



**Children and Young People's Services
(CYPS)**

**Policy and Safe Systems of Work for
the Manual Handling of Children and
Young People**

March 2008

1. Foreword

This document has been formulated by the Children and Young People's (CYPS) Department in conjunction with the Manager of the Children's Community Physiotherapy Service - North Bristol Team –NBT, Claremont School Manual Handling Training Service and other Council Department's representatives.

2. Authority for Use

This policy is issued under the authority of the Director of CYPS and is applicable throughout the Department, including CYPS/Establishment sites. CYPS requests that it be acknowledged where any part of this policy is extracted and/or reproduced.

3. Status and Implementation

This document forms part of a suite of documentation applicable to CYPS. All other documentation relevant to CYPS must be complied with, including: all statutory, local government, regulatory (i.e. that of the Health and Safety Executive – HSE), Corporate and Departmental documentation.

Any comments on this document, or difficulties in its implementation should be brought to the attention of the Director of CYPS through the usual line management channels.

4. Revision

This document will be reviewed on a regular basis to guarantee its continued relevance.

Earlier review may be deemed necessary where changes in legislation, good practice codes or corporate policy suggest that this policy requires revision.

Where through review, a need for modification is identified, this document, including the appendices, will be revised and reissued. This process will be completed within three months from the date of review.

Date: March 2008

Date of Review: March 2009

CYPS Policy and Safe Systems of Work for the
Manual Handling of Children and Young People

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Introduction

CYPS is committed to providing, maintaining and positively promoting a healthy and safe environment at work. This is helped by the development of health and safety policies, codes of practice and safe systems of work which will benefit the health, safety and welfare of all employees, pupils, volunteers and visitors. The establishment and introduction of arrangements necessary to achieve and maintain satisfactory standards must be an integral part of the management function.

This policy has been produced by CYPS in conjunction with The Manager of the Children's Community Physiotherapy Service – North Bristol Team – NBT, Claremont School Manual Handling Training Service, along with other representatives of CYPS. It forms part of a suite of policies adapted from the Central Safety Section policies, providing evidence of CYPS commitment to ensuring the safety and well being of all its employees and others.

This policy has been designed to replace any previous documentation relating to Manual handling. Therefore, **Head teacher/Manager/Supervisors** must dispose of any out-of-date policy documents, information etc.

CYPS recognises that by their very nature some posts carry a greater risk than others. There is an obligation on CYPS to ensure that sufficient Information, Instruction, Training and Supervision is provided to the employees concerned, thereby increasing awareness with a view to reducing the overall risk.

Scope

This policy applies to all employees of E&LL including education establishments. It is the responsibility of all **Headteacher/Manager/Supervisors** to bring it to the attention of all in their workplace and to the wider community where appropriate

Manual Handling Policy

Rationale

To ensure the safety of pupils and staff by providing a consistent approach to manual handling which is effective and meets the Manual Handling Operations Regulations 1992.

Aims

To enable staff to meet individual child's physical needs in a way that is safe, not only for children but also for staff.

To enable children to participate safely in:

- ❖ Postural management programmes in order to maximize access to the curriculum and meet the health needs.
- ❖ Activities to encourage purposeful movement and development of physical skills.
- ❖ Personal care programmes which are safe and respect the dignity of the individual.

Responsibilities

School's responsibility

The overall management responsibility for pupils in schools with manual handling needs lies with the **Head teacher**. It is the head's responsibility to ensure that any staff involved in moving and handling are suitably trained. (See appendix A)

Operational procedures can be delegated to another member of staff .eg. SENCO.

Staff must be updated bi-annually. (See appendix A)

No students or volunteers should be involved in Manual handling operations unless they have received specific training as part of their course.

To this end your school will aim to:

