tasks are assessed prior to completion and are completed safely, using moving and handling equipment and other approved client handling aids and appropriate techniques

c. Ensure moving and handling equipment and aids are available, maintained regularly, in proper working order, and stored conveniently and safely

d. Ensure employees complete initial and annual training, and training as required if employees show non-compliance with safe client handling and movement or equipment use. Maintain training records for a period of three years

e. Refer all staff reporting injuries due to client handling tasks to Health and Safety

f. Maintain incident reports and injury statistics as required by the Health and Safety Manager

g. Support a 'culture of safety' within their units.

C. **Employees** shall:

    a. Comply with all aspects of this policy

    b. Use proper techniques, including moving and handling equipment and aids where needed, during the performance of client handling tasks

    c. Notify their supervisors of any injury sustained while performing client handling tasks

    d. Notify their supervisors of any need for retraining in the use of moving and handling equipment and aids, and moving techniques

    e. Notify their supervisors of lifting equipment or aids in need of repair

    f. Support a 'culture of safety' within their facilities.

D. **Maintenance staff** shall maintain moving and handling equipment in proper working order.

E. **Union officials** shall support the policy intent and monitor programme effectiveness in partnership with administration.