



MOVING AND POSITIONING OF PEOPLE

STUDENT
MANUAL



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ProTrainings Moving and Positioning of People Course

Welcome to your ProTrainings Moving and Positioning of People course. This course can be taken online at www.promanualhandling.co.uk or with a ProTrainings approved instructor. You can find approved instructors by searching on www.procourses.co.uk or by contacting us directly on support@protrainings.uk or 01206 805359.

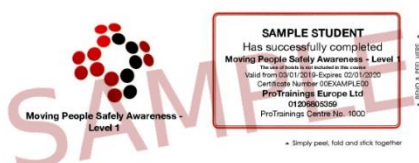
This manual is designed to be used exclusively by students who have completed an online ProTrainings Manual Handling Course or a course that has been certified by a ProTrainings approved instructor. You can validate your certificate, as well as receive a PDF version, online from the bottom of www.promanualhandling.co.uk.

On completion of a classroom course, you will receive a certificate and wallet sized card. Online students can print off a certificate and certified CPD certificate upon completion of their course.

Make sure you register online for the latest updates (automatic for online students). Your instructor should have registered you already and if you are doing an online course you will have already received your login details if you have this book.

If you have any problems with login or certificates, email or call us.

This is an example of the ProTrainings classroom certificate that you will receive in the post after your course. Online courses you print your certificate online. Both class and online can view their certified CPD certificate online.



This course covers general manual handling recommendations laid down by the HSE Manual Handling Regulations 1992, but you MUST check your workplace protocols and practices. Every business conducts its own risk assessments. If in doubt, ask your manager/employer to find out what the exact rules are in your place of work

Course Description

Our ProTrainings Moving and Positioning of People Course is based on the principles of moving and handling and will enable students to understand the key health and safety issues that can arise from unsafe manual lifting and handling. This course is based on the HSE Manual Handling Operations Regulations 1992 and the HSE Guidance on Regulations.

Manual handling is a skill we do not need to learn, as we naturally know how to move and lift correctly; however, but due to cutting corners, we forget. By making students aware of the rules we can minimise the risk of accident and litigation, which in turn reduces sickness and increases safe productivity. The most common cause of 'accidental' injury at work is poor manual handling. One in three accidents are as a direct result of poor manual handling. Every year, 300,000 people are forced to endure the agony of back pain as a result of a manual handling incident.

This course will look at the principles that should be adopted in order to ensure safe manual handling and lifting. It can be delivered as an online course at www.promanualhandling.co.uk, blended (half online and half in the classroom with an approved ProTrainings instructor) or 100% classroom course with an approved ProTrainings instructor.

When we move or position people, we use the risk assessment approach at all times to ensure we know the risks and how to avoid them



The Problem

More than a third of all over-three-day injuries reported each year to HSE and local authorities are caused by manual handling: the transporting or supporting of loads by hand or by bodily force.

The most recent survey of self-reported work-related illness estimated that in 2001/02, 1.1 million people in Great Britain suffered from musculoskeletal disorders (MSDs) caused or made worse by their current or past work. An estimated 12.3 million working days were lost due to these work-related MSDs. On average, each sufferer took about 20 days off in that 12-month period.

Manual handling injuries can occur wherever people are at work – on farms and building sites, in factories, offices, warehouses, hospitals, banks, laboratories and while making deliveries. Heavy manual labour, awkward postures, manual materials handling and previous or existing injury are all risk factors implicated in the development of MSDs.

More information and advice on MSDs is available on the HSE website, including advice on managing back pain at work.

The Health and Safety Commission has identified prevention and control of MSDs, such as manual handling injuries, as a priority. Taking the action described in this booklet will help prevent these injuries and is likely to be cost-effective. However, you cannot prevent all MSDs, so it is still essential to encourage early reporting of symptoms and make arrangements for the proper treatment and rehabilitation of anybody who does get injured.

Legislation

The Act that lays down general principles for the management of health and safety at work, enabling the creation of specific requirements through regulations enacted as Statutory Instruments or through codes of practice. For example, the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the Management of Health and Safety at Work Regulations 1999, the Personal Protective Equipment (PPE) at Work Regulations 1992.

Manual Handling Operations (MHOR) Regulations (1992)

Under the Manual Handling Operations Regulations 1992 (as amended in 2002), employers are specifically required to consider the risks from manual handling and the health and safety of their employees.

What are employers required to do?

- Avoid the need for hazardous manual handling
- Assess the risk of injury from any hazardous manual handling that can't be avoided
- Reduce the risk of injury from any hazardous manual handling so far as is reasonably practicable

What are employees required to do?

- Follow appropriate systems of work laid down for their safety
- Make proper use of equipment provided for their safety, in accordance with training and instructions provided
- Co-operate with their managers/employer on health and safety matters to comply with his health and safety duties
- Take reasonable care of the health and safety of themselves and others who may be affected by their acts or omissions, including reporting to the appropriate line manager any:
 - Medical condition (temporary or permanent) that may develop (including pregnancy) which may affect their ability to carry out moving and handling tasks
 - Problems or unsafe practice that (within their level of competence) they consider to be a risk to health and safety, including any equipment faults

Managers should ensure that all manual handling activities are identified. If any of those activities are unnecessary and can be avoided then they must be avoided.

Handling operations should be examined with a view to automation or mechanisation, e.g. by the introduction of hoists, lift trucks etc., so far as is reasonably practicable. (Hazards associated with these devices should also be considered).

If manual handling operations cannot be avoided then managers must ensure that there is an assessment of the risk from injury from any hazardous manual handling activity.

The manager is responsible for ensuring that appropriate control measures are introduced to reduce any identified risks, and for monitoring the effectiveness of those control measures.

Managers must ensure that staff required to carry out manual handling activities have been given appropriate training.

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 **All lifting operations are 'Risk Assessed' Safe Working Loads - SWL's.**

The status of equipment is to be clearly identified. All checks are to be done by a competent person.

All people using the equipment and those that may be affected by it should know the status of all equipment. Only trained people are allowed in areas where lifting equipment is used.

The equipment in use is only to be made of material suitable for the conditions under which it is to be used.

Lifting equipment for lifting people should be inspected every six months, or when it has been jeopardised in anyway.

Provision and Use of Work Equipment Regulations 1998 (PUWER)

You must ensure that the work equipment you provide meets the requirements of PUWER. In doing so you should ensure that it is:

- Suitable for use, and for the purpose and conditions in which it is used
- Maintained, so that the employees' health and safety is not at risk
- Inspected by a competent person (this could be an employee if they have the necessary competence to perform the task) and a record kept until the next inspection

You should also ensure that risks created by the use of the equipment are eliminated where possible or controlled by:

- Taking appropriate 'hardware' measures, e.g. providing suitable guards, protection devices, markings and warning devices, system control devices (such as emergency stop buttons) and personal protective equipment

You need to ensure that people using work equipment have received adequate training, instruction and information for the particular equipment.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR'95)

For most businesses, a reportable accident, dangerous occurrence or case of disease is a comparatively rare event. However, employers, self-employed or persons in control of work premises should be aware that they still have duties under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR'95) to report such incidents.

Accidents have to be reported where injuries occur that lead to a worker being incapacitated for more than seven consecutive days as the result of an occupational accident or injury (not counting the day of the accident but including weekends and rest days).

Health and Safety at Work Act 1974

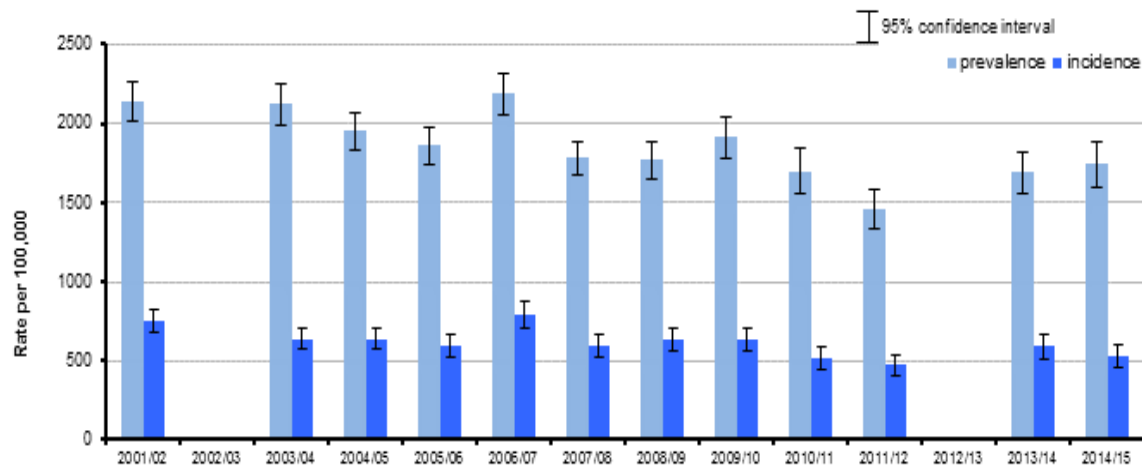
NEGLIGENCE (Section 37 & 40)

- Where an employer is negligent, the line manager or his equivalent is also liable and will be punished accordingly
- If a person is accused of negligence for failure to comply with health and safety legislation, he/she must prove that it was not reasonably practicable to have complied.

