Welcome Independent Living

Moving & Handling Module

Pre-course Workbook

There are 3 parts to this Moving & Handling Module:

1. Pre-course Workbook
2. Workshop
3. Demonstrate effective use in Service Users' Homes

This is the Pre-course workbook that needs to be completed before attending the workshop. It covers the theory behind effective moving and handling.

You have a responsibility to inform your manager or the trainer:

- prior to the practical moving and handling workshop
- during the workshop
- in the course of your employment

of any concerns about your health which may affect your ability to perform practical techniques and / or use equipment safely.

Note that during this learning the terms **Manual Handling** and **Moving and Handling** have the same meaning and that both terms may be used.

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CONTENTS

Section 1 : INTRODUCTION

Useful Definitions

Manual Handing

"The movement of loads by hand or bodily force."

This includes:

- Lifting
- Lowering
- Pulling
- Pushing
- Carrying
- Supporting

Ref : Manual Handling Operations Regulations 1992 (as amended) from HSE

Other related definitions

HAZARD Any substance, machine, activity (or combination) which has the potential to cause harm.

RISK The degree to which the hazard is likely to cause actual damage and what that damage will be if the potential is realised (the frequency and impact)

UNSAFE ACT:
Actions by persons who inadvertently or wilfully disregard correct procedures or practices and thus increase the risk of an accident.

REASONABLY PRACTICABLE
Finding a balance between the cost of avoiding injuries and the consequences if we do not.

ERGONOMICS
The science of fitting the environments to the people working in them, and the tasks to the people performing them.

Policy Statement

Reference should be made to the full Moving & Handling policy. Key points are noted below.

- Policy applies to **all staff undertaking people handling activities** during the course of their employment, whether that be in the service user's own home or elsewhere.

- Our aim is to provide high quality, effective person-centred care within a safe working environment, and, in doing so, **minimise the risk of injury to service uses and staff**. This incudes working towards the safest possible solutions in moving & handling via a risk assessment process.

- Moving & handling is an inherent part of providing care to service users. No moving & handling task is risk free. It is our intention to reduce the risk of injury arising from moving & handling to the lowest level reasonably practicable by:
  - Using safe methods of moving and handling
  - Designing safe systems of work which seek to avoid hazardous moving & handling
  - Adopting and promoting a proper balance between meeting the needs and rights of service users on one hand and ensuring a safe working environment for staff on the other

Background

Employees can be at risk of musculoskeletal disorders in virtually every workplace if the work involves:

- Repetitive and heavy lifting
- Bending and twisting
- Repeating an action too frequently
- Uncomfortable working position
- Working too long without breaks
- Exerting too much force
- Adverse working environment (e.g. hot, cold)

HSE Website 2011

It should be noted that the above list is not exhaustive.

Statistics

Key statistics in respect of musculoskeletal disorders (MSD) resulting from workplace activities:

- Most frequent causes of injury at work are **manual handling**, slips and trips, and falls from height
- Manual handling is the main work activity causing back disorders
- Approximately 40% of disorders affect the back, and 40% affect the upper limbs
- During 2014-15 there were 169,000 **new** cases of MSD caused in the workplace. 553,000 in total
- The Care industry falls in the top four industries experiencing high rates of MSD
- 9.5 million working days lost due to MSD

HSE Statistics 2014-15

Summary Learning Points & Action Required

Welcome Independent Living (WIL) expects all mangers and staff to **follow the policy and guidance** to ensure it is adopted and implemented within their areas of responsibility.

Employees are responsible for:

- Safeguarding their own health and safety whilst at work, and also that of any person who may be affected by their actions or omissions.
- Complying with their employer to ensure legal requirements are met.
- Informing their manager of anything (including medical or pregnancy) that may affect their ability to safely undertake moving and handling activities (or any other work safely).
- Reporting any changes in the service user's condition such as weight loss, weight gain or ill health, which may indicate a reassessment is required.
- Reporting any injuring or incident that occurred as the result of a manual handling activity in line with local procedures.
- Attending training and implementing it in their area of work.
- Undertaking only those activities for which you have been trained and they are capable of performing.
- Reporting any difficulties, including "near misses" they have experienced in order that the risk assessment can be reviewed to reduce the risk of injury occurring; including equipment faults.
- Familiarising themselves with individual service user's handling/hoisting plans and ensuring they are followed and any concerns in doing so reported to their manager.
- Complying with working practices, safe systems of work and using equipment designed to reduce the risk of injury associated with moving and handling activities.
- Making visual checks of the equipment, environment and service user prior to any handling task.
- Complying with organisational policy regarding the avoidance of injury by wearing suitable footwear and clothing and not wearing jewellery which could injure service users or themselves when undertaking moving and handling tasks.

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Section 2 : LEGISLATION

The key pieces of legislation in respect of Moving & Handling are:

- Health & Safety at Work Act 1974 (HASAWA)
- European Union Regulations 1992 – 6 Pack
- Further Regulation

They apply to both employees and employers.

Health & Safety at Work Act 1974 (HASAWA)

This is the main piece of legislation covering occupational health and safety in the United Kingdom. The HASAWA imposes a duty on every employer and employee to:

"Ensure so far as is reasonably practicable the health, safety and welfare of all".

SECTION 2

Imposes a general duty on every employer to ensure 'as far as is reasonably practicable' the health safety & welfare at work of its employees.
They must do this by:

- Providing safe systems of work and equipment
- Ensuring a safe working environment
- Providing training, instruction, supervision & information
- Ensuring the safe storage and transportation of substances & loads
- Writing a safety policy document

SECTION 7

Each employee must take reasonable care of the health & safety of themselves and others that may be affected by their acts or omissions at work.

SECTION 8

It is the duty of every employee not to interfere with or misuse equipment provided and to use correctly and appropriately protective clothing

Key points

- Employer's responsibility : to provide safe systems of work, environments, storage, information, instruction, training and supervision.
- Employee's responsibility : to take reasonable care of their own health and safety and that of other and comply with their employer.

What does 'reasonably practicable' mean?

Hint : see Definitions section

EU '6 Pack' Regulations

In January 1993, six regulations on Health and Safety at Work were introduced. Most of the requirements of these Regulations were not new, they simply spelled out in more detail what a responsible employer should already have been doing to comply with the requirements of the 1974 Health and Safety at Work Act.

