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<b>Review dates may alter if any significant changes are made</b>		<b>Review Date:</b> 01/07/2021
<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply 1,3,4,5	<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply 1-4	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy, Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? <b>Yes</b>		
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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is. . . 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## Why we need this guidance

Our staff are involved in manual handling activities constantly and manual handling incidents are our second most common type of incident. The potential for injury to our patients and staff is high.

This guidance describes:

- That we understand our risks
- How we assess and manage those risks
- How we provide and maintain equipment to ensure we comply with the law and give patients and staff the best experience



## Bariatric Equipment

A bariatric patient weighs in excess of 159kg (25 stones) or has BMI of + 30 or whose dimensions exceed those of the equipment being used.

Contoura beds take 180kg/28 stones and Enterprise beds take 250kgs/39 stones in weight but Pentaflex mattresses take only 120kg/19 stones. Dynafoam Fire evacuation mattresses take 254kg/40 stones. If a different mattress is required, hire it from:

**Huntleigh on 08457 34 2000**

Details of patient's weight, dimensions and mobility problems will be required so that the correct bed and mattress can be obtained.

SWLs for trolleys vary so check before transfer.

A hyper-bariatric bed and bariatric wheelchair are available at RLI and FGH. White Clinell standard commodes take 190kg/30 stones.

Our Bariatric hoists are Liko Viking XL and take 300kg/47 stones. These are available on the 3 main sites. Gantry hoists can be hired in.

Additional equipment can be hired on a 4 hour delivery, 24 hours a day/7 days a week from:

**First Call Mobility on 01279 425 648**

# PATIENT HANDLING Policy on a Page: For Managers and Manual Handling Champions



## What do I need to know?

There are three policies relating to manual handling: Manual Handling of Inanimate Loads and Patients, Management of Bariatric Patients and Transferring Dependant Patients using a hoist.

There are standard Risk Assessments on the Health and Safety Intranet which deal with common handling activities. If these do not cover all activities in your area, contact Health and Safety to agree whether an additional one is required.

The approved techniques for handling patients are contained in the SOP (Techniques for the manual handling of patients) which is based on current national guidance. All staff who move patients are trained in these techniques. The SOP is found in the document library.

**For In-Patients** individual manual handling risk assessments must be completed within the care-bundles within 4 hours of admission and then weekly or when there are any changes to the patient's ability. **For Out-Patients** arrangements must be made in advance to provide suitable and safe handling where required (e.g. provide a hoist)

A ward or department level assessment must be made to identify what and how much equipment is necessary as standard provision to ensure safe handling at all times. There must **ALWAYS** be sufficient slide sheets, transfer boards, handling belts and hoists.

Patient moving equipment **MUST** have a regular planned preventative maintenance schedule. If Your dept. has trolleys, theatre tables or other patient moving or positioning equipment, ensure it is recorded on the central equipment register held by Medical Engineering.

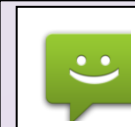


## Hoists and Slings

These are covered by LOLER and **MUST** be available for 6 monthly statutory checks and an annual service.

Any hoist or sling not bearing a 6 month check label must be removed from service and reported to the Estates Department for action before being put back into use. Staff using hoists must be trained and competent. MHCs now receive hoist training at their annual update.

There is a separate Policy on a Page for Hoisting



## Contact

For more help please read the policies on Manual Handling in the document library.

Contact the Manual Handling Advisor or Health and Safety Team on **Ext 45260**

V2.0 November 2015, Review: 01/07/2021  
ID No. Corp/Pol/040

## 1. SUMMARY

Patient hoists are deemed to be medical devices and are controlled by the Medical Devices Policy

The Trust promotes a minimal lifting policy. The objective of this policy is to have a consistent management approach to the use of hoists with a robust training and on-site inspection regime through the site/ward based nursing staff.

Where patients are unable to be involved in self movement, then the Trust will endeavour to have sufficient hoists and slings available and a competent workforce to ensure the safe movement of those patients with minimal risk to Trust employees and patients.