Health and Safety Executive also make enforcement decisions.

Musculoskeletal Statistics

The LFS shows that an estimated 3.3 million working days (full-day equivalent) were lost in 2009/10 through musculoskeletal disorders, mainly affecting the back, caused or made worse by work. The number of days lost per worker was of a similar order to those in 2004/05-2008/09, but statistically significantly lower than those in the earlier years.



Source: Labour Force Survey (LFS)

Note: No ill health data collected in 2002/03 and 2012/13

Ergonomics

“Ergonomics is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theoretical principles, data and methods to design in order to optimise human well-being and overall system performance.” (IEA 2000)

OR

“Ergonomics is the science of matching the job to the worker and the product to the user.”
Taking into consideration health and safety, working efficiency, comfort and ease of user.

This began in the Second World War when the logistics of moving large amounts of men and machinery brought doctors, scientists and engineers together for the first time to try to prevent the high number of muscular- skeletal injuries which were happening.

- Training in better techniques is not enough
- Fitting the ways of working to the capabilities of the handler is as vital as good training
- Ergonomics is ‘fit the job to the person, not the other way around’

This is the ergonomic approach!

The Human Rights Act 1998

This Act is very important when dealing with other people, as you need to ensure that you meet all its regulations.

Article 3

No one shall be subjected to torture, inhuman or degrading treatment...

Article 5

Everyone has the right to liberty and security of person...

Article 8

Everyone has the right to respect for his private and family life, his home and correspondence.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 (MCA 2005) provides a statutory framework for people who lack capacity to make their own decisions.

Consent must be given before any manual handling of a person. If consent cannot be made because of lack of capacity, then the protocols for MCA must be adhered to.

Equality Act 2010

The Equality Act brings together nine separate pieces of legislation into one single Act.

It simplifies the law and strengthens it in important ways to help tackle discrimination and inequality.

1. Race
2. Sex
3. Sexual orientation (whether being lesbian, gay, bisexual or heterosexual)
4. Disability (or because of something connected with their disability)
5. Religion or belief
6. Gender reassignment (transsexuality is where someone has changed, is changing or has proposed changing their sex – called 'gender reassignment' in law)
7. Having just had a baby or being pregnant
8. Being married or in a civil partnership (this applies only at work or if someone is being trained for work), and
9. Age (this applies only at work or if someone is being trained for work).

Health and Social Care Act 2008, (regulated activity) Regulations - Regulation 12: Safe care and treatment

- The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.
- Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe.
- Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

Code of Conduct / Practice

The Code of Conduct in Action (skills for care and skills for health)

The Code of Conduct applies to you if you are a:

- Healthcare Support Worker (including an Assistant Practitioner) in England who have patient facing roles (where they don't already have a Code that applies to them)
- Adult social care worker in England. This could be in an independent capacity (for example as Personal Assistant), for a residential care provider, or as a supported living, day support or domiciliary care worker. Social Work Assistants are not included.

HEALTH AND SAFETY LEGISLATION

- RIDDOR
- Health and safety at work act 1974
- Manual handling Operation Regulations 1992
- Management of health and safety at work regulations 1999
- LOLER & PUWER 1998

PERSON CENTRED LEGISLATION

- Human Rights Act 1998
- Equality Act 2010
- Mental Capacity Act 2005
- Health and Social Care Act 2008
- Local – Policies / Procedures / Code of Practice.

The Back and Back Pain

Back pain is a common condition and, in the UK, it is the largest cause of work-related absence. Back pain can be very uncomfortable, but it is not usually serious.

Back pain can affect anyone, regardless of age, but it is more common in people who are between 35 and 55 years of age.

- In the majority of cases, the cause of back pain can be linked to the way that the bones, muscles and ligaments in the back work together
- The back is a complex structure consisting of:
 - 24 small bones (vertebrae) that support the weight of your upper body and form a protective canal for the spinal cord
 - Shock-absorbing discs (intervertebral discs) that cushion the bones and allow the spine to bend
 - Ligaments that hold the vertebrae and discs together
 - Tendons to connect muscles to vertebrae
 - A spinal cord, which carries nerve signals from the brain to the rest of the body
 - Nerves
 - Muscles

The lower part of your back is known as the lumbar region, and is made up of five vertebrae, known as L1, L2, L3, L4 and L5. The lumbar supports the entire weight of your upper body (plus any extra weight that you are carrying), and it is under constant pressure, particularly when you are bending, twisting and lifting.

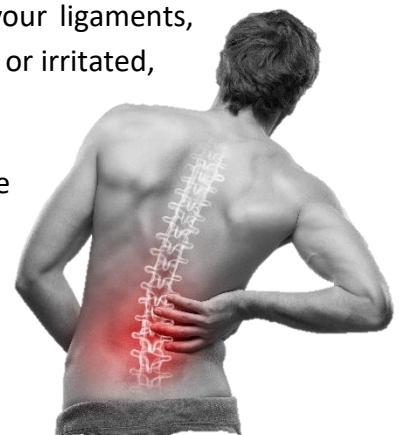
Lower back pain

Lower back pain, also known as lumbago, affects seven out of 10 people at some time in their lives. Lower back pain is a pain or ache on your back, in between the bottom of your ribs and the top of your legs.

Lower back pain can come on suddenly or gradually, and is sometimes the direct result of a fall or injury. The complex structure of your lower back means that even small amounts of damage to any part of the lumbar region can cause a lot of pain and discomfort.

Pain in your lower back is usually a symptom of stress or damage to your ligaments, muscles, tendons or discs. In some cases, if a nerve in your back is pinched or irritated, the pain can spread to your buttocks and thighs. This is known as sciatica.

Most cases of lower back pain are known as 'non-specific' because they are not caused by serious damage or disease, but by sprains, muscle strains, minor injuries or a pinched or irritated nerve. This maybe because we take our daily tasks for granted, which can lead to the risk of further injury.



Back pain can also be triggered by everyday activities at home or work, such as moving loads that are too heavy, overstretching, twisting your body, bending incorrectly and poor posture.

For example, back pain may be triggered by:

- Bending awkwardly
- Slouching in chairs
- Standing or bending down for long periods
- Twisting
- Coughing
- Sneezing
- Muscle tension
- Over-stretching
- Driving in hunched positions
- Driving for long periods without taking a break
- Repetitive movement such as making tea
- *Sometimes, you may wake up with back pain and have no idea what has caused it*

Common Causes

Some common causes of back pain include:

- Pregnancy,
- Gynaecological problems in women, such as pelvic inflammatory disease (PID)
- Different types of arthritis, such as osteoarthritis
- Stress-related tension
- Viral infections
- Bone disorders
- Bladder and kidney infections
- Osteoporosis (weak and brittle bones)
- A trip or fall
- A trauma or injury, such as a fracture
- Lack of exercise
- Obesity
- Sleep disorders

Poor manual handling can lead to many injuries, such as damaged muscles from lifting heavy loads, cuts or tears to skin from sharp edges and from crushed or broken bones from dropped items.

Persistent lower back pain can also be caused by a number of rare conditions, such as:

- Congenital (inherited) spinal defects
- Bone diseases
- Shingles (an infection that affects the nerves)
- Fibromyalgia
- Cancer that has spread to the spine

The Spine and the Neck

The spine must be flexible to allow for movement. This is why it is not composed of one solid bone but 33 separate vertebrae, which are set one on top of the other and are connected by a system of muscles and ligaments.

In order to maintain a stable centre of gravity, back muscles should be strong so they can act as a counterweight, and they should be able to contract in order to compensate for body movements.

Good posture should be maintained on a daily basis to prevent back pain.

The 33 vertebrae that form the human spine are:

- 7 cervical vertebrae
- 12 thoracic vertebrae
- 5 lumbar vertebrae
- 5 sacrum vertebrae (fused together and connect the spine to the hip bones)
- 4 coccyx pieces (fused together and provide attachment for ligaments and muscles of the pelvic floor)

Only the top 24 bones are movable and they are separated by 23 intervertebral discs.