- AVOID manual handling and lifting of hazardous loads as far as is reasonably practicable. Where necessary complete risk assessments when it is necessary to handle a hazardous load.
- ASSESS fully all potentially hazardous manual handling risks to reduce risk to as low as reasonably practicable. A member of the class team and a therapist involved will carry out all pupil manual handling risk assessment before any such task is carried out. (Manual Handling forms available from SENCO).
- REVIEW any handling plans and risk assessments annually or sooner if a significant change occurs.
- Risk assessment forms available from SENCO.
- PROVIDE such information, instruction, training and supervision as is necessary to ensure the health, safety and welfare at work of all employees.
- PROTECT the health and safety of visitors to the school whilst they are on the premises as far as reasonably practicable.
- ENSURE any staff involved in manual handling procedures are aware of the policy and have read and understood relevant risk assessments before getting involved in any manual handling task.
- ENSURE that every room where persons work shall have sufficient floor area, height and unoccupied space for the purposes of health safety and welfare. (As documented in the school accessibility plan).
- ENSURE equipment provided is available for use e.g. charged up, serviced, faults reported.
- MONITOR All accidents and incidents and ensure they are entered on the appropriate incident forms or in the 'bump book'
- IMPLEMENT and maintain safe systems of work (handling plans)
- MAKE reasonable adjustments for employees who become pregnant or develop a medical condition, which may affect their ability to perform the required moving and handling tasks.

- EXCEPTIONAL CIRCUMSTANCES may prevail when dealing with movement needs of individuals who have physical and/or learning difficulties. On some occasions it may be necessary to move or position them by manual lifting, where a hoist would usually be used. A thorough risk assessment should be completed in these instances with any risks reduced as far as reasonably practicable. A slightly higher level of risk may be acceptable on a time-limited activity e.g. School trip where some manual lifts may be involved.

Staff responsibility

Staff employed at your school will:

- TAKE reasonable care of the health and safety of themselves and others who may be affected by their acts and omissions
- REPORT to the appropriate line manager and medical condition (temporary or permanent) that may develop which may affect their ability to carry out manual handling tasks.
- REPORT to the appropriate line manager if member of staff is pregnant and in turn, may affect their ability to carry out manual handling tasks.
- REPORT to the appropriate line manager any problems or unsafe practice that they consider to be a risk to health and safety including any equipment faults.
- WEAR appropriate clothing, jewellery and shoes. E.g. comfortable, practical clothing and appropriate low heeled, closed in shoes that allow freedom of movement and doesn't pose a risk getting caught or pulled.
- CO-OPERATE with the employer to allow the employer to comply with health and safety duties.
- ATTEND initial full manual handling training course and ENSURE that bi-annual refresher course is undertaken to maintain skills.
- USE equipment appropriately in accordance with training and instructions provided.
- FOLLOW the handling plans drawn up for each child.
- COMPLY with the moving and handling policy.
- UNDERTAKE any specified training to fulfil their duties.
- NOT carry out moving and handling procedures without appropriate advice/training.
- REPORT any accident or incident to the appropriate line manager and complete the appropriate incident form or 'bump book'
- ASSESS an emergency situation first without rushing in to lift a pupil. If the pupil has fallen, wherever possible the member of staff should reassure the pupil and get help if necessary.

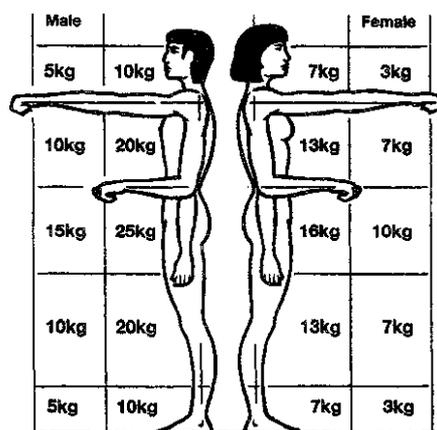
Guidelines for lifting and lowering if child is unable to take their own weight.

Based on guidelines from Manual Handling operation regulations 1992.

One person can lift a child under 13kg.

Two people can lift a child between 13 – 21 kg.

Children over 21 kg should **always** be lifted by a hoist.



These figures show the weight guidelines (male and female) agreed by The Health and Safety Executive. If people or objects fall within these weight guidelines, the person is relatively fit, and there are no additional risks then 95% of the population would be safe to lift or lower them. It must be stressed however, that these are only guidelines and that if the person carrying out the task feels that the person or object is not within their capabilities to lift, then they should not do so.

The weight of a load is only one of a number of factors to be considered in carrying out a Risk assessment.

THERE IS NO THRESHOLD BELOW WHICH MANUAL HANDLING OPERATIONS MAY BE REGARDED AS SAFE.

Handling/Risk Assessment

A Handling/ Risk Assessment should be undertaken when a pupil requires physical assistance with their movement.

Every assessment should take into consideration these four areas.