The Regulations are:

- Management of Health & Safety at Work Regulations 1999 (MHSAW) ★
- Manual Handling Operations Regulations 1992 (MHOR) ★
- Health & Safety (Display Screen Equipment) Regulations 1992 (DSE)
- Control of Vibration at Work Regulations
- Workplace (Health, Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992 ★

Three additional Regulations were introduced later on that have particular relevance. These were:

- **P**rovision & **U**se of **W**ork **E**quipment **R**egulations (PUWER) ★
- **L**ifting **O**perations & **L**ifting **E**quipment **R**egulations (LOLER) ★
- **R**eporting of **I**njuries, **D**iseases & **D**angerous **O**ccurrences **R**egulations 1995 (RIDDOR)

Out of these Regulations, the most relevant ones to Moving & Handling practice are marked with a star ★ above.

We will now consider relevant points from each of these.

Management Of Health And Safety At Work Regulations 1992 (MHSAW)

These regulations set out how to manage health and safety at work and include the following guidance relevant to manual handling.

Employers must:

- Carry out a suitable and sufficient assessment of all health and safety risks.
- Review the assessment when it is believed to be no longer valid i.e. when circumstances change.
- Manage all risks that affect staff, service users and anyone else involved.
- Provide assessments, handling plans, training and supervision.
- Ensure all employees are provided with adequate and appropriate Health and Safety training.

Manual Handling Operations Regulations 1992 (MHOR)

These regulations clearly define that employers should:

- **AVOID** as far as 'reasonably practicable' hazardous manual handling tasks
- **ASSESS** any hazardous manual handling that cannot be avoid
- **REDUCE** the risk of injury to the lowest level reasonably practicable.
- **REVIEW** the assessment when it is no longer valid or when an injury has occurred.

The Regulations instruct employers to carry out an 'ergonomic assessment'. The Health and Safety Executive (HSE) guidance recommend that this involves examination of the following:

- **T**ASK
- **I**NDIVIDUALS CAPABILITY
- **L**OAD
- **E**NVIRONMENT
- **E**QUIPMENT

TILEE is considered in greater depth later in this workbook.

Ergonomics
It is the science of fitting the environments to the people working in them, and the tasks to the people performing them.

Reporting Of Injuries, Diseases And Dangerous Occurrences Regulations 1995 (RIDDOR)

These Regulations detail the types of injuries and dangerous occurrences which must be reported and documented.
Certain accidents are reportable to the Health and Safety Executive, who may examine and investigate them and take action.

Lifting Operations And Lifting Equipment Regulations 1998 (LOLER)

These detail the employer's responsibilities with regard to lifting equipment, and include:

- Completion of risk assessments
- Lifting equipment accessories such as slings, hooks and fixing devices are appropriate and of adequate strength and stability for each load
- The likelihood of causing anyone any injury or danger, e.g. trapping, crushing or failing.
- Ensuring that lifting operations are planned, supervised and carried out by competent persons.
- Checking equipment on installation and then at regular intervals. Equipment used for lifting people should be checked at six monthly intervals.
- Ensuring that visual checks of equipment are carried out prior to each task being undertaken.

Note : Equipment used for lifting people include, hoists and slings, standing hoists and slings, stair lifts and through the floor lifts.

If you knowingly

a) use a piece of equipment which is **defective** and an accident occurs, you are **NEGLIGENT**

b) allow a defective piece of equipment to be used and an accident occurs, this will be **CONTRIBUTORY NEGLIGENCE**

Provision And Use Of Work Equipment Regulations 1992 (PUWER)

This applies to all equipment provided for use at work.

Employers must ensure that equipment is:

- Suitable for its intended use and purpose, an ergonomic assessment must be carried out when selecting equipment.
- Checked on delivery and/or installation and maintained at regular intervals by a competent person.
- Only used by people who have been trained and received adequate information.
- Compliant with design laid down in European Community directives on product safety and is accompanied by suitable safety measures e.g. protective devices, markings and warnings.

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Further relevant Legislation

The Equalities Act 2010
This Act requires public bodies to promote equality of opportunity for disabled people, primarily in employment, education, access to good and facilities and services.

Human Rights Act 1998 (in force October 2000)
This has brought about a culture of human rights in public services.

The Human Rights Act 1998 came into force on 2nd October 2000. This enables people who feel their human rights have been violated, as set out in the act, to take their case to court.
Article 3 – no one shall be subjected to "inhumane or degrading treatment"

There are fifteen basic human rights including:

- The right to life.
- The right to respect for private and family life, home and correspondence.
- The right to peaceful enjoyment of possessions.

Human rights can be summed up under the FREDA values:

Fairness

Respect

Equality

Dignity

Autonomy

Care Standards Act 2000 (updated 2005)
This Act set minimum 'Standards of Care' for all residential and nursing homes, domiciliary social care providers, fostering agencies and children's homes.
It brought about the Care Quality Commission that has the power to regulate these standards.

Employees Duty of Care

As a result of legislation, employees must:

- Follow safe systems of work.
- Co-operate with their employer.
- Attend and take note of training.
- Do what they have been trained to do.
- Not use unsafe methods.
- Follow the handling/hoisting plan.
- Not alter the handling/hoisting plan.
- Carry out a Personal on the Spot Risk Assessment (PoSRA).
- Be aware of their own limitations and not be afraid to ask for help.
- Inform their manager of any changes i.e. with the service user, equipment or environment.
- Use equipment appropriately.
- Do a visual check of all equipment before using it.
- Not adapt of misuse equipment.
- Report accidents, incidents, near misses and anything that represents a risk to health and safety.
- Inform their manager of any health issues that many affect their ability to carry out their job.
- Ensure they maintain accurate records as required (signed and dated).
- Provide the best and safest quality of care.
- Maintain confidentiality.
- Not let a service use's relative/friend assist them with moving and handling unless specifically assessed.

Section 3 : RISK ASSESSMENT

Risk assessment includes the assessment of a risk and then if required, appropriate control measures being put in place. In the case of moving and handling, specific regulations provide guidance as to effective control of those risks.

There are two levels of Risk Assessment.

1. **In advance** : where a risk assessment is carried out before the task is undertaken and control measures planned and put in place. This is driven by the **Employer**.
2. **'On the Spot'** : where an informal risk assessment and visual check is done just before any task is performed. This is termed **P**erson **o**n the **S**pot **R**isk **A**ssessment (PoSRA) and is done by the **Employee** during the course of their work.

Risk Assessment In Advance

The Management of Health and Safety at Work regulations (MHSAW) require employers to make a **suitable and sufficient assessment** of the risks to the health and safety of their employees at work. Where this general assessment **indicates the possibility of risks** to employees from the **manual handling of loads**, the requirements of the Manual Handling Operations Regulations **(MHOR) should be complied with**.

The extent of the employer's duty to avoid manual handling or to reduce the risk of injury is determined by reference to what is 'reasonably practicable'.
This duty can be satisfied if the employer can show that the cost of any further preventative steps would be grossly disproportionate to the further benefit from their introduction.