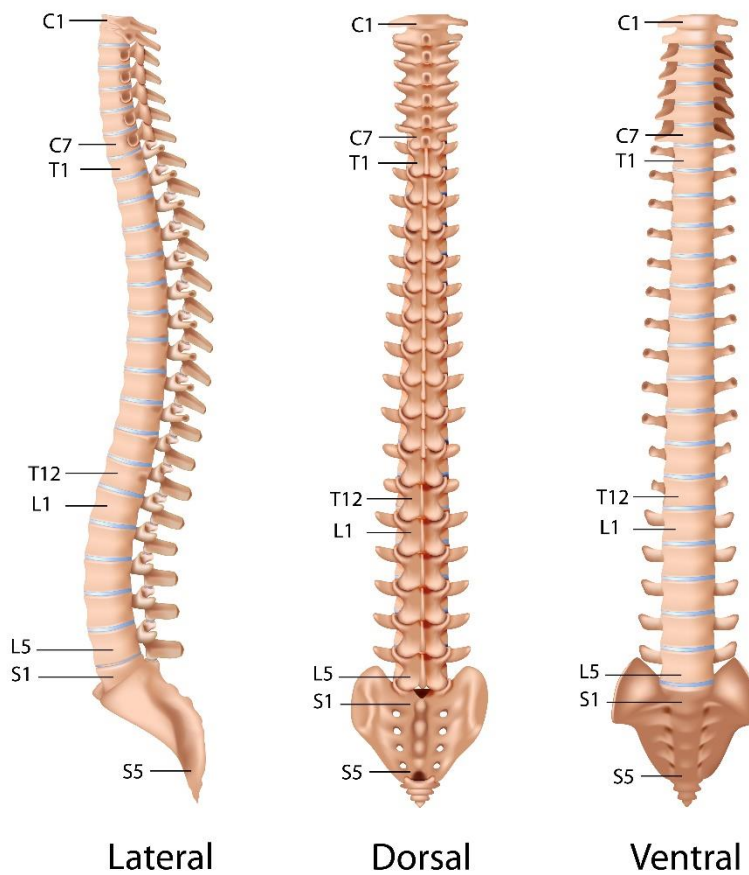
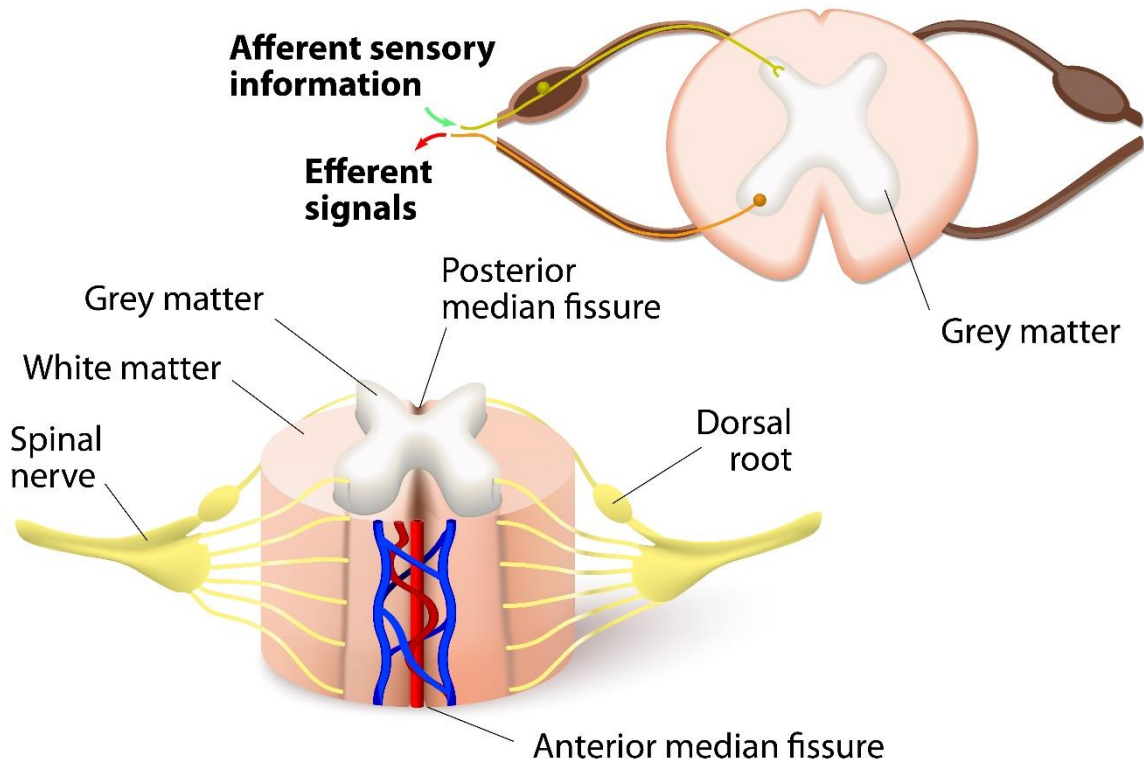
Taking a front view of the vertebrae, they are perfectly aligned in vertical form. However, from a side view the alignment is curved. The upper (cervical) area and the lower (lumbar) area are curved backward. This is referred to as lordosis (cervical or lumbar lordosis). The middle area is curved forward, and is referred to as dorsal kyphosis.



This positioning permits the spine to be very resistant to vertical weight, since its curves allow flexibility. If weight is considerable, the spinal curve may increase temporarily, cushioning the pressure exerted on the vertebrae. This is why transporting weight on the head is a traditional practice in certain countries. By carrying weight this way, the centre of gravity is kept at the spinal axis and back muscles are relieved from much of the strain.

The spinal cord is the main pathway of communication between the brain and the rest of the body. It is a long, fragile, tube-like structure that extends downward from the base of the brain. The cord is protected by the back bones (vertebrae) of the spine (spinal column). The vertebrae are separated and cushioned by disks made of cartilage.

Spinal Cord



The spine is divided into four sections, and each section is referred to by a letter:

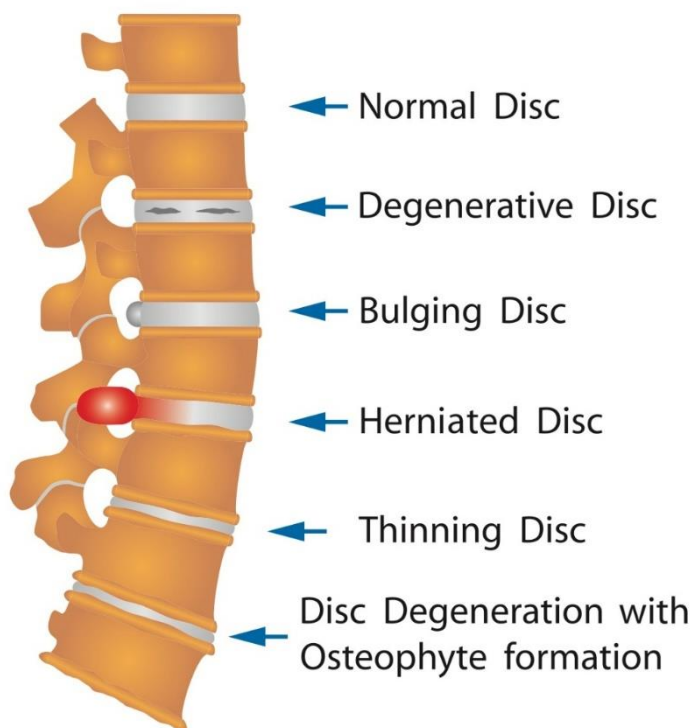
1. **Cervical (C):** Neck
2. **Thoracic (T):** Chest
3. **Lumbar (L):** Lower back
4. **Sacral (S):** Pelvis

Along the length of the spinal cord, 31 pairs of spinal nerves emerge through spaces between the vertebrae. Each spinal nerve runs from a specific vertebra in the spinal cord to a specific area of the body.

Based on this fact, the skin's surface has been divided into areas called dermatomes. A dermatome is an area of skin whose sensory nerves all come from a single spinal nerve root. Loss of sensation in a particular dermatome enables doctors to locate where the spinal cord is damaged.

The outer part of the spinal cord consists of white matter that contains pathways of nerve fibres (called tracts or columns). Each tract carries a specific type of nerve signal either going to the brain (ascending tracts) or from the brain (descending tracts).

Spinal Injury



Spinal discs can get crushed and can cause pain and mobility problems. Uneven pressure causes them to be forced out of place.