- TASK – the transfer or movement involved
 - LOAD – the person to be handled
 - INDIVIDUAL CAPABILITY – of the member of staff
 - WORKING ENVIRONMENT – including space, lighting, distance from other people, floor.
-
- Risk Assessments must be kept for a minimum of six years after they leave their most senior school, commensurate with requirements relating to injury claims.
 - Risk Assessments must be updated annually or when circumstances change.
 - Indicative weights – There are Health and Safety Weight guidelines, but these are not lifting limits. (See above diagram). They represent the weights above which one must legally complete a risk assessment if the load is straightforward – eg. A box. Since people are never a straightforward load (asymmetrical, likely to move etc.) a risk

assessment should be completed if any pupil needs an adult to assist them with moving. What is clear in the legislation is that if the weight is more than double the amount given on the diagram, no one should be expected to lift it! Generally people should not be expected to lift the weights shown as a matter of course, or on a regular basis.

Standard procedures.

UNSAFE LIFTING PRACTICES

From the Handling of Patients 4th Edition Supplement 1998

1. THE DRAG LIFT -

Includes any lift that involves moving the child with helper's arms or hands under the child's armpit. **Dangerous for child and helper.**

2. THE ORTHODOX LIFT OR CHAIR LIFT

Two helpers stand either side of child and join hands under child's legs and round child's back. **Dangerous for helpers**

3. LIFTING WITH CHILD'S ARMS ROUND HELPER'S NECK.

This includes transfers where the child is assisted from the front. **Dangerous for helper**

4. THROUGH ARM LIFT:

The through -arm transfer with 2 people is **hazardous to staff** as it is likely to involve stooping, particularly for the person moving the lower limbs, and the majority of the weight is supported by the person at the head end of the child.

This manoeuvre is only feasible for smaller, lighter children by staff with adequate training, **once all other options have been discounted.** (See weight guidelines and standard practice guideline)

A HOIST SHOULD ALWAYS BE CONSIDERED

If manual lifting is unavoidable, 2 people are required to lift children over 13Kgs and under 21Kgs. The through arm hold offers a secure way of holding young children with cerebral palsy who may have a variety of movement and body control problems. It should normally be modified so that the helper takes weight through wrist and forearm, rather than grasping child's wrists

***Staff should always use a hoist when
recommended to by a risk assessment***

SAFE SYSTEMS OF WORK & STANDARD PRACTICES

Any staff involved in the care of a child with physical impairment should have attended a manual handling training course and have regular updates. When in doubt about handling a child consult individual child's Manual Handling Risk Assessment Form and seek guidance from trained member of class team and/or child's physiotherapist.

All Safe Systems of Work and Standard Practices should be read in conjunction with training and demonstration from experienced staff with individual children and in accordance with individual pupil Risk Assessments.

STANDARD PRACTICES

These are generic practices for specific tasks, agreed by a Manual Handling Working Party. Where there have to be changes to the standard practices these must be documented on the Risk Assessment Form and justified.

Always plan the move and agree the process when 2 or more people involved

1. Transfer Chair to Chair

1.1 Weight bearing Child:

1.11 Child needing minimal help:

- Place second chair at right angles or in front of child.
- If using mobile chairs put brakes on and raise footrests
- Stand to side of child
- Encourage child to stand by pushing on chair arms
- Child transfers hands to second chair
- Child turns to sit on second chair
- Lightly hold child's palm and elbow if necessary.

1.12 Child needing more support to stand:

- Child facing plinth or heavy table or wall bar
- Helper guides child to pull to stand using furniture.
- Helper changes chair behind child, footrests raised
- Helper guides child to sit, holding child's palm and elbow.
- If child unstable in supported standing a second helper is required to assist

1.2 Non weight bearing child:

1.21 If child under 13Kgs - One person lift

- One person places second chair behind and to side of child
- Brakes on if mobile chair. Remove adjacent chair arms and head rest
- Helper places one hand under child's legs, other round child's back
- Keep child close to body, bend legs not back
- Place feet in direction of the move
- Helper lifts child and places in second chair bending legs not back

1.22 Child weighing between 13 and 21Kgs -. Two helpers required

1.23 Sliding Transfer:

- Remove chair arms, drop backrest, remove headrest.
- Place chairs side by side.
- Use transfer board and sliding sheet to slide child across onto second chair.
- One helper supports child at trunk using modified through arm hold or handling belt from behind
- Other helper half kneels to support legs as child slides across to second chair

