



CHESTERFIELD ROYAL HOSPITAL

MOVING AND HANDLING 2017

NMC CODE OF PROFESSIONAL CONDUCT

In relation to manual handling

As a registered nurse or midwife YOU are personally accountable for your practice

In caring for your patients and clients you must:

- Respect the patient or client as an individual (do not treat patients merely as manual handling “loads” – they are people)
- Obtain consent before you give any treatment or care (discuss the options with the client and/or family. Do not treat people just as loads to be shifted or hoisted)
- Protect confidential information
- Co-operate with others in the team (such as physiotherapists, back care advisors, occupational therapists, manual handling tutors)
- Maintain your professional knowledge and competence (manual handling training is compulsory – you need to keep up to date)
- Be trustworthy
- Act to identify and minimise risk to patients and clients (Risk assessment – use appropriate skills, techniques and equipment)

LEGISLATION

THE HEALTH AND SAFETY AT WORK ETC ACT 1974

The overriding duty is for employers to “ensure so far as is reasonable practicable, the health, safety and welfare at work of all their employees”.

This includes the following duties:

- Provision of safe systems of work
- Provision of safe use and transport of articles and substances
- Provision of information, instruction training and supervision
- Provision of a safe place of work
- Provision and maintenance of a safe working environment

Employees are required to:

- Take reasonable care of their own health and safety and that of others who may be affected by their work
- Co-operate with the employer

MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS 1992

Employers are required to:

- Carry out assessments of all risks to employees while at work
- Carry out assessments of risks to non-employees which arise out of the work activities eg services users, carers and volunteers
- Make arrangements for the health and safety of employees
- Provide health surveillance
- Appoint competent persons
- Establish procedures for high risk emergency situations
- Provide operate with other employers

Employees are required to:

- Follow instructions given
- Inform their employer of hazards

MANUAL HANDLING OPERATIONS REGULATIONS 1992

Employers are required to:

- Ensure hazardous handling activities are avoided where possible.
- Make a suitable and sufficient assessment of hazardous handling which cannot be avoided
- This should include an assessment of all relevant factors, including:
 - T the task
 - I the load
 - L the work environment
 - E the individual capability of the worker
 - O any other relevant factors not previously mentioned

- Take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable
- Provide information about weight and centre of gravity
- Review the assessments

Employees are required to:

- Make full and proper use of systems of work provided

PROVISION AND USE OF WORK EQUIPMENT REGULATIONS 1992

The main relevant provisions are as follows. For more information please see reading list.

Employers are required to:

- Provide suitable equipment
- Assess the working environment in which the equipment is to be used, including additional risks posed by the use of the equipment in a particular environment
- Ensure equipment is only used for operations for which it is suitable
- Ensure equipment is maintained and that maintenance records are kept
- Where use of equipment involves a specific risk, ensure that only trained personnel may use it
- Provide adequate training, information and instruction
- Control risks associated with the use of machinery

LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATIONS 1998

These are the main requirements. Further information is available from the Health and Safety Team.

Employer's duties:

- Ensure lifting equipment is:
 - safe
 - suitably installed
 - carries information about safe working limits, purpose and use
- Ensure lifting operations are planned, supervised and carried out safely
- Ensure defective equipment is not used
- Keep maintenance/inspection records

A person carrying out the inspection is required to report defects to the employer.

Mental Capacity Act

The Mental Capacity Act states that all persons should be assessed for capacity on a decision-by-decision basis, should a decision appear to be unwise this is not an indication that the individual lacks capacity. Staff should seek guidance from their local policy in order to ensure compliance with the Act.

UNSAFE PRACTICES

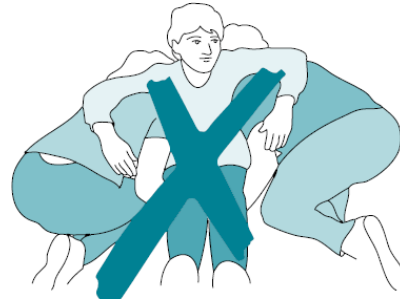
Top and Tail Lift

The full weight is shared unevenly between 2 carers one at the shoulders and one at the legs



Shoulder/Australian Lift

The shoulder is used to move the person this results in the carers taking the full weight of the person



Drag Lift

Lifting the person under the arms may encourage them to slump and pull on carers. It is unsafe to support a person's weight using an axilla hold.