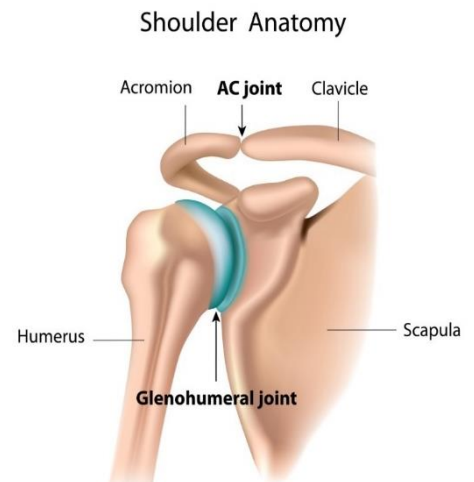
The Shoulder Joint

The Glenohumeral joint, commonly called the shoulder joint, is a ball-and-socket type joint that helps move the shoulder forward and backward and allows the arm to rotate in a circular fashion or hinge out and up away from the body

The shoulder is the most movable joint in the body, and is **very unstable**. It is easily injured by impact or simple overuse

This is because the ball of the upper arm is larger than the shoulder socket that holds it and some of the ligaments and tendons that hold the joint together are small

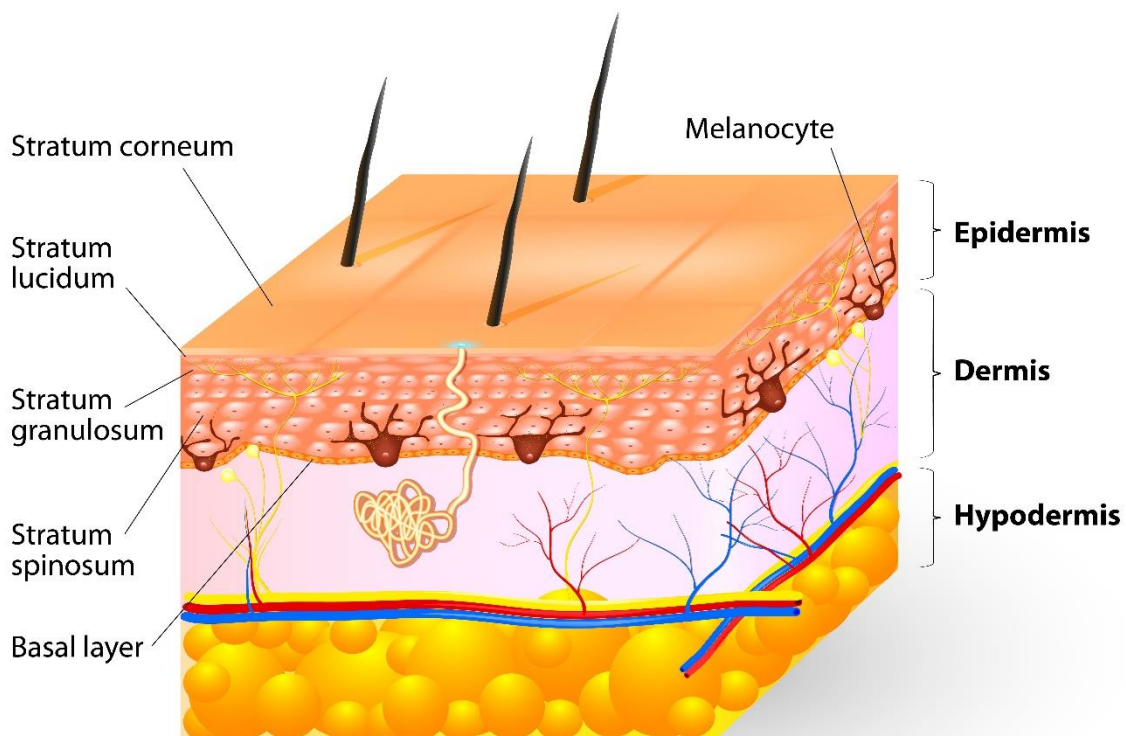
The shoulder joint is at huge risk of injury when attempting a 'drag lift', or 'shoulder lift.'



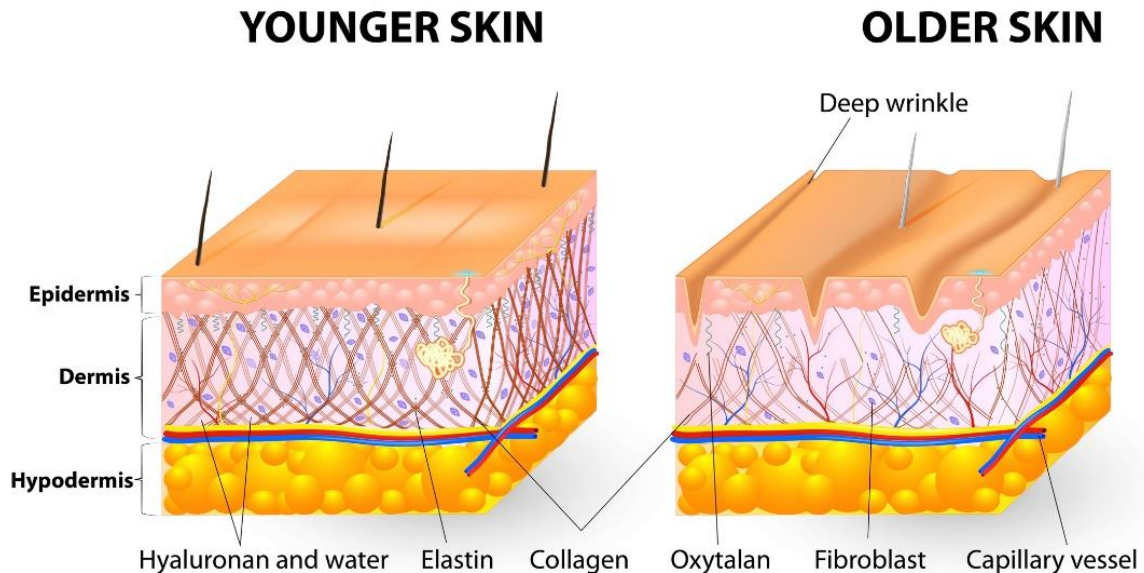
The Skin

- Largest organ in the body and varies in thickness from 1.5 to 4 mm
- Different thickness in the young and old
- Three layers, epidermis, dermis and the subcutaneous
- Skin protects the body, helps control temperature, protects against infection and gives the body its appearance.

The Layers of Human Skin



- The skin can be damaged by incorrect moving, friction, pressure and moisture
- Pressure sores can develop due to pressure on the skin and other tissues
- Low pressure damage can be over several hours
- High pressure damage can be over minutes.



- The skin can shear as it moves and stretches at rates, like when a patient slides in a chair or bed as the blood gets distorted
- As for example feet are pulled across a bed the skin can become damaged
- If there is moisture the problem is made worse. This can be sweat, urine, water or any liquid.

Specific Conditions

There are many specific conditions that can impact on the correct moving and positioning of individuals, awareness and constant use of individuals care plans are required when supporting any moving and positioning of individuals. Some of the conditions that need to be monitored include: -

- **Pressure sores** – Individuals with pressure sores will require moving and repositioning at regular intervals and support for transferring for toileting etc.
- **Motor Neurones Disease** – Individuals due to MND will see a deterioration in their ability to move, swallow and breath. Some individuals may also require peg feeding. Maintaining a sitting upright position in a chair or in bed may be required with often moving and positioning.
- **Multiple Sclerosis (MS)** - Individuals may have some use of their arms and hands, but no leg strength.
- **Arthritis** – Individual's may have poor or limited mobility due to joint stiffness and pain.
- **Strokes** – Depending on the severity of the stroke(s) and individual may have weaknesses on either side of their body which can cause instability on their feet.

What is Manual Handling?

The Definition of Manual Handling: from the MHOR 1992, (as amended 2002) is: -

“.... any transporting or supporting of a load - including the pushing or pulling, lifting or lowering of any person, object or animal, whatever size or shape, by hand or by bodily force”.

In relation to people with disabilities, it is any task that involves physically assisting someone to move from one position to another. It does not just refer to lifting.

For example, in the care industry, a service user may need to transfer from their wheelchair to a bed. There are various methods that could be used to achieve this, ranging from the service user being helped to stand and walk, to the service user being physically lifted and lowered on to the bed. Many of the methods used would incur some moving and handling. However, moving and handling can at times be avoided, e.g. some service users are able to stand independently from a seated position, providing that their chair is low enough to allow them to place their feet on the ground.

Often, alternative and more independent methods of movement can be identified with some lateral thinking. However, at times, moving and handling cannot be avoided, and this is when a risk assessment is necessary. The purpose of the existing legislation is simply to ensure that the safest way of helping the service user is identified. In some instances, this may mean using a hoist.

When moving small loads, care should be taken and a risk assessment performed as damage may build up over time rather than occurring as a result of a single incident. Communication with staff members further reduces chances of injury.

It is generally considered best practice to avoid lifting, and many establishments now have a no-lift policy. However, this is not the law and there may be times when it is considered to be the safest method of transfer. There are weight guidelines, but weight alone is not the only issue that has to be considered; there are other factors that also have to be taken into consideration. Providing the method to be used has been decided upon as a result of a risk assessment, is considered to pose an acceptable risk and has been documented, carers have met their legal obligation. The law would then support the carer in the event of an accident.