In line with The Health and Safety at Work Act 1974<sup>1</sup> and The Manual Handling Operations Regulations 1992<sup>2</sup> (as Ammended) , the main duty placed on the employer is the need to avoid hazardous manual handling operations wherever practicable, and the provision of a safe system of work. Where this is not possible, risk assessments must be carried out, and the appropriate steps to reduce the risk of injury identified. This includes the use of hoists and stand aids to transfer dependant patients

All hoist slings for inpatients shall be patient specific only and are not to be laundered.

## 2. PURPOSE

To ensure the health and safety of the staff when using hoists or stand aid to transfer dependant patients.

## 3. SCOPE

All staff who carry out patient handling activities employed University Hospitals Morecambe Bay Hospital Trust

## 4. POLICY

### 4.1 Risk Assessment

A suitable and sufficient risk assessment identifying all significant risks involved with patient hoisting shall be completed by a competent person in line with Trust policy Risk Assessment. A copy of these completed assessments should be easily accessible to all employees within that department/ward/area of working.

An individual patient manual handling risk assessment, which forms part of the Patient Safety Bundle, **must be** completed for **all** patients who require hoisting. Included in the assessment **must be the sling size** which is to be measured using the manufacturer's measure provided, for that patient.

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## 4.2 Responsibilities

### 4.2.1 Managers

Managers are responsible for ensuring that:

- This policy is implemented and effective in the area for which they are responsible.
- The staff must be sufficiently trained in the use of each different make and model of hoist and Stand aid that are to be use throughout their department
- The staff must be sufficiently trained in the selection and use of the appropriate slings to be used with the hoist and Stand aids.
- Computer records must be kept of this training and the make and model of the hoist must be documented alongside the date that the training was received and by whom it was delivered.
- The patient's moving and handling needs are recorded on all Trust combined risk assessment documentation. If a hoist is to be used this must be recorded and which hoist.
- Sufficient numbers and types of slings are available in the hospital for the staff to use with the hoist and Stand aids.
- All the staff are to be made aware of this information and act upon it.
- That accidents, incidents and near misses are recorded using the Trust Incident Reporting System.
- If ward stock hoists are not appropriate for the patient, alternative hoists may be available in the hospital. Hoists can also be obtained via a hire system:  
(First Call see Policy for The Management of Bariatric/Obese/Morbidly Obese Patient)

### 4.2.2 All Staff

Staff must be responsible for:

- Attending any training provided for them, and acting on the information learned.
- Being aware of and act on any information contained in the Patient Moving and Handling Risk assessment
- Never exceed the safe Working Load of the hoist or the sling. The weight of the patient should be recorded on their Moving and Handling Risk Assessment. The Safe Working Load (SWL) of the hoist/stand aids should be clearly marked on the hoist and stand aids. If in doubt, check with the Manual Handling Champion.
- Assessing the patient at each and every visit, and then transfer them with the most appropriate piece of equipment.
- Prior to each use, the hoist must be checked as per manufacturer's instructions. Ensure that the batteries are fully charged.
- Ensuring that the hoist and slings are kept clean, decontaminated and stored correctly after each use.
- In the event of any accidents, incidents or near misses occurring with the hoist and other mechanical equipment, these must be reported using the Trust Incident Report System...

If other hoists are required advice should be sort from the manual handling trainer.

Ensure that their training records are up to date and all equipment that they are trained upon is documented.

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Have a clear understanding of LOLER 98<sup>3</sup> and pre use checks that must be carried out

Are aware and understand how to operate the safety features of the hoist should there be a fault

It is the responsibility of staff to ensure if any support mechanisms are removed from the hoist sling i.e. 'plastic bones' to ensure that they are labelled with the patients name and RTX number and placed in a secure area until being replaced. The bones must be removed if a sling is going to be left underneath a patient for a maximum time, up to 2 hours, but **MUST** be replaced before the patient is hoisted. The removal of the bones must be documented on the patients care plan, signed and dated and then updated when the bones are replaced. No patient should be hoisted without the bones in place as these are an integral part of the slings support system.

#### 4.2.3 Manual Handling Champions

Manual Handling Champions are responsible for:

- Auditing the need for hoists and other mechanical equipment for use within their department.
- Advising on the need for and types of hoists and other mechanical equipment within their department.
- Co-ordinating and providing training in the use of hoists.
- Liaising with the Moving & Handling Lead Trainer

Ensure that the department training records on T.M.S. are up-to-date and all equipment that they are trained upon is documented.