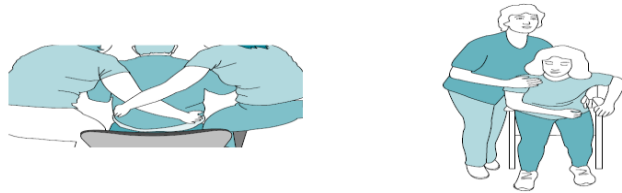


SIT TO STAND

Oblique Behind

Space is needed at the side of the chair for the carers to achieve a long low hold.

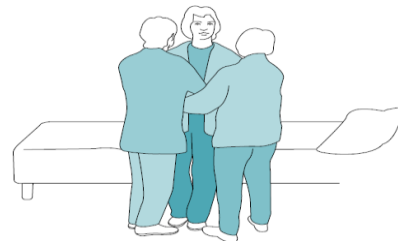
- Carer takes the oblique position behind the person
- Carer uses long low hold with the arm closest to the person
- Carer can use palm to arm, ribs or shoulder for the arm furthest from person
- Carer moves from a low start position and steps forward into standing, leading with the head
- Remain in a close oblique behind position, using a mobile offset base to support the person as they come into standing
- Person should be encouraged to assist by pushing up on chair arms or their thighs



Oblique in Front

Can be used with minimal space at the sides of chairs or from a bed. This is the only method that can be used when assisting a person from standing to sitting on a bed.

- Use a long low hold, maintain arm in a comfortable position
- Take scapula/thoracic spine hold to encourage forward movement with other hand.
- Carer moves smoothly from an upright position into a low position.
- Person can assist by supporting themselves on the arms of chair, or thighs.



The Falling Person

The carer must NOT catch a falling person

There may be situations where carer(s) are supporting walking and are in close proximity to the person in the oblique behind position. If a person requires two carers to assist walking, difficulties may be seen if the person collapses. One carer must take the lead in these circumstances.

- If the fall is away from the carer they **MUST** let the person fall to the floor
- If the fall is towards the carer and they are comfortable with the action it may be possible for the carer to prevent the fall
- Better control of a falling person is found from the supported walking position, oblique behind.
 - Guide the person's torso to the floor by sliding them down the carer's leg.
 - Take small steps to maintain a mobile base as the person falls
 - Carers should bend their knees and relax the spine through the descent stage
 - Do not take the persons weight through the muscles of the trunk or upper limbs



SLIDE SHEETS

Slide sheets are used for a number of activities. These include:

- **Moving up a bed.**
- **Sliding across a bed.**
- **Turning a person in lying.**
- **Lateral transfers.**
- **Introducing a sling in lying.**
- **Introducing a sling in sitting.**

When using slide sheets the following safety guidance should be adhered to:

- **When pulling slide sheets, safe movement principles should be followed.**
- **Twisting can be avoided by adopting a starting position on an oblique angle so that the carer's hands are always in front and the pull is towards the carers mid line.**
- **Use a series of short pulls rather than one big pull.**

Positioning a slide sheet width ways prior to turning a person/sliding across bed

2 carers are needed for this task.

- **Adjust the bed to an appropriate height.**
- **Roll the slide sheet lengthways.**
- **Roll the person onto their side.**
- **One carer to support the person whilst the other tucks the roller underneath them, roll facing downwards.**
- **The sheet should be under shoulder and hips.**
- **The person is rolled onto their back, and the second carer pulls the sheet through.**
- **An additional sheet may be needed for feet to prevent friction problems.**

Introducing a slide sheet lengthways in lying prior to moving up the bed

2 carers are needed for this task.