It is the responsibility of the employer to decide who should complete risk assessments; the important issue being that **someone** must do them. Once a method of moving and handling has been identified, it is then essential that a method of communication is also identified, to ensure that all personnel likely to carry out this procedure do it in the same way, e.g. all risk assessment forms to be kept in a folder to which there is easy access.

Manual handling regulations define manual handling as any way of transporting or supporting a load, lifting, carrying, moving by hand or bodily force, pulling, pushing and putting down.

Principles of Manual Handling

- Always refer to guidelines and use handling equipment that has been recommended
- Wear appropriate clothing and footwear
- Maintain a good posture – keep your back straight, bend at your knees and avoid twisting
- Rhythm and timing can be used to assist, e.g. rocking forwards twice prior to standing
- If working with more than one carer, identify a team leader who should give all instructions during moving and handling
- Ensure brakes are on wheelchairs
- Always explain the manoeuvre to the service user before the procedure. Provide re-assurance throughout as necessary
- Prepare the handling area, i.e. make sure you have enough room to carry out the manoeuvre safely
- Give clear instructions, e.g. **'Ready, Steady, Move'**
- Ensure you have a good handgrip and are not causing the service user any discomfort

Procedures are often unsafe when performed too quickly, so take your time.

Do not proceed with a manoeuvre if, for any reason, you are not happy to do so. Seek advice when necessary.

Know your own personal limitations and do not exceed them.

Before manual handling anything, always ask, **'Do I need to lift?'**

The “Do’s and Don’ts” of Manual Handling

Don’ts

- Don’t lift things when your feet are too close together. If your feet are closer than shoulder width, you will have poor leverage, be unstable, and have a tendency to round your back
- Don’t lift with your knees and hips straight and your lower back rounded. This is the most common and stressful bad lifting move. Twisting the trunk during this bad move compounds the problem
- Don’t tense and arch the neck when lifting. This crams your neck joints together and causes pain, especially if maintained for a long period of time
- Don’t lift and/or carry an unbalanced load
- Don’t lift and bend too much in a short period of time
- Don’t lift objects that are too heavy for you
- Don’t lift heavy objects directly following a sustained period of sitting, especially if you have been slouching
- Don’t lift things overhead with your neck and back arched, if possible

Do’s

- Do place your feet and knees at least shoulder width apart or front to back in a wide-step position. This will help you bend at the hips, keeping your back relatively straight and stress free
- Do lean over or squat with the chest and buttocks sticking out. If you do this correctly, your back will be flat and your neck will balance in a relaxed, neutral position
- Do take weight off one or both arms if possible. When you squat down or push back up, use your hand or elbow as support on your thigh or any available structure. This takes some of the compression and strain off of the lower back
- Do balance your load on either side if possible, or switch sides so that both sides are equally stressed
- Do level the pelvis or tuck in your buttocks and suck in your abdomen, when reaching or lifting overhead. Keep your chest up and use a step stool to keep the lower back and neck in neutral alignment
- Do walk around and use backward-bending and/or stomach-lying positions before or after bending or heavy lifting, especially if you’ve been sitting for a while

Risk Assessment

Risk assessment is the process of assessing the degree of risk. This is something that is done on an informal basis throughout the day, for example, before crossing the road. It involves weighing up the benefits versus the degree of risk and deciding if the risk is acceptable or not. It is clear with some service users, having looked at them, that manual handling will not be necessary. It could be said that this decision has been reached as a result of an informal risk assessment. A formal risk assessment involves using a form to document the moving and handling procedures necessary for a specific service user, the safest methods to be used and any equipment necessary. Some risk assessment forms are more detailed and may look at four different areas: the task, the working environment, the service user and individual capability.

The form helps the carer to identify the cause of any unacceptable risks and, as a result, helps them to identify possible solutions. Some forms also document the benefits of the task. There is not one standard form to use; each employer may produce their own.

The purpose of the risk assessment is to guide the user so that specific difficulties and risks can be identified. Once the risks have been identified, a decision can then be made about how they can be reduced and whether or not it is safe for the procedure to be carried out.

The aim is for the benefits to outweigh the risks and for the risks to be reduced to an acceptable level.

The risk assessment should consider the elements of **T.I.L.E.O.** (Task, Individual, Load, Environment and Other factors):

- **T**ask – what does the job involve?
- **I**ndividual – who is doing the job and what are their capabilities?
- **L**oad – what is being handled?
- **E**nvironment – where is the job being done?
- **O**ther factors – what else will affect the move?

Employees and Employer Responsibilities

The Health and Safety at Work Act 1974

Imposes a duty on the employee to ensure that they:

- Take reasonable care of the health and safety of themselves and others who may be affected by their acts or omissions, including reporting to the appropriate line manager any issues
- Have a medical condition (temporary or permanent) that may develop (including pregnancy) which may affect their ability to carry out moving and handling tasks
- Report any problems or unsafe practice that (within their level of competence) they consider to be a risk to health and safety, including any equipment faults
- Cooperate with the employer to allow him to comply with his health and safety duties
- Use equipment appropriately in accordance with training and instructions provided

The Manual Handling Operations Regulations 1992

Requires the employees to:

- Use the 'safe systems' of work (moving and handling procedures) put into place by the employer
- Take care not to cause extra risks without knowing, through taking daily tasks for granted, for example:
 - Rushing around
 - Ignoring notices or procedures
 - Not being fully aware of surroundings
 - Lack of awareness and over confidence

The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995

Requires the employee to:

- REPORT to the employer:
 - Any accident at work as soon as possible
 - Any potentially dangerous aspects of your job, e.g. unsafe flooring, inadequate lighting
- RECORD accidents and 'near misses'

Additional Employee Responsibilities

Hand hygiene is an important part of preventing infection. Hands can be cleaned, or decontaminated by:

- Washing with water and soap that removes dirt and germs from the hands but doesn't kill them
- Using alcohol hand rubs and gels which kill most bacteria.

Personal Protective Equipment (PPE)

Staff should wear appropriate PPE when moving and positioning any individual and there are any bodily fluids present, i.e. blood, faeces, urine etc.

When an Accident Happens

- Make an entry in accident book, or ask someone to do it on their behalf (but please check)
- If there is no obvious injury, but the employee thinks there may be ill effects later on, he/she should still make an entry in the book
- Handling guidelines must be followed for the employee's own safety and that of others

When a person is handled, the safety of the employee must also be considered. Should a member of staff injure themselves, the possibility of negligence on the employee's part or the question of them being wholly or partly responsible for their own injuries would be investigated. It is essential that employees are aware they can be held personally and legally accountable for their actions or inaction.

The individual capability and training needs of the employee must be taken into consideration when assessing the manual handling operation. They should recognise and accept personal limitations, strength and ability. If you are unable to lift an item or person that is too heavy, then you must report it to your manager.

The employee should be asked to complete an Occupational Health questionnaire during the recruitment process to ensure that they are physically fit to undertake the duties of the post. Any employee who has sustained an injury should not return to work until they have been assessed by their doctor and are deemed fit to do so.

In the care industry, a service user's family could sue if the service user sustained an injury when the employee was not following set procedures. Should a service user be injured due to risks resulting from the employee exercising clinical judgement, then the service user's family could sue. Should they cite negligence on the part of the handler, this would result in a civil action against the employee.

If a service user was to fall next to you, you could (if positioned correctly) assist them to the floor, otherwise you must allow them to fall to prevent any injury to yourself.

If you find a service user has fallen and injured themselves, you must not move them. You must follow the below system:

- Do not move them
- Seek help and assistance; if necessary, call the emergency services
- If you are a first aider, provide assistance (trained first aiders only)
- Make sure the service user stays warm until assistance arrives. A blanket could be used to keep them warm