1.24 Non weight bearing child under 21 Kgs Two person lift or HOIST

When a lift is necessary (e.g. due to supportive seating) the manoeuvre becomes more hazardous. **ALWAYS CONSIDER A HOIST**

- Always remove headrests and other obstructions from back of chairs.
- Helper at head end stands behind child, chairs side by side, brakes on.
- Helper holds child, hands on sides of chest (modified through arm hold) avoiding grasping child's wrists.
- Helper at lower end half kneels to support child's legs.
- Top Helper gives command 'ready, steady, go' child is lifted across to second chair, helpers keep legs apart, feet in direction of move, avoid twisting backs

1.25 Non weight bearing child weighing over 21Kgs

USE A HOIST AND SUITABLE SLING. (SEE GUIDELINES FOR USING HOISTS)

1.3 Repositioning child in chair

- One hand supports upper trunk, other hand placed over child's opposite hip
- Rock child sideways and back to position hip at back of chair
- Repeat on other side (**Buttock Rock**)

Or use sliding sheet placed on seat prior to transfer, slide child back, do hip strap up and remove sheet

2. Floor to Chair

2.1 Weight bearing child:

- Child gets on hands and knees close to chair
- Child half kneels and holds chair
- Child pulls to stand at chair
- Turns to sit down
- A second stool or chair placed at right angles may help child pull to stand without the need to turn round completely

2.2 Non weight bearing child

ALWAYS CONSIDER USING A HOIST

2.21 Child weighs under 13Kgs - One Person lift

- Helper kneels by side of child, chair placed close to child
- Helper rolls child onto her lap
- Helper holds child close to body, one arm supporting head and shoulders, one hand under thighs
- Child brought into sitting position, helper in half kneeling
- Helper stands up keeping child close to body, legs in direction of move
- Lowers child to chair, bending knees, not back
- If chair has harness / straps a second helper may need to assist with these

2.22 Child weighs under 21Kgs - HOIST or 2-person lift

NB THIS IS A HAZARDOUS LIFT - ALWAYS CONSIDER A HOIST

- Chair placed close to side of child, headrest removed
- Helper 1 (usually the taller) kneels behind child and brings child into sitting
- Helper 1 uses modified through arm hold
- Helper 1 gets into half kneeling
- Helper 2 half kneels to side of child, supports legs under knees
- When both helpers ready Helper 1 says 'Ready steady Go'
- Both helpers lift child together, using their legs not backs
- Child is lowered into chair
- Where chair has harness / straps a third helper may need to position these

Stage lift if necessary i.e. onto stool first, then up to chair

Child weighing over 21Kgs

USE A HOIST AND SUITABLE SLING (See No.16)

For CHAIR TO FLOOR REVERSE THE PROCEDURE

3. Chair to Stand

- Helper stands to side of child, on weaker side if appropriate.
- If child standing from wheelchair -brakes on, footrests raised out of the way.
- Child slides towards front of chair, using armrests for support.
- Child lets feet down onto floor, brings head over feet.
- Child pushes to stand, using wall bar or walker to hold if necessary
- When child needs assistance, helper uses palm to palm and elbow hold.
- Where child needs more support 2 helpers stand either side of child

4. Floor to Standing and Walking

4.1 Floor to Stand

- Child gets onto 'all fours' kneeling, crawls to secure furniture
- Child gets into half kneeling holding furniture or walking aid
- Child pulls up into standing
- Helper assists by steadying child and securing furniture as necessary

TO GET FROM STANDING TO FLOOR REVERSE PROCEDURE.

4.2 Support in standing:

- Helper stands to side of child using palm to palm and elbow hold, or assists child to hold walking aid or fixed bar, one hand on child's back and one supporting under forearm.
- Where two helpers needed, both stand either side of child.

4.3 Support in walking:

- If child uses walking aid - e.g. rollator or ladder, helper sits on wheelie stool behind child to assist with leg movements.
- If child uses posture walker - pulled from behind, helper sits on wheelie stool in front of child to guide walking.
- Child with precarious balance not using walking aid - may need 1 or 2 helpers at sides with palm to palm and elbow hold or use a handling belt. Alternatively, helper stands behind holding child's shoulders.

5. In/Out of Standing Frame

5.1 Two Person assist, small child:

- Helper 1 sits with child on lap close to frame.
- Lower child's feet to base of frame while placing child in a standing position
- Helper 2 secures pelvic strap first, then trunk and foot straps

Where necessary to put on leg gaiters or pelvic strap first, do this on a raised surface (e.g. couch or plinth)

Slide child down into standing frame (sliding sheet may ease transfer).