Employees must contribute appropriately to risk assessments and handling plans, and report and changes that may affect their practice.

A variety of information is required for the moving and handling assessment, along with the TILEE principles (see below). This information is detailed in **Appendix 1**.

Appendix 2 provides an example of the resulting Personal Handling Plan.

On the Spot (PoSRA)

To remain safe, all staff must carry out a Person on the Spot Risk Assessment (PoSRA). This is an informal risk assessment and visual check done just before any task is performed.

We will now look at best practice guidance for the lifting and lowering of loads.

TILEE Principles

The Manual Handling Operations Regulations 1992 provide a “schedule of factors” that must be considered, these are known as the **TILEE** principles:

Task – what, specifically, needs to be done
Individual Capability – of the person carrying out the task.
Load – the service user.
Environment – where it is happening.
Equipment – what equipment might be required and how is this used safety

Take a moment to note down the type of things you would consider when working through the TILEE principles

Examples of the factors that you might consider when using TILEE are noted below.

TASK
Holding load away from trunk
Twisting / Stooping
Reaching / Lowering
Pushing / Pulling
Repetitive Movements
Carrying over a long distance
Frequency
Rest / Recovery

INDIVIDUAL CAPABILITY
Hazard to pregnant staff
Hazard to those returning from long-term absence over 8 weeks
Health problems
Is movement restricted by clothing
Special info/training required
Reports of strain
Incompatibility

LOAD
Heavy
Stable
Difficult to grasp
Hot / Cold
Slippery / Smooth
Bulky / Awkward

ENVIRONMENT
Constraints on posture (space constraints)
Uneven / slippery floors
Cluttered furniture
Height of bed/chair
Position of bed/chair
Variation in levels
Pets
Hot / Cold / Humid conditions

EQUIPMENT
Serviced
In good repair
Maximum load
Suitable for user

Health & Safety Executive (HSE) Guidelines

The HSE provide excellent guidance on moving and handling.

Read through the HSE Guidance Note

'Manual Handling at Work – A Brief Guide'

http://www.hse.gov.uk/pubns/indg143.pdf

Spinal Anatomy & Function

40% of all Musculoskeletal Disorders occurring in the workplace affect the back, so we will now learn more about the anatomy of the spine.

Introduction
The spine supports the body, and bears its weight, protects the spinal cord and enables us to move. It consists of 33 bones (vertebrae) of which 24 move.

There are five specific areas of the spine, they are:

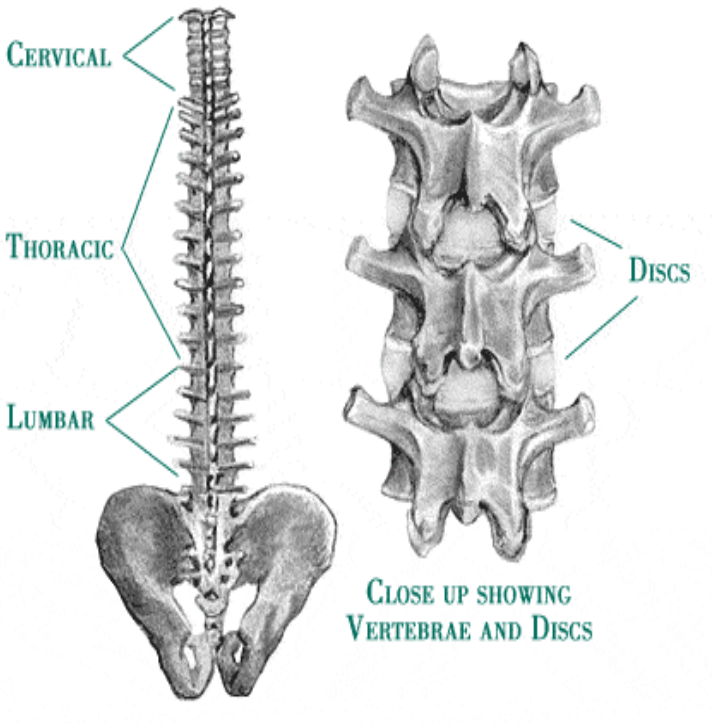
7 neck (Cervical)
12 chest (Thoracic)
5 back (Lumber)
5 pelvic (fused) (Sacral)
4 coccyx (fused) (Coccygeal)

Between each vertebra are jelly like discs, which act as shock absorbers.

Strong ligaments support the vertebrae. Back muscles hold the column together. The spinal cord runs down the spinal canal formed by the vertebrae. When bending, the discs become squashed and the ligament next to the spinal cord stretches.

The function of the SPINE is:

- to provide support
- protect the spinal cord
- allow movement
- provide leverage, a point of suspension and a point of attachment.



MUSCLES act as fixators to stabilise a joint, reducing unnecessary movement.

LIGAMENTS attach bone to bone.

TENDONS attach muscle to bone or other connective tissue

If you lift too heavy a weight, twist or stoop this increases the stress on the ligament. The ligament could then rupture or break; the disc could protrude (slipped disc) and put pressure on the spinal nerves and cord.

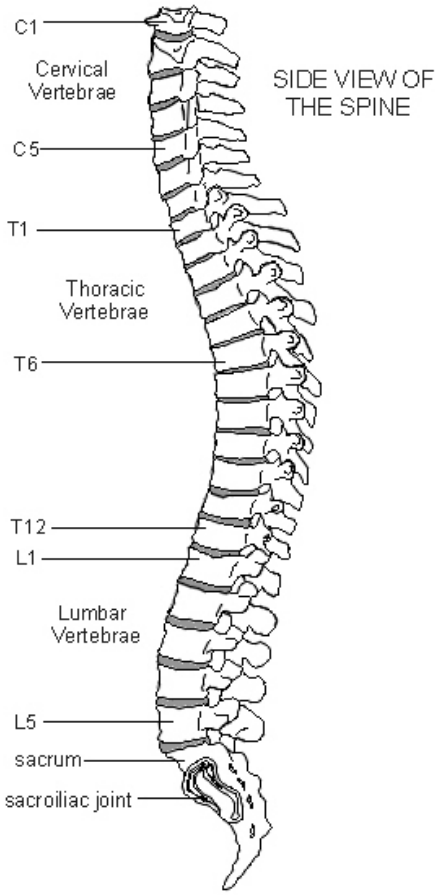
There is more pressure placed on our discs when sitting compared to standing and the least pressure when lying with the legs raised.