Regular updates on hoist training are carried out on low usage areas.

#### 4.3 Maintenance

As per the Lifting Operations and Lifting Equipment Regulations 1998<sup>1</sup>, all patient hoists and slings have to be inspected 6 monthly by an industry recognised competent person. This is managed within the Estates Department.

It is the responsibility of all staff to visually check all hoists and slings prior to use to ensure that they are not damaged nor have any defects. If any damage or defect is found, the hoist or sling shall be removed from service, clearly marked up with a "DO NOT USE" sign, and the defect or damage reported to the Estates Department.

Prior to using a hoist or a sling, it is the responsibility of all staff to check the labels attached to the equipment to ensure that the hoist and sling are within the 6 months check. If this is not the case, the hoist and sling shall be removed from service immediately and the Estates Department notified.

When contacting the Estates Department to report any faults, defects or queries with regards to patient hoists or slings, the hoist identity and serial number must be quoted.

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## 4.4 Commissioning of New Equipment

All newly acquired hoists and slings whether purchased or gifted must be given a unique asset number by the Estates department and recorded on the insurance inspection master log sheet(s) retained within the Estates Department. Where a new hoist has been purchased, this cannot be used until staff has received suitable and sufficient training by the manufacturer or his representative and a record of training has been entered on the individual's manual handling E- passport.

## 4.5 Inspection

All slings must be visually inspected for any defects e.g. broken stitching, tears and components by the person undertaking the task prior to being fitted to the patient.

Prior to using the sling, staff must check the sling is the correct size and type for that patient this size should be documented within the patients manual handling assessment

It is the responsibility of the competent person to ensure that the sling is compatible with the hoist being used and that the safe working load of the hoist and the sling is not being compromised.

When using a patient's own sling in the home, it must be checked before use by a competent person to ensure there is no signs of damage that could affect the safety of the patient or staff member.

All wards and departments must only use Patient Specific hoist slings as ordered through NHS logistics.

When using the patient specific hoist slings, the patient's name must be written on the sling label and stored with the patient. The slings must still be checked for signs of damage, soiling or any other flaws that may affect the safety of the patient when used.

Where slings or hoists are loaned from another department within the hospital environment or in the community it is the responsibility of the departmental, ward manager to ensure that the equipment is fit for purpose and that staff involved have received sufficient information instruction and training and it is documented that the staff are trained and competent in its use. If not then a member of the ward or department supplying the hoist must attend and complete the task.

## 4.6 Training

Within the hospital environment and in the community all staff identified within the Trust Training Needs Analysis, or if the job role dictates, shall receive appropriate hoist training. This may be delivered by the Manual Handling Adviser, the Manual Handling Champion, Practice Educator or a manufacturer's representative.

Hoist training will be undertaken within the ward/department on all the hoisting equipment available within that work area or patients home.

Only Staff who have received appropriate training on hoists and demonstrated

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competency can be deemed to be a competent person.

A record of the training shall be recorded in the individual's manual handling training passport and a record of the type, manufacturer and model is to be recorded within the equipment page.

Training and competency demonstration on a specific hoist does not transfer or mean that person is a competent person on other makes and models of hoists, training is required on each individual model of hoist which shall be documented on T.M.S.

#### 4.7 Temporary Staff / Student Nurses/ Cadets/Apprentices under the age of 18

As the Trust does not have a standard hoist throughout the organisation, to ensure the safety of staff and patients, temporary staff (including bank nurses agency staff, apprentices under the age of 18, student nurses may receive hoist training, but will not be recognised as a competent person. *Cadets can be shown the features/safety aspects of a hoist but MUST NOT take up any position (1<sup>st</sup> or 2<sup>nd</sup> person) of responsibility for the transfer of a patient requiring a hoist.*

Apprentices 18 years old or over must be trained as per substantive staff and be signed as competent in the use of hoists before taking the responsibility of the first person in transferring a patient .

These staff groups are not permitted to use a hoist together and must always be accompanied by a competent person.