5.2 Two Person Assist, child in wheelchair

- Bring standing frame close to front of child seated in a chair or wheelchair
- Brakes on frame and wheelchair, footrests raised out of way
- Place child's feet on the base of the frame
- Helpers stand each side of child
- Child is assisted to stand with palm / elbow hold or handling belt round chest
- Helper 1 supports child in standing while Helper 2 secures straps starting with pelvic strap.

If pelvic strap has to be put on first, put on while child sitting in wheelchair. Place smaller strap under child's hips and secure. When child is in frame secure longer part of pelvic strap to frame

Where child needs maximum support a third Helper will be needed to support child from front or to remove wheelchair

To assist child from standing frame - reverse procedure starting from foot straps upwards and gently lower child to chair or wheelchair.

5.3 Supra Board and tilt tables:

(For children too heavy or unable to be assisted into standing frame)

- Child is hoisted from chair onto tilt table
- Straps are secured with child in horizontal position
- Child is gently tilted into upright position or as far as child can tolerate from supine
(See instructions kept with equipment)

6. Up/Down Stairs

6.1 Small children can be encouraged to crawl up stairs.

- Helper stands below child and guides hands and feet
- To come down stairs child is taught to 'bottom' down
- Helper stands below child and guides hands and feet
- Child pushes on hands, lifts bottom to lower step and places feet on step below
- Child can also 'bottom' up if easier than crawling

6.2 Ambulant children can be assisted to walk up stairs

- Child stands by bottom step and turns sideways to hold rail with both hands
- Child moves upper hand on rail and steps up one step with upper foot
- Child moves lower hand up rail and brings lower foot up one step
- Procedure reversed to come down
- Helper always stands below and to the side of child to assist

6.3 Non-ambulant children

- If a child is non-ambulant or needs help on stairs and has lessons in an upstairs classroom normally accessed via a lift, an 'evac chair will be needed for emergency evacuation.

7. Transfer to Toilet

7.1 Weight bearing child using walker:

- Child is assisted to walk close to wall bar and transfer from walker to hold bar.
 - Child stands holding bar with both hands while Helper adjusts clothing.
 - Child can assist with this if able to stand securely.
 - Child turns round with back to W.C.
 - Child moves backwards until able to sit on W.C.
 - Helper uses palm to palm + elbow hold if assistance required
- A step may be necessary to help child step up and sit on W.C.

7.11 Weight bearing child in wheelchair:

- Child brings chair in to face wall bar
 - Brakes on, footrests up.
 - Child stands down from wheelchair to hold bar
 - Helper assists as necessary from side.
- If child needs help to maintain standing a second Helper must adjust clothing
When clothing adjusted child turns to sit on W.C. as above
Reverse procedure to get back into chair.

7.2 Non weight bearing child

Use method 1.2 for chair-to-chair transfer according to weight of child or **HOIST**

- Second helper needed to assist
- Child may need transfer to changing bed (**see 8**) and then to toilet

CHILD OVER 21KGS MUST BE HOISTED

8. Chair to Changing Bed

8.1 Weight bearing Child

The child may be able to do a standing transfer from chair to bed if height of bed can be adjusted to height of chair seat. Some able children may be able to climb up onto bed and get down by turning on their front, sliding legs down first.

- Place chair alongside bed
- Lower bed to height of wheelchair seat
- Brakes on bed and chair, footrests up
- Assist child to stand and turn with back to bed
- Assist child to sit on bed
- Help child's legs up onto bed
- Raise bed to good working height

Reverse procedure to transfer back to chair

8.2 Non weight bearing child

8.21 Child under 13Kgs - one person lift:

- Chair is placed close to bed at an angle to allow easy access
- Adjust height of bed to height of chair
- Brakes on chair and bed
- Child is lifted with support under head and shoulders and under thighs.
- Helper moves feet in direction of lift to avoid twisting spine, to place child on bed

Reverse procedure to lift child back to chair.