We will now explore in more detail:

- The Spine
- The Vertebrae
- The Discs
- The Facet Joints
- The Muscles
- The Nerves

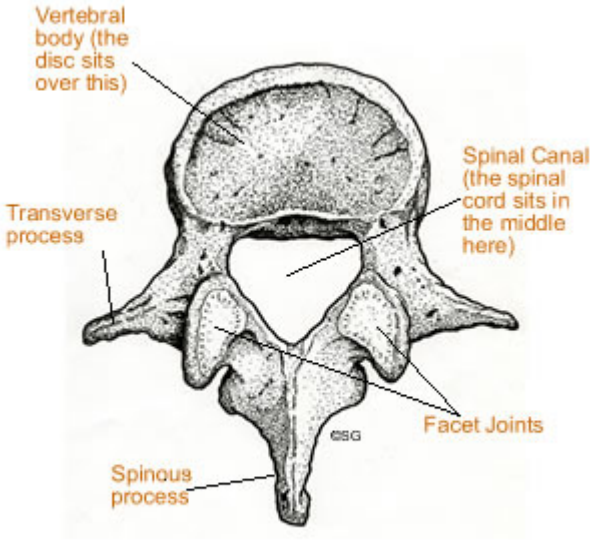
THE SPINE

The spine gives us our upright postures, protects the spinal cord and allows movement through the attachment of muscles. It consists of thirty three vertebrae and has four natural curves.
When the spine is in its natural position it is curved – an elongated 'S' shape.
This gives us stability and strength.
The curves help to absorb any shock or impact.
Curves are stronger than straight lines.
When we lose the natural curves of the spine e.g. when we stoop forward, we become more vulnerable to injury.



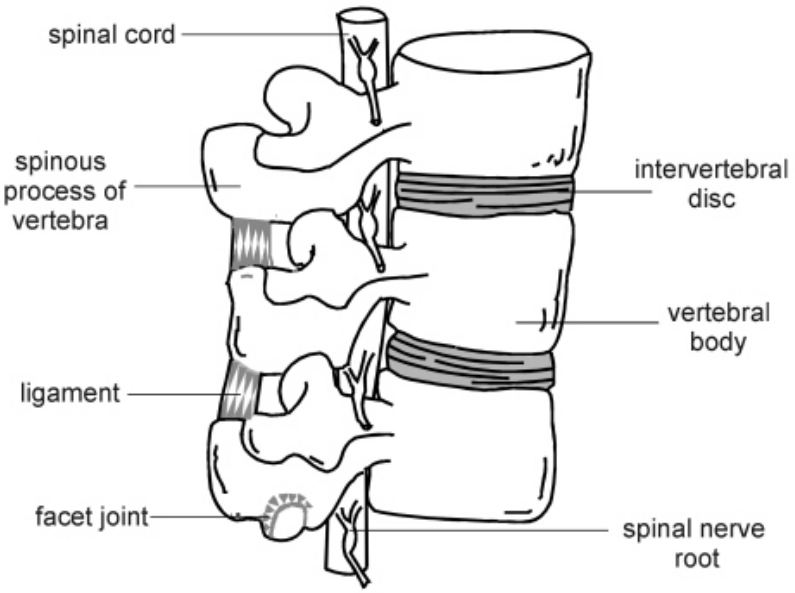
THE VERTEBRAE

The spine is made up of thirty three irregularly shaped bones called vertebrae.
Each vertebrae has a hole in the middle through which the spinal cord runs.
The vertebrae are thick, disc shaped cylindrical blocks of bone made up of spongy bone on the inside and a thin outer covering of compact bone.
They are able to resist compression.



THE DISCS

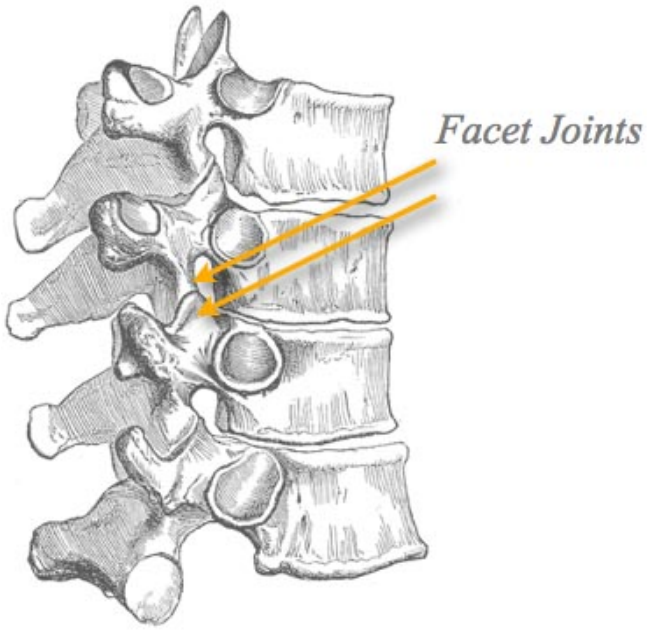
These lie between the bones of the spine and are made up of cartilage on the outside with a jelly-like fluid on the side. The discs help us to move more freely and effectively.
When the spine is 'loaded' the discs are compressed or squashed and some of the fluid is squeezed out (creep effect).
This makes them more vulnerable to injury.
When the spine is at rest, the fluid creeps back but it takes 5-7 times longer. This 'hydration process' occurs naturally when we are asleep.