It is the ward/departmental manager's responsibility to ensure that there are sufficient "Competent" persons working at any one time to ensure that hoisting activities can be undertaken safely. If a member of staff is permanent and also completes bank shifts, on these bank shifts they must follow the policy as per bank staff.

#### 4.8 Key Performance Indicators

Audit hoist and hoist battery readiness for use at all times

5 ATTACHMENTS	
Number	Title
1	Manual Handling Risk Assessment
2	Equality & Diversity Impact Assessment Tool

6 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/041	Manual handling of inanimate and patient loads <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-041.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-041.docx</a>
Corp/Guid/013	The management of bariatric/obese/morbidly obese patient <a href="http://uhmb/cs/tpdl/Documents/CORP-GUID-013.docx">http://uhmb/cs/tpdl/Documents/CORP-GUID-013.docx</a>
POL-002-030	Manual Handling and Policy and Procedure (CPFT) <a href="http://uhmb/cs/tpdl/Documents/POL-002-030.pdf">http://uhmb/cs/tpdl/Documents/POL-002-030.pdf</a>

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## 7 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

### References in full

Number	References
1	Great Britain (1974) Health and Safety at Work etc. Act 1974 [Online] Available from: <a href="http://www.legislation.gov.uk/ukpga/1974/37">http://www.legislation.gov.uk/ukpga/1974/37</a> (accessed 25/04/2018)
2	Health and Safety Executive (HSE) (1992) The Manual Handling Operations Regulations 1992 (as amended) (MHOR) [Online] Available from: <a href="http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm">http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm</a> (accessed 25/04/2018)
3	Great Britain (1998) The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). [Online] Available from: <a href="http://www.legislation.gov.uk/uksi/1998/2307/contents/made">http://www.legislation.gov.uk/uksi/1998/2307/contents/made</a> (accessed 25/04/2018)

### Bibliography

	Health and Safety Executive (HSE) (2011) Health Services Information Sheet No 3. Getting to grips with hoisting people. [Online] Available from: <a href="http://www.hse.gov.uk/pubns/hsis3.pdf">http://www.hse.gov.uk/pubns/hsis3.pdf</a> (accessed 25/04/2018)
	Health and Safety Executive (HSE) (2012) Health Services Information Sheet No 4(rev1) How the Lifting Operations and Lifting Equipment Regulations apply to health and social care. [Online] Available from: <a href="http://www.hse.gov.uk/pubns/hsis4.pdf">http://www.hse.gov.uk/pubns/hsis4.pdf</a> (accessed 25/04/2018)
	Derbyshire Inter agency group available via community trainer accessed (25/04/2018)

## 8 DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition
Hoists	work equipment for lifting or lowering of patients, including attachments used for anchoring, fixing or supporting them.
Slings	work equipment for attaching loads to hoists for lifting
Competent person	a permanent staff member (excludes temporary, bank, students and cadets) who has received training and demonstrated competency in the use of the hoist

## 9 CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Simon Lindsay	Manual Handling Trainer	
Anna Smith	Health & safety Manager	
Health and Safety Reps and Champions as part of composite Manual Handling policy		

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<b>10 DISTRIBUTION PLAN</b>	
Dissemination lead:	Anna Smith
Previous document already being used?	Yes
If yes, in what format and where?	Part of Manual handling policy
Proposed action to retrieve out-of-date copies of the document:	
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

<b>11 TRAINING</b>		
Is training required to be given due to the introduction of this procedural document? <b>No</b>		
Action by	Action required	Implementation Date

<b>12 AMENDMENT HISTORY</b>				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1	July 15	All	Produced as standalone policy (previously an appendix in manual handling policy)	July 2018
1.1	January 2016	Page 3	Added Policy on a Page	July 2018
1.2	05/10/2017	Page 3	BSF page added	01/07/2018
2	04/12/2017	Section 1 Section 4.1 Section 4.2.1 Section 4.2.2 Section 4.2.3 Section 4.5	Additional text under Summary. Additional information under Risk Assessments. Additions to the responsibilities of managers. Additions to the responsibilities of staff. Additions to the responsibilities of the Manual Handling Champions. Removal of paragraph and addition of further information under Inspections.	01/07/2021