8.22 Non weight bearing child may be assisted to do a sliding transfer using banana board and sliding sheet (**as in 1.23**)

8.23 Child under 21Kgs - HOIST or 2 person lift if hoist not practicable

- Remove headrest at back of chair and chair arm if possible
- Place chair alongside bed, brakes on chair and bed
- Lower or raise bed to same height as chair seat (or arm if not removable)
- Have access to back of bed
- Helper at head end stands behind chair, uses through arm hold or holds chest
- Helper at foot end half kneels to support child's legs
- Top helper gives command 'Ready, Steady, Go'
- Child is lifted across to bed, helpers keep legs apart, feet in direction of move

(Helper at head end moves sideways using legs not trunk to stand at back of bed at end of transfer)

A HOIST MUST BE USED FOR CHILDREN OVER 21KGS

9. In/Out of Transport

Prepare environment first e.g. when placing a child in rear seat of car, by moving front seat as far forward as possible, and open rear door wide.

- **Children under 13Kgs** are lifted from chair placed at side of vehicle with door open. Helper keeps child as close to body as possible while placing one foot on vehicle floor, placing child in car seat. Care must be taken to avoid twisting or bending back, use legs with feet in direction of move. Straps must be securely fastened.
- **Children over 13Kgs** should travel in their own wheelchair or pushchair, which must be suitable for securing in minibus or taxi. Shoulder and lap strap fixed to floor is safest method of securing. Wheelchair safety belts are not enough to hold a child in the event of an accident. Transport should be informed early of future needs. Pushchair or wheelchair must be transportable.

10. In/Out Hydro Pool

See detailed guidance in Hydrotherapy file with personal profiles

10.1 Ambulant Child

- Can be assisted to walk up steps into shallow pool area where a second helper assists child down the steps into the main pool.
- A shower trolley chair can be used to assist child from changing area to steps
- No sticks to be used in the pool area – only frames or rollators
- **Helper must not carry children up steps into the pool.** Very small children can be supported on pool side and transferred to helper in the pool.
- Child can be assisted onto pool side using a block to step up onto and one helper in pool, one in water to assist to sit and bring legs round to the pool.

10.2 Children unable to manage steps and non-ambulant children

More mobile children can be encouraged to bottom shuffle onto poolside from changing bed with helper on side and in pool.

- Others must be hoisted from chair to changing bed
- Transfer from changing bed to pool stretcher using slide sheet
- Assist in and out of water on pool stretcher hoist

11. On / Off Tricycles

Helmets should be worn especially outdoors

11.1 Weight bearing child: 1 or 2 helpers

- Bring child close to trike and assist to stand
- Child holds handlebars - second helper may need to steady trike
- Child places one foot on pedal or uses step placed by pedal
- Child assisted to sit on saddle
- Helper assists feet onto pedals
- Support straps secured at chest and feet
- Child wears helmet if outside or precarious inside

11.2 Non weight bearing child under 21Kgs - 2+ Helpers HOIST if practicable

- Child in wheeled chair brought close to trike
- Brakes on chair and trike steadied
- 2 person through arm lift onto saddle or use hoist
- Straps at waist and feet secured - care to kneel not bend to secure feet
- Child holds handlebars

Helper assists from side or uses guide-pole

Reverse procedure to help child off trike

12. Children in Hip SPICA Plasters

Children may be placed in spica casts for a period of weeks after major hip surgery, and may return to school in the spica if transport lying flat (usually paramedic ambulance) can be arranged with LEA.

Handling a child in a hip spica is hazardous. The plaster will add to the child's overall weight and an individual risk assessment needs to be done regarding positioning and moving the child.

Child has 'broomstick' between legs, which may be fitted onto a spica trolley and supports child in an upright position. Some larger children may have to be transported in a large reclining wheelchair. A mobile changing bed or shower trolley may be a safer alternative to placing child on beanbag.

**Transfers from spica trolley to beanbag seat, side-lying support or bed:
A HOIST WITH FULLY SUPPORTIVE SLING IS PREFERRED OPTION**

Depending on weight of child + spica, 2 person lift + extra helper may be feasible

- Trolley placed at side of beanbag or bed. Brakes on trolley
- Adjust height of bed to suitable height
- Helper 1 stands behind child and holds top of spica at child's chest level
- Helper 2 faces child and supports legs
- When ready, top helper says 'ready, steady go' child lifted from bed to trolley
- Broomstick is slotted onto trolley, child upright, chest strap secured

Reverse procedure to put child back onto trolley

13. Working

Children are frequently taken out of their chairs and placed on the floor for a change of position, to allow free movement, exploration and exercise.