LUMBAR SPINE AND SPINAL CORD

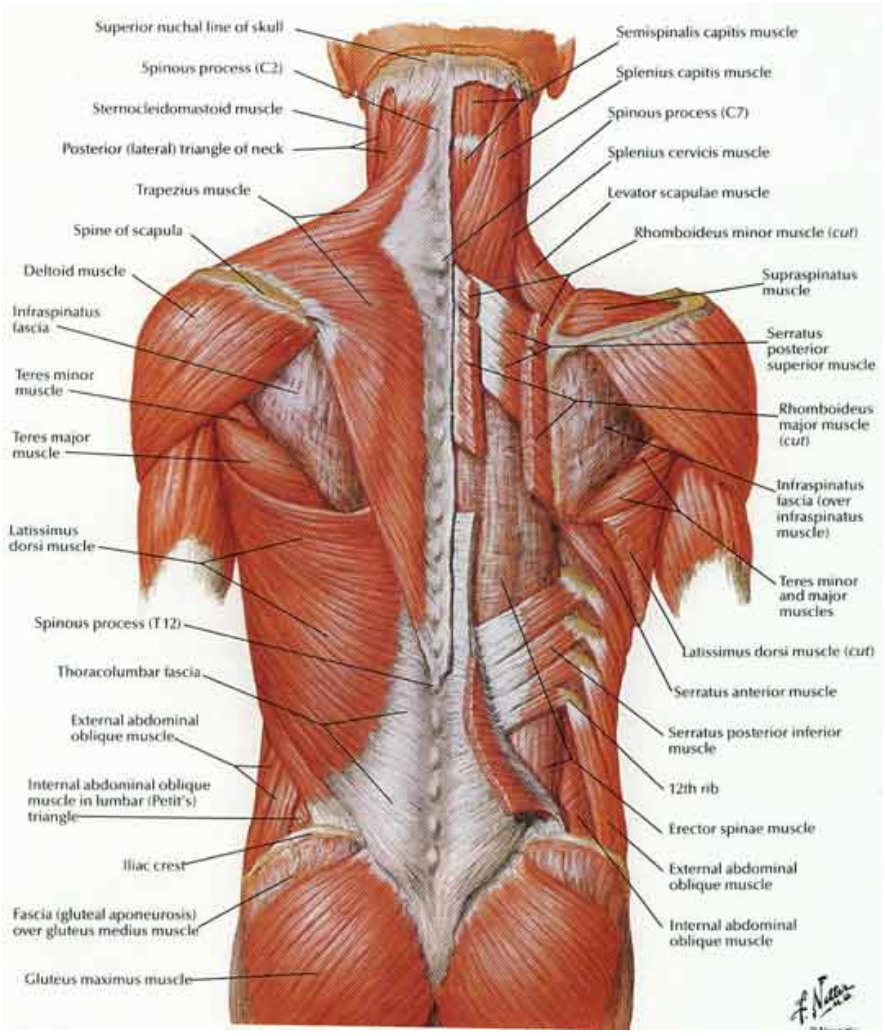
THE FACET JOINTS

These are the small joints between the individual bones or vertebrae of the spine. They allow free movement of the spine but are particularly vulnerable when the spine is flexed forward and twisted. Wear and tear of these joints over time causes inflammation and arthritis.



THE MUSCLES

The muscles in the back support and stabilise the spine. They can be easily strained if required to lift weights that are too heavy of if held in static stooped postures for any length of time.

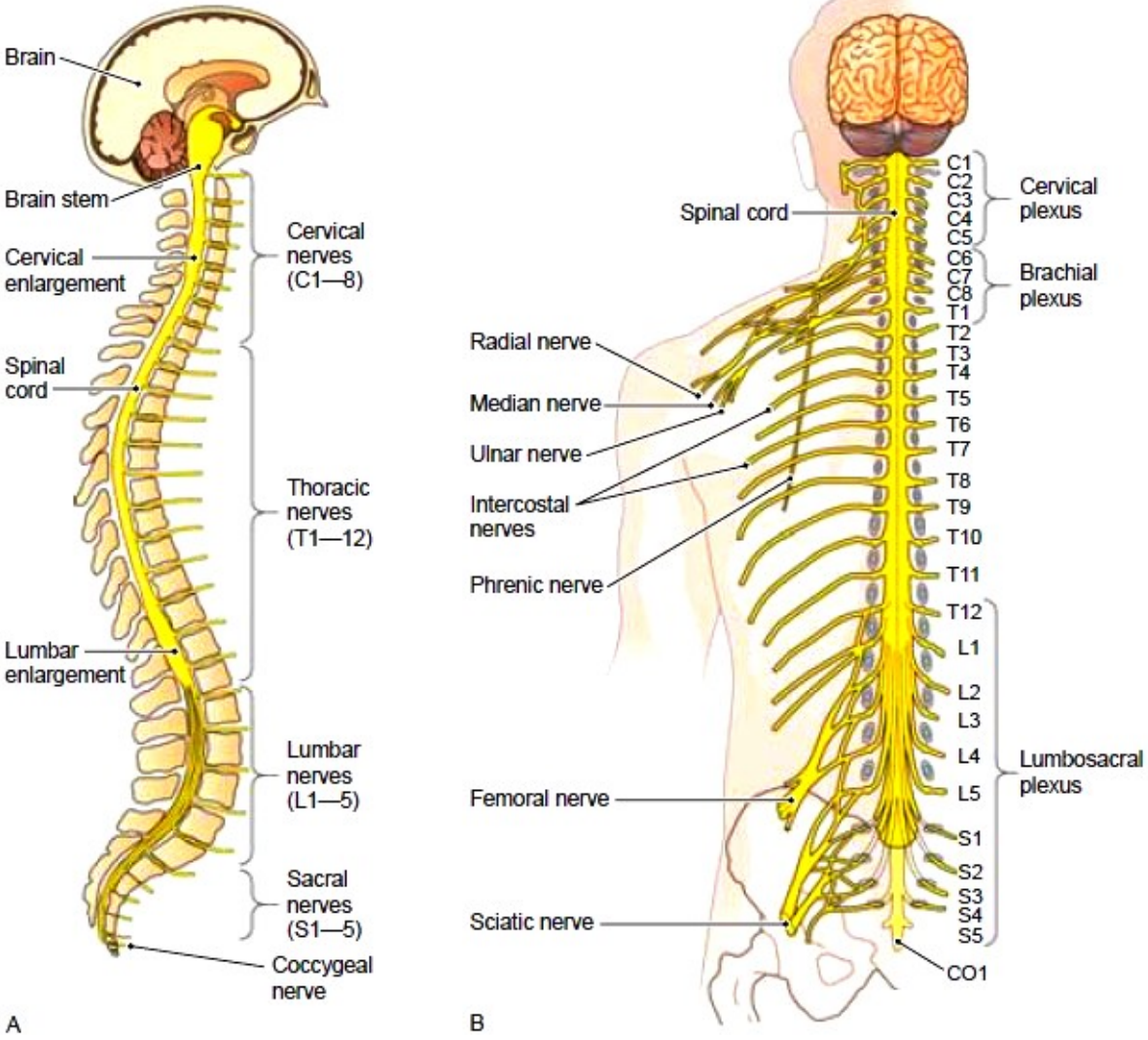


THE NERVES

The nervous system controls the body's functions including the vital organs, sensation and movement. The nervous system receives information and initiates an appropriate response. It is affected by internal and external factors (i.e. stimulus.)

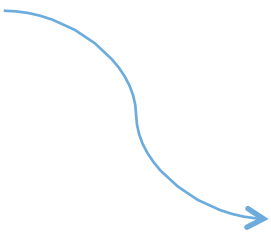
Nerves follow tracts and cross over junctions called synapses.

Simplified, it is a complex communicative process between nerves conducted by chemical and/or electrical changes.