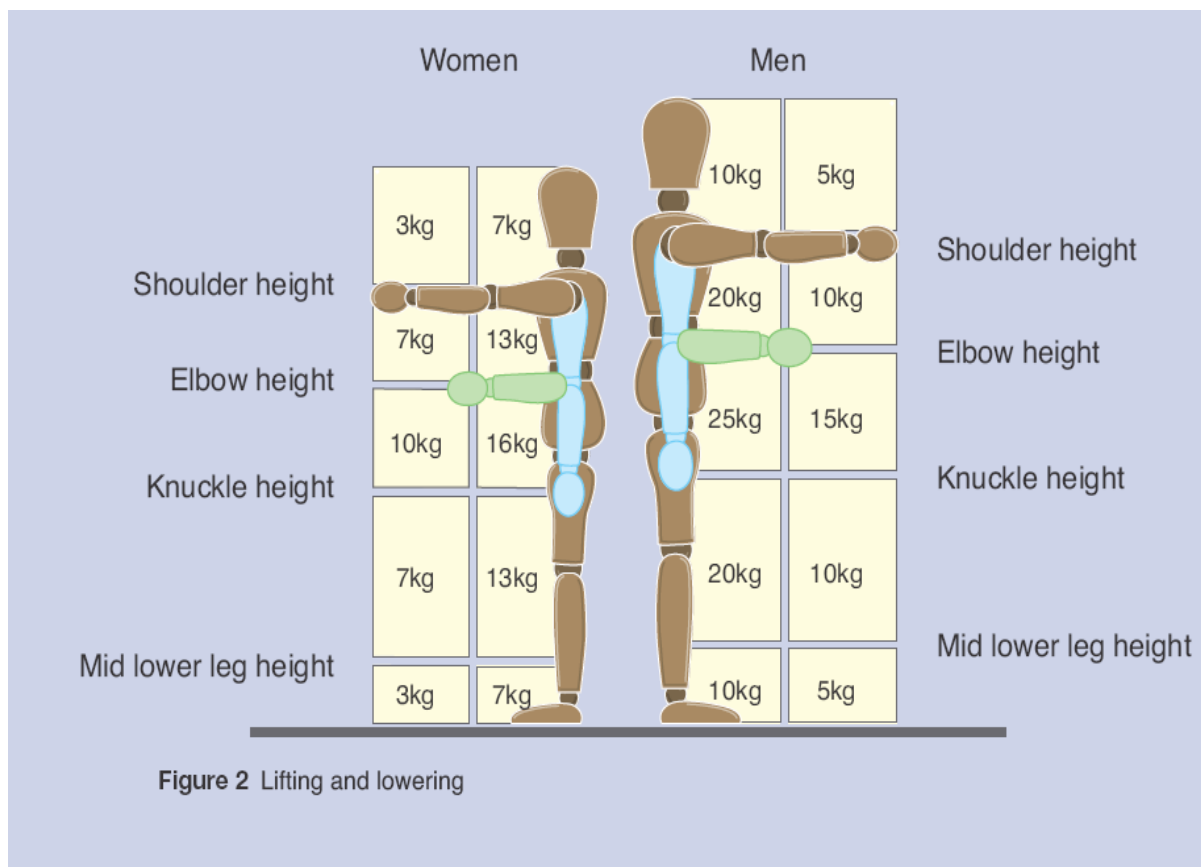
Dial 999 or 112

Guidelines in Manual Handling

There is no such thing as a safe load, so make sure you know what you are lifting. Use correct lifting techniques to move all loads. Have a look at the HSE guidance and your workplace rules. Good advice is to PLAN the load, PREPARE yourself, make sure your POSTURE is correct and then PROCEED with the move.

We need to make sure we always move correctly. We want not only to avoid hurting ourselves, but we also want to avoid hurting others. Keep close, bend down, back straight, chin up and lift the load. Make sure the load is secure at all times. Look at simpler ways of moving a load, maybe break it down into smaller loads. Take care on steps or slopes and **always follow your workplace rules.**

The manager has special duties and employees need to be aware of their guidance. Managers need to lead by example and make sure all staff are trained and keep a watch on them to avoid accidents. Record all assessing and remember assessing never ends. Be aware of any medical conditions that staff may have.



Centre of Gravity

Centre of gravity (COG) is the point at which the force of gravity is said to act. The COG of the body as a whole can be thought of as the point at which the mass of all body segments is evenly distributed. COG moves upward and forward relative to the location in the anatomical position.

In the anatomical position it is thought to be at the level of the second sacral vertebra (about waist height). However, when the configuration of the body changes from the anatomical position, the COG will shift and can even be located outside the body. This can happen when both arms are lifted. It depends on the body shape of each individual and will differ slightly from one person to another.

The line of gravity (LOG) can be represented by a line perpendicular to the ground through the centre of gravity. The nearer to the floor the COG is, the more stable we are.

Base of Support

The surface area of the part that is involved in supporting an object or a human body is known as the base of support (BOS). The shape and size of the BOS depends on the posture that the body adopts. When standing, the BOS is the feet, which is relatively small. When lying, any part of the body in contact with the floor or bed forms the BOS, i.e. head, back or legs. Lying is a more stable position because the surface area of the BOS is greater and the centre of gravity is closer to the floor.

Balance is very closely related to the change in position of the COG in relation to the BOS. If the COG moves outside the BOS, the person becomes unstable. In standing and walking, the BOS can be made larger (and, therefore, the person more stable) by using a walking aid. The extra points of contact on the floor enlarge the BOS so that the line of gravity does not fall outside of this area.

This principle is also important for the handler to consider. A good BOS enables manual handling manoeuvres to be carried out with greater ease and safety. If the handler stands with his feet together while using a slide sheet or helping a patient to stand, the BOS is very small. Any unexpected movements from the patient may throw the handler off balance and cause an injury.

When assisting other people to move, mechanical principles can be used in the following ways:

- Putting effort through the COG, i.e. the pelvic area
- Making use of low friction devices to reduce the effort in horizontal movement
- Ensuring both of the handler's feet are in contact with the floor during effort to provide a stable base
- Making use of head movement to initiate body movement
- Avoiding too much muscular tension and using smooth movement
- Keeping levers short by getting as close to the weight as possible
- Keeping vertical effort to a minimum
- Using the major muscle groups for effort

Different types of Manual Handling

Single Person Lift

When lifting items on your own, you have to be very careful. First, ask yourself, 'do I need help? Can I lift this safely?'

Do a mini risk assessment every time you lift something to ensure that you stay safe and within your personal limits.

Two Person Lift

If moving a load with another person, first talk about what you are going to do and decide who will be in charge of the move. Decide at what command the lift will happen (e.g., ready, steady, lift).

Make sure you know how heavy the load is and remember that having two people does not double the amount of the weight you can lift.

Moving Unusual Shaped Objects

There are many objects that you move and they are not always standard shapes, so you need to take care. Be careful of wet cardboard, as this can give way. Take extra care when lifting a load that is heavier on one side.

Find out as much as you can about the object and decide how it will react when moved.

Pushing and Pulling a Load

When you assess a load, you may find that it has wheels or that it will slide across the floor. Take care on slopes, as it is hard to stop a load on a slope. Try to get help when moving loads. It is better to, where possible, push a load rather than pull it to reduce the load on your body. Do not get your feet caught under a load.

As a rough guide, the amount of force that needs to be applied to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight. For example, if the load weight is 400kg, then the force needed to move the load is 8kg. The force needed will be larger, perhaps a lot larger, if conditions are not perfect (e.g. wheels not in the right position or a device that is poorly maintained). The handler should try to push rather than pull when moving a load, provided they are able to see over it and control steering and stopping.

Employees should enlist help from another worker whenever necessary if they have to negotiate a slope or ramp, as pushing and pulling forces can be very high. For example, if a load of 400kg is moved up a slope of 1 in 12 (about 5°), the required force is over 30kg, even in ideal conditions – good wheels and a smooth slope. This is above the guideline weight for men and well above the guideline weight for women.

Uneven surfaces

Moving an object over soft or uneven surfaces requires higher forces. On an uneven surface, the force needed to start the load moving could increase to 10% of the load weight, although this might be offset to some extent by using larger wheels. Soft ground may be even worse.

Stance and pace

To make it easier to push or pull, employees should keep their feet well away from the load and go no faster than walking speed. This will stop them becoming too tired too quickly.

Safer Manual Handling Equipment (not moving people)

The best way of moving a load is to make the move as easy as possible, and this can be done by the use of a lifting aid. There are many different aids available, and we will go through these individually, but make sure you are allowed to use them in your workplace.

Also make sure that it is maintained to the manufacturer's specification. You need to read instructions for use and make sure you are trained in its correct use. Take extreme care on slopes as it will be more difficult to control and stop the load.

Motorised Lifting Aids and Forklift Trucks

The use of forklift trucks and other motorised machines should not be used unless the user has a special licence. Although a forklift truck could be the easiest way of moving a load, untrained and unlicensed operators cannot use them. If you think something needs moving with a mechanical lifting aid, consult your manager or employer to find out who can use the machine. You will need to find out who can use motorised lifting aids in your place of work.



Forklift trucks can cause fatal injuries, so be careful when around one that is working.

Conveyor Belts

The use of conveyor belts is an easy way of moving a load, and they are often built into manufacturing systems. They can be basic roller types, motorised belts, or more complex systems.

Take care to follow the instructions, and do not get any clothing caught. Be aware of the emergency stop buttons.

Pallet Trucks

When you need to move a pallet, the use of a truck is the best method.

You need to make sure you are allowed to use the pallet truck and make sure that it is maintained to the manufacturer's specification. You need to read instructions for use and make sure you are trained in its correct use.

Take care that you lift the pallet centrally, have room to move it, and lower it without trapping anything under the pallet.

Take extreme care on slopes as it will be more difficult to control and stop the load.



Sack Trucks

When you need to move a sack, boxes, or other items, the use of a truck is the best method. It supports the bottom of the load, and then you lean it into the truck.