Staff working with the child will need to kneel by the child when assisting movements. . **It is important to avoid over stretching when leaning forward and to use a half kneeling position to lessen any strain on the back.**

Use of a mat is more comfortable for helper and child. Very dependent children may be rolled or moved on the mat by the use of a sliding sheet. When moving the child pull on top layer of sheet, when removing sheet pull on bottom layer.

As children become older and heavier it may not be feasible to use mats on the floor. A raised surface, preferably a height adjustable couch allows the helper to work with the child without stooping or bending the back.

14. Working with children on plinths / Couches

Always adjust the height of the couch if possible to a good working level, to avoid stooping or bending.

Use a sliding sheet to move the child up and down the couch, but remove during exercise.

Care must be taken that the child cannot roll off the couch. Stay close to the child use cot sides if helper moving away from the child.

Helper needs access to both sides of plinth or couch

15. Using a Hoist

Hoists and slings vary and always need demonstration by experienced staff for those who have not used the equipment before. New equipment should be supplied to include staff training. Any apparent defects in equipment should be reported to the SENCO and school secretary.

TWO PEOPLE ARE REQUIRED TO USE HOIST

Use hoists in accordance with manufacturer's instructions. These should be kept with each hoist

Always explain what you are going to do to the child. If the child is very apprehensive and has not been hoisted before, let child watch the process first, and gradually get used to it. **Start hoisting dependent children before they reach the borderline weight and discuss the need with parents first.**

15.1 Mobile Hoist

These are mainly battery operated and need to be left on charge when not in use.

Mobile hoists are easier to use on smooth, firm non-carpeted areas.

When placing the hoist for use, do not put the brakes on.

Open the hoist legs for easier access to chairs or couches.

Hoisting to and from the floor:

Most mobile hoists do not come low enough to allow child to be raised from a lying position on the floor. The child needs to be helped into a sitting position to attach sling straps to hoist. Heavy children unable to sit independently will need 2 helpers.

- Helpers half kneel one each side and facing child.
- Helpers place one hand behind child's shoulder, or hold sling at shoulder level, or use handling belt
- Helpers rock back onto heels while raising child into a sitting position
- One helper moves behind child on knees to support in sitting
- Sling straps can now be attached

Very heavy children may require a special mobile hoist to prevent strain on staff, or placed on a raised surface such a plinth with a mat. Alternatively a ceiling hoist will solve the problem

15.2 Hoisting onto a wedge

A sliding sheet may be placed on wedge – if used must be removed when child in place

- Hoist child onto wedge
- Roll child onto side and remove sling
- Roll child onto front
- Slide child up wedge and free arms over top of wedge

15.3 Ceiling Hoist

These also operate from batteries and should be on continuous charge when not in use. Ceiling hoists allow the child to be raised from a lying position on the floor if necessary.

15.4 Slings

Always check sling prior to each use for signs of wear or damage.

Most children who are routinely hoisted have their own slings in situ in their chairs. This avoids the manual handling difficulties of placing a sling, which can involve a lot of bending and stooping.

15.5 Hoisting a child who is wearing a full sling – to changing bed – to toilet

- Hoist child from chair to changing bed. (Two person manoeuvre)
- **Remove sling straps which hold legs in position, remove necessary clothing, when attaching leg straps back onto hoist do not cross them over**
- Start to hoist child to toilet using one hand to ensure that straps stay at top of child's legs and do not ride up into the crotch area
- When child is in position on the toilet ensure that sling is pulled forward so that it does not get soiled but do not release straps from hanger rail as the sling will then ride up the child's back
- If necessary use straps from toilet to secure child
- Hoist child back to changing bed, release leg straps, replace clothing, attach leg straps to hanger rail crossing them in the normal way
- Hoist child back into chair

Non-standard procedures

Complete additional risk assessment form (Generic Manual Handling Assessment for use with Non-Standard procedures) describing task in detail and review regularly.

Appendix A



RISK ASSESSMENT FORM TO BE COMPLETED FOR PUPILS WHO MAY REQUIRE MANUAL HANDLING

This assessment form must be completed for all pupils at school who may require assistance, which involve staff in undertaking manual handling procedures. The contents of the form are to be **reviewed when circumstances change** and on a regular basis, **at least annually**. The contents of the assessment form must be communicated to and accessible to all employed staff and other people involved with the pupil's education and care. The original is to be kept in the pupil's file. **All staff must be familiar with the school manual handling policy**, a copy of which is kept by _____. The form must be completed by a member of the class team and at least one person who is conversant with Health and Safety Policy on Manual Handling, and signed by all staff who work with the pupil.