Principles of Safe Manual Handling

There are five principles of safe manual handling:

Stand Close		The further the load is from the body the greater the stress on the spine, joints, muscles and ligaments.
Wide Base of Support		This provides handlers with a stable base and encourages good posture. Feet should be apart and positioned to maintain balance. This enables the handler to transfer their weight from one foot to the other during the course of the movement.
Bend Hips and Knees		This makes most effective use of hip and thigh muscles. • Head up • Keep your spine in line • Drop your bottom, bending at your hips and knees
Firm Hold		A firm hold provides security and control. Use the whole of your hand (avoid tight finger pressure) and keep your elbows tucked in. The position of the hold should enable control of the movement without causing discomfort, injury or loss of any independent movement in the service user.
Smooth Action		Reduces strain and increases co-ordination and flow of movement. A smooth action will not be achieved if any of the above four points are missing. Good synchronized rhythm and timing is essential for safer handling.

Section 4 : PERSON-CENTRED MOVING & HANDLING

Communication

Communicating with a person is a two way process and a very important activity.

There is a difference in what we say and what we mean:

- **What we say** – the actual words we only amount to about 7% of our communication
- **What we mean** – is the message we give by our:

Facial expression

Posture

Gesture

Tone & pitch of our voice

These amount to 90% of our communication.

Ensure you use empathy and patience when moving someone.

Guide them through what is going to happen and provide reassurance throughout.

Dignity and Respect

Always consider the dignity of your client before moving them. Aim to REACH out to them;

Respect	Get their name right; listen; don't rush
Empathy	Put yourself in their shoes
Assertive	Explain why you need to use the correct equipment / technique; try to convince
Complete	Don't do half a job, do it properly
Human	Treat them in a humane way

Section 5 : UNSAFE MANUAL HANDLING

Physical abuse is any physical contact that harms service users or is likely to cause them unnecessary and avoidable pain and distress.

Examples include:

- Handling the service user in a rough manner.
- Giving medication inappropriately.
- **Poor application of manual handling techniques.**
- Unreasonable physical restraint.
- Physical abuse may also cause psychological harm.

Nursing and Midwifery Council 2002

i.e. failing to use proper manual handling techniques could result in a carer being accused of physically abusing that user.

In most cases, LIFTING all or most of the service user's weight is no longer acceptable.
Great caution must be taken and appropriate assessments completed before undertaking any handling task with service users.

Before assisting a service user to move, Carers should always ask themselves:

- Could this be avoided?
- Am I working within my ability?
- Am I taking all or most of this service user's weight?

All the following techniques have injured employees and Service Users. They are now considered unsafe and **must not be used**.

Unsafe & Controversial Lifts

The Orthodox Lift

This is any method where two carers stand, or kneel, either side of the service user linking hands underneath the service user to lift them.

Why Not?

- The carers are lifting all or most of the service user's weight.
- The carers are lifting at arm's length with the service user's weight outside their base of support which gives rise to serious flexion/compression strain on the spine.
- Lifting sideways 'up the bed' may involve an added twist; increasing the spinal loadings

The Drag Lift

This is any method of lifting or support a service user by taking their weight under their armpits (usually in the crook of the carer's elbows). This is usually performed by two carers, either to assist a service user into standing or to lift them up the bed.

Why Not?

At best it will be uncomfortable for the Service User; at worst it could pull their arms out their shoulder sockets. It also puts a lot of strain on the carer's back and arms.

Through Arm Hold

This is where the carer lifts or moves the service user by placing their forearms under the service user's armpits.

Why not?

- This hold can compromise the safety of the service user and the carer.
- The service user's body weight is taken through their forearms and armpits and results in lifting the service user by shrugging their shoulders.

Top & Tail Lift

This is where two carers perform the lift taking the top half of the service user as in the through arm hold, the other taking the legs or feet.

Why not?

- The carers are lifting all or most of the service user's weight.
- The carer taking the top half of the service user is taking the majority of the weight.
- The carer taking the legs is in a flexed posture.
- Lifting sideways from bed to chair will involve an added twist, increasing the spinal loadings.
- It is very uncomfortable for the service user because they are being lifted through a joint which is not designed to take their body weight.
- It can dislocate the service user's shoulder or cause other serious injuries.
- The carers are at risk as they are taking all or most of the service user's weight.
- It reduces service user independence by compromising their normal movement patterns, reducing balance mechanisms and affecting their sensory input especially through their hands.
- When performed by a single carer they are supporting the service user asymmetrically making the lift unstable, seriously compromising their spinal posture.

Service users Arms around the Neck

This is assisting a service user into standing or to transfer where the service user grasps the carer by placing their hands around the carer's neck.

Why not?

- The service user's body weight is taken through the neck of the carer which can cause injury to the carer's neck.
- It pulls the carer forward into a stooped posture.
- The carer's centre of gravity is pulled out of their base of support making the carer unstable.
- The carer is positioned too close to the service user preventing them from following normal movement and coming forward into a standing position.

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Section 6 : MANOEUVRES

Service Users should be encouraged to do as much as they can for themselves wherever possible, and it has been assessed they are safe to do so. This helps to maintain their mobility, independence, dignity, circulation, and muscle tone. You may wish to give them minimal verbal encouragement or help to guide their movement.

Moving Back up the Bed

Service users will need to:

- Sit up in bed and lean forward.
- Place both hands palm down on the bed, just behind their buttocks.
- Bend up one or both knees.
- Move their bottom back by pushing on their heel and their hands.

Or:

- Sit up in the bed and lean forward.
- Hip 'hitch' up the bed by rocking to alternate sides.

Bridging

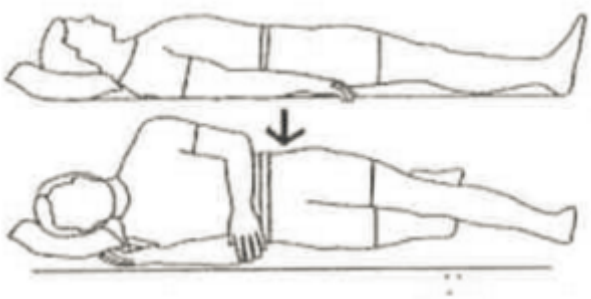
This involves the service user lifting their hips off the bed so that the carer can assist in washing, help with underclothes, inserting sheets or pads etc.
The service user needs to:

- Lie on their back, bend up their knees and have both feet flat on the bed.
- With their arms on the bed and palms of hand facing downwards, use the shoulders, arms, hands, and feet pushing downwards into the bed and raise the bottom up off the bed.

Turning Over in Bed

Service users will need to:

- Roll onto their back.
- Move their trunk and shoulders over to one side of their bed, followed by their bottom and legs (see bridging above).
- Turn their head in the direction of the movement and bring the outside arm over the body towards the direction of the movement.