- **Adjust the bed to an appropriate height.**
- **Fold the slide sheet into 15cm folds along its length.**
- **One carer feeds the roller through under the pillow to the other side, with the second carer pulling it through.**
- **The folds should be down towards the surface of the bed to ease the unrolling.**
- **Working together, the carers unfold the slide sheet one fold at a time underneath the person.**

Removing slide sheets

- **Reach underneath the person in an area where the contact with the bed is reduced for example underneath the knees.**
- **Grasp the underneath layer and pull through. Pull at an angle; change the angle of the pull if the sheet becomes stuck. The fabric should be folded under before pulling so that the fabric slides back against itself coming out more easily.**

Turning a person using a slide sheet

- Position one carer on either side of the bed.
- Introduce the slide sheet.
- Adopt a comfortable, balanced position with an offset base. With a comfortable hold on the sheet move away from the person or from a relaxed position extend to an upright position to turn the person away from you.
- One carer may support the person on the side away from the movement if appropriate.

In some circumstances it may be appropriate to slide the person towards the edge of the bed before turning them away from that edge.

Slide up the bed with the carers in standing

- Position one carer on either side of the bed.
- Introduce the slide sheet.
- Take a comfortable hold on the slide sheet in the region of the persons shoulder.
- The carer should move backwards towards the head of the bed.
- A balanced position of the carer should be maintained by adopting a mobile base. This can be achieved in small staged movements. Care should be taken not to twist when sliding a person.
- Adjust the persons position and remove the slide sheet.

HOISTS AND SLINGS

Derbyshire Inter Agency Code of Practice

Please note that the text and diagrams used here are extracts from the DIAG folders, which are available on your wards and departments.

Please remember to consult your local Manual Handling Key Mover should any additional support be required.

Operating and Manoeuvring the Hoist

- Brakes should be left off during hoisting except where manufacturer's instructions specifically state otherwise
- Carers should check that loops are correctly attached prior to lifting the person and that the person is protected from contact with the hoist
- Consider the dignity of the person being hoisted they should be involved as much as possible in the process
- Position equipment appropriately prior to lifting the person, to minimise the distance between transfer surfaces and the time spent suspended in the sling
- Carers should only lift the person high enough to clear the surface of the chair/bed
- When moving a person on or off a bed, care should be taken to protect the person's heels from dragging on the bed
- When lifting a person from lying, their head should always be supported even if a sling with a built in head support is being used
- It is important that carers adopt good pushing and pulling positions when moving a hoist. The hoist should be moved in a straight line where possible. The carer should use a mobile offset base and avoid top heavy postures, twisting and side-to-side movements as outlined in the Safe Movement Principles earlier in the Practical Guide

Looped Slings

- To achieve a good sitting position the person should be lifted using shorter loops at the shoulders and longer loops from the legs
- The person can be brought to a more upright position as they are lowered, by the carer pushing the person's knees, if possible through a cushion or pillow, pushing on the hoist straps or pulling the sling handles from behind the person
- If the person is being lowered into a manual wheelchair, the carer can tilt the wheelchair using the tipper bar with the brakes off and lower the wheelchair once

Using the Hoist Safely

Checking the Hoist

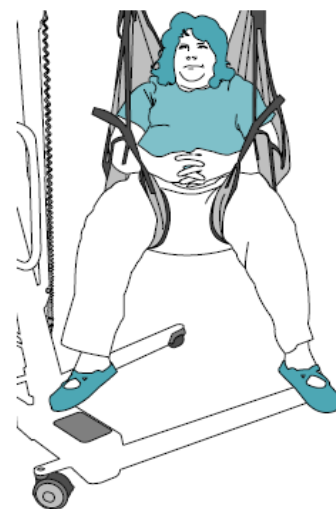
Before hoisting activities, carers must check the hoist and the sling and the hoisting environment, paying particular attention to the following:

- Ensure that the motors or hydraulics work appropriately and that batteries are sufficiently charged
- Observe the fabric of the hoist. Are there any obvious problems with it e.g. cracks in welding, bits missing, wheels running freely etc
- Check the environment for hazards e.g. obstacles, lack of space, electric cables etc.
- Check that the sling is clean, and shows no signs of wear (e.g. frayed loops, loose stitching, cracked clips) and is correct for the individual
- The carer must check that they know how to operate the emergency lowering mechanism if they are using an electric hoist
- If the hoist fails to lift or lower check that the emergency stop button has not been activated and that the batteries are fully connected
- The sling should have a legible manufacturers label which details the washing/care instructions, year of manufacture, safe working load, size etc