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		Section 4.6	Added further information regarding community staff and setting.	
		Section 4.7	Additional information added regarding Training. Community training added.	
		Section 7	Additional text under Temporary staff. Removal of apprentices and addition of cadets.	
			Reference and Bibliography Additions	

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**Appendix 1 – Manual Handling Risk Assessment**

**Manual Handling Risk Assessment**

Section A – Preliminary

Job Description:	Is an assessment required? (Is there a potential risk for injury?)  Yes <input type="checkbox"/> No <input type="checkbox"/>
------------------	---

**If ‘Yes’ continue. If ‘No’ the assessment need go no further.**

Operations covered by this assessment (detailed description):  Location: Personnel involved  Date of assessment:	Diagrams (other information):
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**Section B - See over for detailed analysis**

**Section C - Overall assessment of the risk of injury?    Severity/ Likelihood/Risk Total\***

**Section D - Remedial action to be taken:**

Remedial steps that should be taken, in order of priority: 1.  2.  3.
Date by which action should be taken:
Date for reassessment:
Assessor’s name:                  Signature:

Forward this assessment to Health & Safety Department WGH. Retain a copy of this assessment and forward copies to Divisional Manager and Health & Safety Co-Ordinator.

**NB. Should any incident arise this Risk Assessment must be revisited and a further post risk assessment completed**

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**Section B - More detailed assessment, where necessary:**

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (Possible changes to be made to system/task, load, workplace/space, Environment. Communication that is needed)
	Severity	Likelihood	Risk Total		
<b>The tasks</b> - do they involve:					
• Holding loads away from trunk?					
• Twisting?					
• Stooping?					
• Reaching upwards?					
• Large vertical movement?					
• Long carrying distances?					
• Strenuous pushing or pulling?					
• Unpredictable movement of loads?					
• Repetitive handling?					
• Insufficient rest or recovery?					
• A work rate imposed by a process?					
<b>The loads</b> - are they:					
• Heavy?					

• Bulky/unwieldy?					
• Difficult to grasp?					
• Unstable/unpredictable?					
• Intrinsically harmful (e.g. sharp/hot)?					
<b>The working environment</b> - are there:					
• Constraints on posture?					
• poor floors					
• Variations in levels?					
• Hot/cold/humid conditions?					
• Strong air movements?					
• Poor lighting conditions?					
<b>Individual capability</b> - does the job:					
• Require unusual capability?					
• Hazard those with a health problem?					
• Hazard those who are pregnant?					
• Call for special information/training?					
<b>Other factors:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				

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Is movement or posture hindered by clothing or personal protective equipment?			
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SAMPLE

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### Equality Impact Assessment Form

Department/Function	Health & Safety			
Lead Assessor	Simon Lindsay			
What is being assessed?	Techniques for the Manual Handling of Patients			
Date of assessment	04/12/2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> <li>➤ Advance Equality of opportunity</li> <li>➤ Foster good relations between different groups</li> <li>➤ Address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unlawful discrimination, harassment and victimisation</li> <li>➤ Failure to address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is quite acceptable for the assessment to come out as Neutral Impact.</li> <li>➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
<b>Race</b> (All ethnic groups)	Neutral	<ul style="list-style-type: none"> <li>➤ Provide brief description of the positive / negative impact identified benefits to the equality group.</li> <li>➤ Is any impact identified intended or legal?</li> </ul>
<b>Disability</b> (Including physical and mental impairments)	Neutral	
<b>Sex</b>	Neutral	
<b>Gender reassignment</b>	Neutral	
<b>Religion or Belief</b>	Neutral	
<b>Sexual orientation</b>	Neutral	
<b>Age</b>	Neutral	
<b>Marriage and Civil Partnership</b>	Neutral	
<b>Pregnancy and maternity</b>	Neutral	
<b>Other</b> (e.g. caring, human rights)	Select	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan <b>to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</b></p> <ul style="list-style-type: none"> <li>➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups</li> <li>➤ This should be reviewed annually.</li> </ul>
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Action Plan Summary
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Action	Lead	Timescale

*This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to [EIA.forms@mbht.nhs.uk](mailto:EIA.forms@mbht.nhs.uk) once completed.*

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