.....School	
<u>Pupil Details</u>	
Name:	D.O.B.
Medical Condition:	
Pupil Weight:	
Pupil Height:	Date:

Guideline Weights for Lifting and Lowering

Up to 13kg – 1 person lift
13 – 21kgs – 2 person lift
Over 21 kgs - hoist

CYPS – Policy and Safe Systems of Work for the
Manual Handling of Children and Young People

Type of Transfer where assistance is required						
Type of transfer	No. Of persons to assist				Hoist	Equipment/ special instructions
	0	1	2	3		
In/out of buggy/ wheelchair						
Chair to Chair						
Chair to Stand						
Floor to Chair						
Chair to Floor						
Floor to Stand						
Support in sitting out of supportive chair						
Lying to /sitting						
In/out of Standing Frame/Tilt Table						
Support in Standing						
Support in Walking						
Up/down Stairs						
Transfer to and from toilet						
Transfer to and from changing bed						
On and Off Transport						
Other						

Manual Handling Equipment Required

Team Capabilities (includes any individual expected to take part in manual handling procedures)

Have all of the team received training? (If not see unmet needs)

Any member of team not trained may not handle unaccompanied by trained person.

Are all of the team familiar with equipment to be used?

Any member of team may not use equipment if no training has been undertaken

Indicate below any special consideration which may affect the Teams Capabilities

Medical Condition:

Injury:

Pregnancy:

Other:

Working Environment

Is there adequate space to carry out the procedures?

Is the required equipment available?

Checked and in good working order?

Any other concerns?

Standard procedures

Can the tasks be carried out using standard procedures? YES/NO

If NO, list below and complete separate Generic Manual Handling Form for Non-Standard Procedures

Unmet Needs/ Recommendations (Inform Head teacher)

<u>Name of Assessors</u>	<u>Designation</u>	<u>Signature</u>
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1.

2.

Date of Assessment: _____
Next assessment to be completed at the end of Term 6 with next class team

All staff working with this pupil **must** read assessment in full and sign below to signify that they have understood risk assessment form.

Appendix B



Exceptional Circumstances Manual Handling Assessment
for Use with Non-Standard Procedures

Description of activity:		
Persons involved in the assessment:		
Date of assessment:		
Persons at risk:		
The Task. Does the task involve	<i>if yes ring score</i>	Notes
1.1 Handling once per week OR Handling up to 7 times per week OR Handling up to 14 times per week OR Handling over 14 times per week? OR	1 3 6 9	
1.2 Holding load away from the body?	4	
1.3 Twisting?	2	
1.4 Stooping?	4	
1.5 Reaching stretching upwards? (above shoulder height)	3	
1.6. Lifting between high and low level?	4	
1.7 Long carrying distances?	3	
1.8 Strenuous pushing and pulling?	2	
1.9 Unpredictable movement of the load?	4	
Sub Total		
The Working Environment. Is/are there		
2.1 Limited space for manoeuvring?	4	
2.2 Slippery or uneven floors/stairs or steps?	2	
2.3 Hot/cold/humid conditions?	1	
2.4 Poor lighting conditions?	1	
2.5 Immovable obstructions?	2	
Sub Total		

Object. Is the load/object		Notes
3.1 Heavy? Approximate weight.....	3	
3.2 Bulky?	2	
3.3 Difficult to grasp?	2	
3.4 Intrinsicly harmful (eg. Sharp/hot?)	2	
3.5 Unstable (eg. Centre if gravity/shifting contents	2	
Sub-total		
Other Factors.		
4.1 Is the worker carrying out the task on their own?	4	
4.2 Does the task require unusual capability?	2	
4.3 Is it possible that the worker may be pregnant?	2	
4.4 Does the task require specific information or training? Eg. For the use of equipment?	2	
4.5 Have there been any reports of previous near misses, accidents or incidents associated with the manual handling of this task? (For scoring multiply each incident by 4 and enter in the column).		
4.6 Are there any other factors associated with the staff carrying out the manual handling which have not been addressed on this form?		
Sub-total		
Total of assessment		

Summary of Assessment

Total Score	Low risk, 0 – 20 Medium risk, 21 – 39 High Risk, Above 40	
High Risk immediate action: -		
High Risk extra action: -	Date by which action to be taken.	By whom?

Medium to low risk action to be taken: -		
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