Sitting to Standing

To assist a service user to help them into standing, they should be encouraged to:

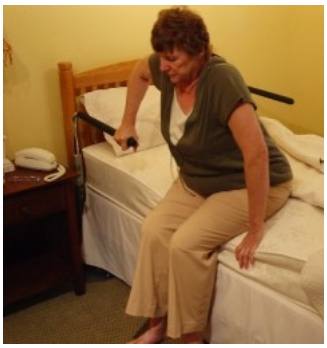
- Shuffle forwards to the front edge of the chair/bed.
- Place their feet under their knees (a wide base will give stability).
- Lean forward (to move their centre of gravity forwards).
- Use their arms to push up, even if they are only able to use one arm.

Sitting Down

The service user should:

- Feel the edge of the chair with the back of their legs.
- Reach down for the arms of the chair with their hands and bend at the hips and knees.
- Lean forward and lower their body weight, pushing their bottom back towards the back of the chair.
- Bend one or both knees up and roll the legs over.
- Push the bottom back if necessary to maintain the position.

Sitting Up on the Side of the Bed



Roll onto one side.

- In one movement, push up on the bed with one hand and elbow and allow the feet to come down towards the floor, over the side of the bed.

Getting Up from the Floor (Independent Recovery)

Step 1 : From lying flat on their back, the service user rolls onto their side and draws their knees up.

Step 2 : The service user rolls onto hands and knees.

Step 3 : Using a chair for support, the service user raises one leg to place the foot flat on the floor.

Step 4 : Pushing up with the hands on the seat or arm of the chair, raise the bottom up and either stand up, sit on the chair or sit on another chair or footstool placed behind or at the side.

If the service user is unable to do any of the above by themselves they may need further assistance of either people or equipment. Where possible encourage them to make use of solid bed features to change position.

When supporting someone's hand you should avoid gripping the thumb as this can cause injury. **You must not hold onto a persons joints**

Falling

When a person is falling you **should NOT attempt to catch them**, or try to hold them up.
The very most you should do is to support them around the trunk, and allow them to slide to the floor, but only if it will not put you at risk.

If you discover a service user on the floor you should not move them straight away. Assess them, and if they are deemed fit, guide them to use the **Independent Recovery** to stand (as described above). You should not attempt to lift them off the floor.

You could also consider

- lifting cushion
- hoist
- elevator recovery system

Section 7 : Equipment

Small Handling Equipment

Turntable
A turntable can be placed on the floor and help to transfer a person who cannot move their feet, but can bear weight.

Lock And Glide Cushion
This cushion only allows one way movement. It can be used for people who slip in a chair or in bed.

Transfer Board (Banana Board)
This allows a person to transfer from one surface to another, i.e. A wheelchair to a car.

Leg Raiser
This can be used by a person to lift their own legs in and out of bed.

Handling Sling
This can be used to assist a person out of a chair and to lift and lower legs.

Transfer Belt
These are designed to assist in moving a person. You should ensure you fasten the clasp correctly and fit the belt to the person securely. You should never put your hand through the loop as this could cause injury.

Glide Sheet
These are used to assist movement in bed and on chairs; they are very slippery and should never be placed on the floor. Always take care to ensure the resident does not slip off the bed.

Rota Stand
This is a turntable with a standing frame attached, allowing a person to use their own body weight to stand.

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Larger Handling Equipment

Hoists

Hoists are a moving and handling aid. They are used to move people where an assessment indicates other methods are not appropriate or that there may be a risk of injury to the customer and the staff.

Hoists are not for transporting people from one location to another, only to **move a person between bed, chair, off floor or into or out of a bath.**

There are many different types of hoists, for example

- mobile hoists
- ceiling track hoists
- gantry hoists
- standing hoists
- bathing hoists

One common complaint raised against hoists is that they take too long to use. Carers often say they instead prefer just to lift the person themselves. This can often be because the person using the hoist is unfamiliar with the equipment or because it is unsuitable for the task. This can normally be easily addressed by the provision of the right equipment and thorough training and support in its use.

Ultimately the aim of using any manual handling equipment should be to reduce the risk of an injury to the lowest level possible.

Stand Aids

A semi-standing aid, perhaps combined with a sling enables a user to be transferred and lowered onto a toilet more easily than using a conventional hoist, provided they are able to weight-bear sufficiently.

NOTE : Please note that hoists and lifting equipment **must be serviced every 6-12 months** in line with LOLER and a label / sticker attached to the hoist the date of the next service due should be clearly visible. If this date is passed you should not uses the hoist and you should report, record and remove it from service.

It is very important that you are familiar with, and understand, the operation of any hoist that you need to use.

IF IN DOUBT YOU MUST NOT USE THE HOIST, SEEK ADVICE.

All electric hoists have an emergency stop button 

In addition to this you should familiarise yourself with the emergency lowering system of the hoist.

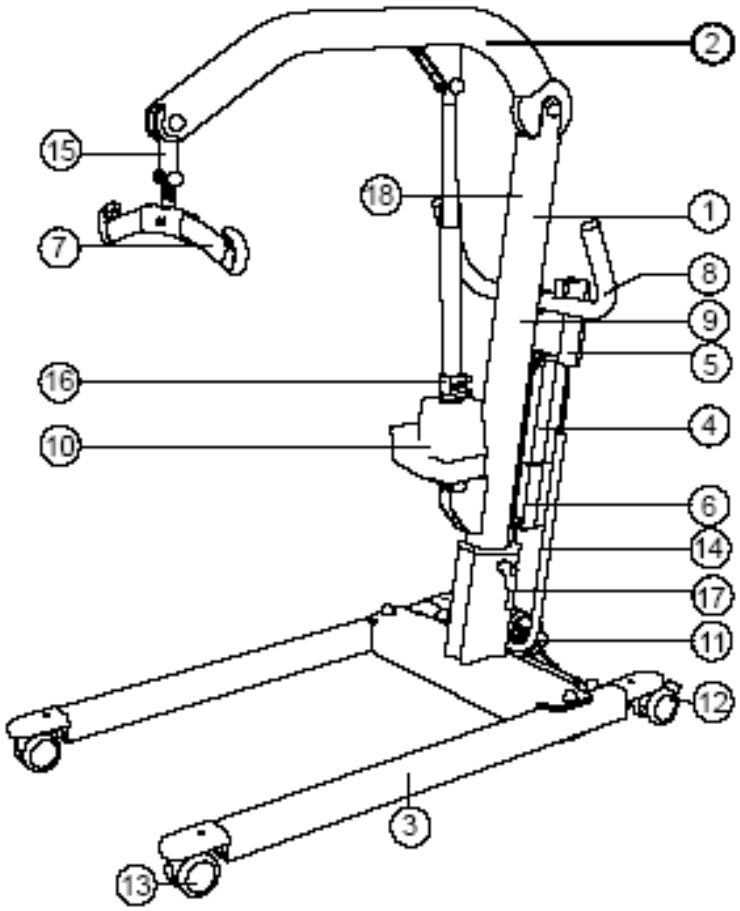
Safety In Hoisting

Key points to note about hoisting safely:

- Follow the manufacturers instructions
- Plan the situation - collecting the correct sling
- Use the correct type and size of sling and use only the slings recommended by the manufacturer
- Position the hoist correctly in relation to the service user
- Keep jib as low as possible in relation to the service user when approaching a seated person
- Keep hoist as far away as possible when putting the sling on the person or taking off.
- Keep the pumping handle on the hydraulics in the up position unless pumping.
- Never touch the valve unless the person being hoisted is over a chair or bed, etc.
- It is easier to move the hoist with the base closed
- Have spreader bar as low as possible when removing sling loops.
- Peel slings off-never pull from behind.
- When putting sling on, all pulling should be done from the outside and not between the legs.
- Shorter shoulder loops-longer leg loops-person should be in an upright position as appropriate.
- Get down; bend knees to put sling on legs.
- Brakes on the hoist are not usually used whilst hoisting the person
- Make sure person's bottom is to the back of the chair when lowering to avoid manual handling.
- If appropriate move chair, commode, etc., rather then the hoist.
- When using a manual hoist, usually two carers are required. One to control the hoist while the other carer is in contact with the client, providing reassurance and assistance.
- Have as many carers present as the situation requires
- Always follow your principles of Back First. Don't twist.

Anatomy of a Hoist

Most hoists have all of these components:



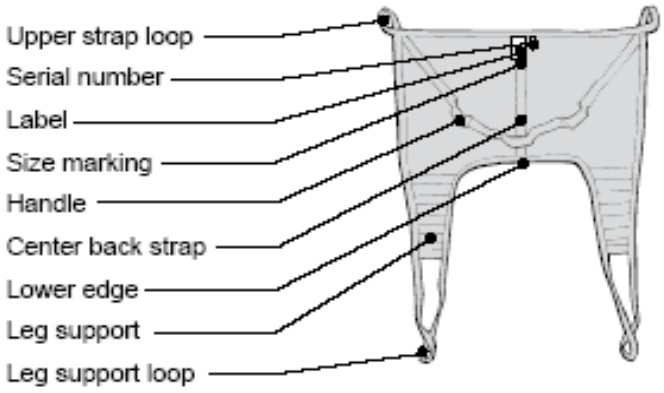
1. Mast
2. Boom
3. Base
4. Battery box
5. Hand control
6. Control box with emergency stop, built-in charger and emergency lowering button.
7. Spreader bar with hooks
8. Handles
9. Service label
10. Motor/actuator for lift mast
11. Motor for base-width adjustment
12. Rear wheels with brakes
13. Front wheels
14. Cable for hand control
15. Flexlink
16. Emergency lowering (mechanical)
17. Locking handles
18. Colour codes for sling sizes

Types of Sling

There are a multitude of different slings available with varying designs and functions. Each patient will have to be assessed for the correct sling according to their needs.

The most important considerations are the size, type and fabric of the sling.

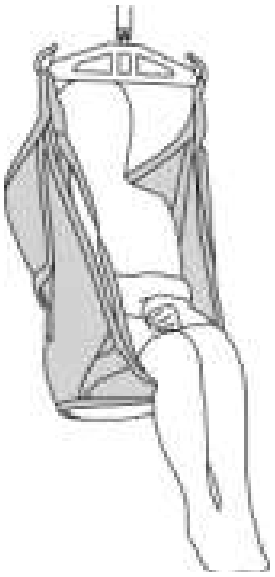
ANATOMY OF A SLING



The sling should be checked for wear and tear prior to each use. The sling should also have a readable label in place.
The handling plan should be checked prior to carrying out the hoisting

This sling can be used in the following ways:

With a leg band under each leg and then crossed in the middle.
This provides the person with a reasonable amount of dignity. Most universal slings now have a dignity loop fitted which reduces the need to cross the legs of the sling.



With both leg bands under both legs.
Sometimes this is a more comfortable for the person in the sling.

WARNING There is a greater risk he/she will slip out and this position should be used only after a careful assessment.

Section 8 : Completion of Pre-course Work

Pre-course Workbook
This concludes the Pre-course reading of the Moving & Handling Training. You are now ready to attend the Moving & Handling workshop.

Workshop
The workshop involves:

1. an assessment of what you have learnt in this workbook
2. be shown how to use the key moving and handling equipment used in domiciliary care
3. have a chance to practice and be assessed on the use of this equipment

By the end of the workshop you will be fully trained in the use of moving and handling equipment.

Demonstrate Correct Use
The final stage of the training is to be able to demonstrate the correct use of moving and handling equipment in Service Users' homes. This will be done by our own internal moving and handling assessors.

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Appendices

Appendix 1 Personal Moving & Handling Assessment

Appendix 2 Example : Personal Handling Plan

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Appendix 1 : Personal Moving & Handling Assessment

NAME		**ROOM NUMBER**
DATE OF BIRTH	**HEIGHT**	**WEIGHT**
Describe Any Relevant Medical History In Relation To Mobility Difficulties		
Detail Any Relevant Physical Problems e.g. Poor Balance, Weakness Of Limbs, Spasticity etc.		
Detail Any Communication/Comprehension Difficulties e.g. Deafness, Poor Sight Confusion, Dementia, Sensory Impairment etc.		
Detail Any Behaviours That May Affect Manual Handling e.g. Aggression, Unpredictability, Loss Of Confidence, History Of Falling etc.		
Detail Any Handling Constraints e.g. Catheters, Colostomies, False Limbs, Pain In Joins, Skin Problems, Pressure Sores etc.		
Cultural/Religious Considerations		
Any Other Considerations		
SIGNATURE OF ASSESSOR_____ **PRINT NAME**_____ **DATE**_____		

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Appendix 2 : Example - Personal Handling Plan

Name:		**Address:**		
FUNCTIONAL AREA	**METHOD**	**EQUIPMENT**	**CARERS**	**SIGNATURE**
CHAIR TO CHAIR				
CHAIR TO BED				
BED TO CHAIR				
MOVING IN BED				
TOILETING				
SHOWER				
WALKING				
SITTING TO STANDING				
OTHER				
PEEP PERSONAL EMERGENCY EVACUATION PLAN				

The number of staff, and equipment stated MUST be used; for hoisting state which hoist, sling, loops, size etc. For a rota stand state which hole the standing bar is located in.

Anyone with concerns regarding this plan MUST seek managerial advice immediately.

Comments/special instructions

Name of assessor completing the plan:_____

Signature of the named assessor:_____

Name of Manager:_____

Managers signature and date:_____