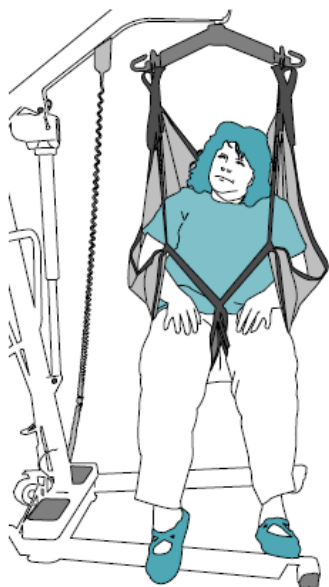
Under Legs

This fitting takes two leg pieces and places them under the legs of the person and attaches the loop fittings to the opposite hooks on the spreader bar. This fitting keeps the person's knees close together and will be suitable if hip movement is painful.



Through Legs

The leg pieces are brought through between the legs and are directly attached to the spreader bar on the same side.

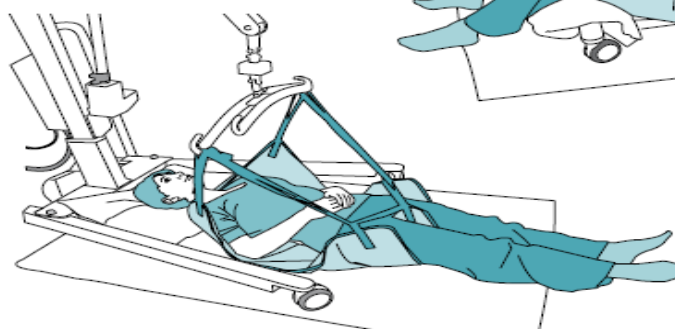
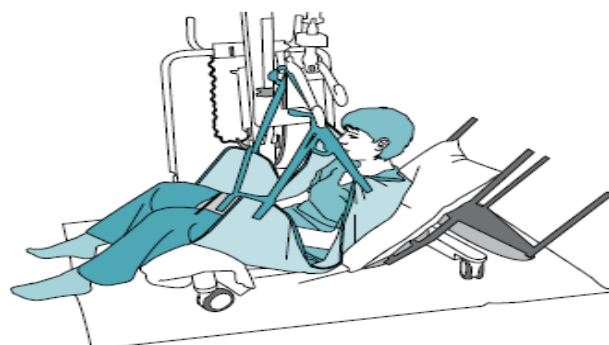
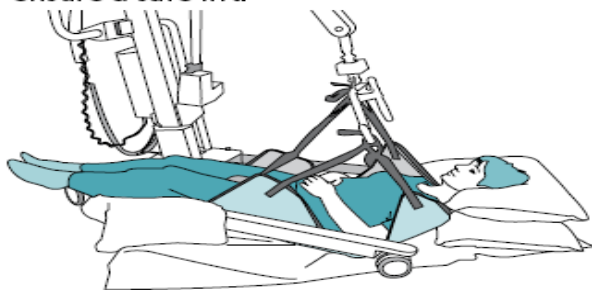


Through Legs Crossed

- The leg loops are crossed over to fit on the hooks on the opposite side of the spreader bar.
- Through legs crossed can also be when two leg pieces interlock with a 'modesty strap' allowing the loops to either cross over or remain on the same side.

Hoisting a Person From the Floor

Care needs to be taken when hoisting a person from the floor. Ensure that the hoist is designed to lift a person from the floor. If possible follow manufacturer's instructions for this activity. There are a number of methods used to approach the person to ensure a safe lift.



Ergo Kneeler



- Easy safe and comfortable to use for all procedures which require some degree of floor based activity such as squatting, sitting or kneeling on hard surface. Reducing the risk of injury in sustained position.

EZY-AS



Compression Stocking/Garment Applicator

- Works with open and closed toe stockings

- Fits compression garments to upper and lower limbs

- Significantly places less stress and pain on the injury



Product Info

EZY-AS applicators are available in three sizes and colour coded for easy identification.



Colour	Size	cm	Inches
Red	Small	28-35	11-13.5
Yellow	Medium	32-40	12.5-15.75
Blue	Large	38-47	15-18.5

The optional handle attachment is designed to fit any size applicator in the range.