You need to make sure you are allowed to use the sack truck and make sure that it is maintained to the manufacturer's specification. You need to read instructions for use and make sure you are trained in its correct use.

Take care that you lift centrally, have room to move it and lower it without trapping anything under the load.

Take extreme care on slopes as it will be more difficult to control and stop the load.



Trolleys

Trolleys are useful to move a wide variety of loads.

You need to make sure you are allowed to use the trolley and make sure that it is maintained to the manufacturer's specification. You need to read instructions for use and make sure you are trained in its correct use.

Make sure the load is secure and use the brakes or blocks to ensure it does not roll while you are loading or unloading.

Take extreme care on slopes as it will be more difficult to control and stop the load.



Moving and Positioning of People - the Ability Test

Before we attempt to move someone, we need to know what strengths and weakness they may have. To find these out, you can look at the person's records, but a simple ability test can identify their strengths and weakness at the present point rather than when the last test was done.

Communicate the whole time the test is being carried out and explain why you are doing what you are doing.



Upper body strength test – push on hands



Upper body strength test – press on knees



Lower leg strength test – hand on lower leg



Strength test and to check body balance

Moving and Positioning of People – Equipment

Always wear the correct clothing for the task you are going to perform: shoes, gloves, apron, etc.

There is now an abundance of equipment, which makes moving and handling much easier. This includes:

- Hoists
- Turntables
- Transfer boards
- Transfer belts
- Sliding sheets
- Transit seats
- Handling slings

Standing aid

- Can be used; however, full assessment needs to be carried out to make sure the patient can weight bear.

Sliding sheets

- Can be used to assist patient to move position.

Transfer board

- Can assist patient in some transfers
- Encourages independence.
- Must be used to assist patient in all transfers.

The recommended use of any of these should be documented on the risk assessment form.

Remember: Always wash and clean your hands before and after assisting a service user to prevent the spread of germs and cross-contamination

Always attempt to encourage patients to move themselves as much as possible

Hoists

There are many different types of hoist and you need to know how to use the hoist that you are using.

Ensure you have received training for the make of hoist that you are using. Make sure safe working loads are adhered to and use the appropriate attachment for the patient.

Hoists must be used as much as possible.

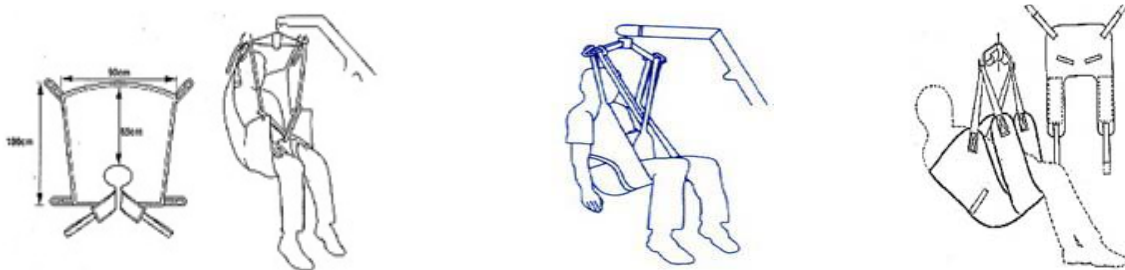
Always ensure the correct size sling is used. When necessary, use a stretcher attachment. Amputee slings must be used for amputee patients.



Mobile Hoists

Hoists are designed to take the partial or full weight of a person, to allow easier lifting and transferring from one surface to another. If used correctly, a hoist greatly reduces the risk of injury through a fall and protects carers from back strain.

This fact sheet provides basic information on hoists and slings. We strongly advise that your choice of hoist and sling should be made in consultation with your therapist.



Mobile hoists may use a hydraulic or electric mechanism to lift the user, so that they can be transferred between two close surfaces. They are not designed to transfer users between rooms.

Many mobile hoists use a hydraulic mechanism incorporating a hand pump to raise the boom, and a release valve to lower. Pumping, however, can be difficult if the operator has weak or injured upper limbs or the person being lifted is very heavy. Electrically operated hoists use a hand-held button control to both raise and lower the boom.

Some mobile hoists have the option of a standard spreader bar, a pivot frame or a stretcher attachment.

When using a mobile hoist, the following points should be considered:

- Is there adequate space to turn and manoeuvre the hoist in the area in which it is to be used?
- Can the carer comfortably push the hoist?
- Is the lifting range of the boom adequate to lift from the floor and up to a high bed, a chair or a commode?
- Can the spreader bar rotate with the boom in the elevated position and is there sufficient space around the mast and boom to turn the user while supported in the sling?
- Will the legs spread sufficiently to fit around large chairs?
- Is the load capacity of the hoist adequate for the person to be lifted?
- If the hoist is to be used for bed or bath transfers, there must be free space under the bed or bath. This space is normally between 120mm and 150mm
- If the hoist is to be used in the shower, the shower floor should be continuous with the bathroom floor, or the shower tray must have a ramped edge

Stand up Hoists

Stand up hoists are designed to lift a user into a supported standing posture. They work by placing the user's feet on a platform with their knees against a knee support. Stand up hoists can be used to transfer a person from chair to chair, from one room to another, or to allow the carer to attend to toileting and dressing needs.

Stand up hoists are faster to lift and transfer people than mobile hoists, but are only suitable for people who can take weight through their legs. Some stand up hoists have shower or toilet seat attachments.

Slings

The correct selection and use of a sling is vital to the success of a hoist. Slings must fit correctly and provide sufficient support so that the user feels secure and comfortable. Padded leg sections, or fully padded slings, can increase comfort but may make the sling more difficult to fit.



Slings are available in a variety of fabrics, including mesh (for showering or quick dry) and other woven synthetic fabrics. Slings are tailored differently, so it is recommended that all slings should be trialled for individual comfort and fit.

General Purpose Divided Leg Slings

These are designed for ease of fitting. The split leg slings are placed behind the user's back and each leg section is passed under and up through the legs.

These slings provide good support for the trunk, pelvis and thighs, but enable only limited access for personal hygiene. They may come with or without head support.

These slings often have long straps with numerous loops for attachment to the spreader bar and, therefore, are versatile, but they can be confusing when learning to use.



Pivot or Banana Slings (right)

These are designed to attach to a pivot frame instead of a spreader bar.

A banana sling and pivot frame enable the carer to change the user's posture (e.g. from lying to sitting) during the lift and to remain standing in front of the user or beside the hoist.



Access or Toileting Slings (right)

These are designed to leave the waist and buttocks open for ease of fitting, access to clothing and for toileting in the sling.

They have long split leg sections, which provide support under the thighs, and a narrow back support section.

Toileting slings are not suitable for lifting individuals who require full body or head support.



Hammock Slings (not shown)

These are a continuous piece of material designed to support the back, hips and thighs.

Amputee Slings (right)

These provide full support under the thighs to prevent slipping through.

They can be difficult to fit from a sitting position.



Band Slings (not shown)

These consist of two bands of material: one passed under the user's knees, the other passed under their armpits.

Band slings are very quick and easy to fit, but are only suitable for individuals who do not need full body support. They are unsuitable for individuals with shoulder problems.

Stand-Up Slings (right)

These are available in two main types:

- Toileting slings, which support the user under the armpits and around upper to mid back level, and are suited to more active users
- Transfer slings, which support the user in a sitting posture



Assisting a service user to transfer into the wheelchair

- Make sure that both of the brakes are 'on', and the front casters are swivelled forwards.
- Fold up both footplates and swing them to the sides and out of the way.
- If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible, stand behind the chair and hold the handles yourself.
- Ask the service user to stand in front of the wheelchair, with both hands on the front of the armrests, and get them to lower themselves onto the seat.
- Swing the footrests to the front and fold down the footplates. If required, assist the service user to place their feet on the footplates, with their heels well back.
- Ensure that the service user's elbows are not sticking outside the wheelchair when going through doorways. Also ensure that their hands are on their laps and not hanging outside the chair where they can catch in the spokes, etc.



Assisting a service user in transferring out of a wheelchair

- Back the wheelchair so that the front casters swivel forwards
- Make sure that both the brakes are on
- Fold up both footplates and swing them to the sides, out of the way
- If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible, stand behind the chair and hold the handles yourself
- Ask the service user to move forwards on the seat
- Ask the service user to place both feet firmly on the ground, slightly apart and with one foot further back
- Ask the service user to place both hands on the front of the armrests, then get them to lean forwards with their head and shoulders over their knees to give balance. From this position they should be able to push themselves to standing
- Always encourage the service user to take their time with each step of the procedure



Chair to Standing - Single Carer



The service user moves forward in the chair with one foot slightly in front of the other for stability.

There are different ways shown to help them move forward.



Moving forward in the chair using a handling sling.