Please note that a person measuring larger than 47 cm will in many cases gain the advantage of applying the most difficult lower leg portion of their stocking

DEALING WITH A CARDIAC ARREST IN A CHAIR/WHEELCHAIR

To provide adequate chest compressions the patient must be lowered to the floor. This manoeuvre should be carried out in a safe and controlled manner. Do not move the patient directly from the chair to the bed/trolley. An exception to this may be if the patient is already sitting on a sling and a hoist is readily available.

The optimal number of people required to perform this transfer is three. In some situations, however, this may not be possible and therefore an absolute minimum of two people must be available to perform this transfer. One person must not attempt this.

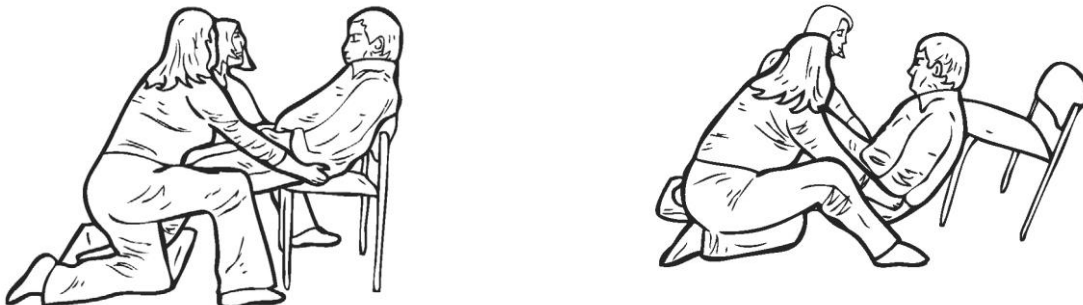


These rescuers adopt the half-kneeling position with their innermost knee on the floor.

These rescuers grasp hold of the patient at the back of the pelvis/hip region with their outmost hand and behind the patient's knee with their innermost hand.

If the patient is dressed it may be helpful to grab hold of their clothing or belt.

On the command from one rescuer, each kneeling rescuer transfers their body weight backwards towards their heels. This pulls the patient forwards out of the chair into a sitting position on the floor with their back resting against the chair.



FIRE EVACUATION

An evacuation strategy will be dependant upon the type of building, its use, and the occupancy profile, including staff levels. It should ensure progressive horizontal evacuation, which enables occupants to move away from a fire to a place of safety on the same level. Occupants can then await further evacuation to another similar adjoining area or vertically down the building using the stairway.

It is essential that all carers read and understand the fire evacuation procedure. The important information to ascertain is the safest and most suitable routes from the premises for the type of evacuation you may have to adopt (eg bed evacuation etc). This will be to move people progressively away from the fire, aiming to have a door between you and the fire (or the person and the fire).

Ski Pad

In an emergency the SKI PAD is quickly and easily removed from its storage bag and laid beside the patient's bed. The patient is then simply transferred to the SKI PAD, wrapped in a blanket, and secured in place with the seat belt style straps and then dragged to safety.

- The tough slippery VINYL COATED BASE material enables patients to be moved easily over virtually any surface – indoors or outdoors.
- The 2" thick foam pad gives protection from bumps and bruises.
- The narrow width and flexibility of the SKI PAD allows the patient to be slid through standard doorways, along twisting corridors and down narrow winding fire escapes.
- The SKI PAD in its wipe clean storage bag which is wall mounted on staircases ready for immediate use.





Tel: 01279 425648 Fax: 01279 425653
Email: sales@1stcallmobility.co.uk

Bariatric Patient Specific Repositioning Sheet



78 stone / 500kgs

The PolyWeave patient specific repositioning sheet is a high quality, yet disposable sheet that allows nurses and caregivers to assign a sheet to an individual and specific patient for their patient handling and lifting needs during their stay. This isolated use reduces and controls the existence, growth and proliferation of any potential contamination between patients, providing a preferred hygienic alternative to traditional repo sheets.



With a safe working load of 500kg /78st you have the assurance that they will be reusable time and time again.

Loop attachment



Strong stitching

Product Code & pricing

LCPWRS

£49.50 each

£235.00 per box (contain 5)

www.1stcallmobility.co.uk