Chair to Standing - Two Carers



Ensure you have good balance by keeping the person close and wide base of support with your feet.



Handling Sling

Ensure that the sling is not too tight and use two fingers to ensure that there is enough room.

Position your arms behind the service user's back in the loops.



Helping to Stand with a Walking Frame

The error many people make with walking frames is to put them in front of the patient and let them pull themselves up on the frame. This can cause serious injury.

Talk to the patient the whole time and take your time. Once they are standing, they can then use the frame for support.



Helping a Service User to Move up the Bed

- Wash your hands
- Explain to service user what you are going to do
- Provide privacy
- If the service user has good upper body strength and is able to push with their legs, support their feet on the mattress and ask them to push to move up the bed
- Lower the head of the bed. If side rails are used, lower the side rail on the side where you are working
- If the service user has any tubing coming from his body and it is pinned to the bedding, unfasten the tubing so that it will move freely with the service user
- Move the pillow to headboard so the service user does not hit his head when moving up
- Stand facing the head of the bed, with your feet shoulder-width (45cm) apart and your knees slightly bent
- Slip one arm under the service user's shoulders and the other under his thighs
- Instruct the service user to bend his knees and place his feet flat against the mattress
- The service user will push with his feet to assist with moving up in the bed
- Point your feet in the direction you are moving the service user, and bend your knees and keep your back straight
- On the count of three, assist the service user to move toward the head of the bed, while shifting weight from your back foot to your front foot
- Several small moves may be made, rather than one large move, to reach the head of the bed
- Replace the pillow
- Adjust the backrest for comfort
- If necessary, lower the bed to a safe position
- Raise the side rails as ordered per the service plan
- Make the service user comfortable
- Fasten tubing if unpinned while moving service user and adjust bedding
- Wash your hands



Slide Sheets

Moving someone using slide sheets is a two-person job.

Talk and explain the whole time you are with the person and work at their pace.



Slide Sheets - continued



Helping to Sit Up in Bed



Helping a Service User Stand Up

- Wash your hands
- Explain to service user what you will do
- Provide privacy if the service user desires it
- Assist the service user to a dangling position
- If the service user is able, have him place his hands on the edge of the bed and push to standing, while you stay nearby to steady him or offer support if needed
- Always allow your service user to do whatever he is able to do for himself
- If the service user is unable to stand without help, place one foot between the service user's feet
- If the service user has a weak knee, brace it against your knee
- Have the service user place his stronger leg directly under himself
- Bending your knees and leaning forward, put both arms around the service user's waist and hold him close to your centre of gravity. This is sometimes referred to as **'Nose over toes'** - the point of gravity
- Tell the service user to lean forward, push down on the bed with his hands, and stand, on the count of three
- When you start to count, begin to rock
- At three, rock your weight onto your back foot and assist the service user to a standing position
- Check the service user for dizziness before you allow him to stand alone
- Wash your hands

Document the procedure and any observations. How did the service user tolerate standing? How much help did you offer?



Assisting a Service User who uses a Cane, Walker, or Crutches to Walk

- Wash your hands
- Explain to the service user what you will do
- Make sure the service user is wearing skid-resistant slippers or shoes
- Fasten the transfer belt around the service user's waist
- Assist the service user to a standing position

Cane: Service user places cane about 30cm in front of his stronger leg, brings weaker leg even with cane, and then brings stronger leg forward slightly ahead of cane. Repeat.

Walker: Service user picks up or rolls the walker and places it about 30cm in front of him. All four feet or wheels of the walker should be on the ground before service user steps forward to the walker. The walker should not be advanced again until the service user has moved both feet forward and in a steady position.

The service user should never put his feet ahead of the walker.

Crutches: Service user should be fitted for crutches and taught to use them correctly by a physical therapist or nurse. The service user may use the crutches in several different ways, depending on what his weakness is. No matter how the service user is using his crutches, weight should be on the service user's hands and arms rather than on the underarm area.

Whether the service user is using a cane, walker or crutches, walk slightly behind the service user, on the weak side if the service user has one. Hold the transfer belt unless you think the service user is steady on their own.

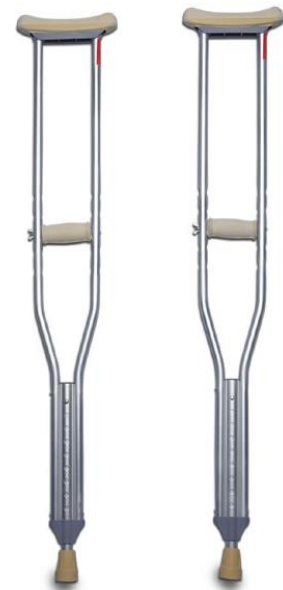
Watch for obstacles in the service user's path, and encourage the service user to look ahead, rather than down at his feet.

Encourage the service user to rest if fatigued. Allowing a service user to become too fatigued increases the chance of a fall. Let the service user set the pace, and discuss how far he plans to go based on the physician's orders.

Settle the service user back into a safe and comfortable position after ambulation.

Wash your hands.

Document the procedure and your observations. How did the service user feel or appear while walking? How far did the service user walk? How much help did the service user need?



Helping a Service User from a Bed to a Chair

- Wash your hands
- Explain to service user what you will do
- Assemble equipment, as applicable: robes and slippers; transfer belt; chair or wheelchair; sheet or blanket
- Provide privacy if the service user desires it
- Check the area to be certain it is uncluttered and safe
- Place the chair or wheelchair at the side of the bed on the service user's stronger side. The chair should be at an angle, slightly facing the service user
- If using a wheelchair, lock the brakes and raise and remove the foot and leg rests so they are not in the way
- Cover plastic seats with a bath blanket or a soft pillow
- Assist the service user to the dangling position
- Help the service user to stand up
- Tell the service user to take small steps in the direction of the chair while turning his back toward the chair. If more assistance is needed, have the service user pivot on the foot that is farthest away from the chair. Always allow the service user to do all he/she can
- Have the service user use one arm to grasp the arm of the chair. When the chair is touching the back of the service user's leg, help the service user to lower him/her into the chair
- If using a wheelchair, lower the footrests and help the service user place his feet on them. Check that the service user is in good alignment. Place a lap robe, folded blanket or sheet over the lap as appropriate
- Wash your hands



Document the procedure and your observations. How did the service user feel or appear during the transfer? How much assistance was required?



Using Wheelchairs

Negotiating Kerbs

Whenever possible, it is best to avoid kerbs. Instead, always try to use dropped kerbs or ramps. If a kerb is unavoidable then the following precautions should be taken:

Pushing an occupied wheelchair down a kerb

It is safer to go down a kerb backwards. It requires less strength and gives a gentler ride. Care should, however, be taken due to the weight of the chair and because the task involves stepping backwards into a road. Practice with an empty wheelchair first.

Always keep the wheelchair user informed about what you are intending to do.

Make sure the road is clear, and then back the wheelchair to the edge of the kerb.

Ensure that the chair is lined up at 90° to the kerb. Slowly roll the rear wheels down from the kerb and onto the road surface, making sure that both wheels touch down at the same time.

When the front casters are at the edge of the kerb, push down and forward on the tipping lever with your foot, while gently pulling back on the handles at the same time. This will balance the wheelchair and its occupant on the rear wheels. Do not tip the wheelchair back more than necessary.

Carefully pull the wheelchair further back into the road and, when the occupant's feet are clear of the kerb, gently lower the front to the road. Check that the road is clear before turning around and crossing.

Pushing an occupied wheelchair up a kerb

It is safer to go up a kerb forwards; it requires less strength and gives a gentler ride. Practice with an empty wheelchair first.

Always tell the service user in the wheelchair what you are about to do.

When the occupant's feet are nearly touching the kerb, push down and forwards on the tipping lever with your foot, while gently pulling back on the handles at the same time. This will balance the wheelchair and its occupant on the rear wheels.

When the front casters are just clear of the kerb, push the wheelchair forwards until the casters rest on the pavement. Do not tip the wheelchair back more than necessary.

Push the wheelchair forwards until the back wheels just touch the kerb and then lift up on the handles, as you continue pushing forwards to place the rear wheels on the pavement. The occupant can help with this stage by pushing forwards on the hand rims (if they are capable of doing so).

Summary

If you completed our online course you will be able to download and print your completion certificate online as soon as you have passed the test. If you completed a classroom course you will receive in the post after the course a ProTrainings wall certificate and wallet card like the below image. Both versions you can print your Certified CPD certificate online.

If you require any further assistance or would like information on this or any ProTrainings course, email support@protrainings.uk or call 01206 805359.



Notes

Useful Websites

ProTrainings Europe Limited

www.ProTrainings.uk

The General Dental Council

www.gdc-uk.org

Health and Safety Executive

www.hse.gov.uk

The Resuscitation Council (UK)

www.resus.org.uk

Skills for Health

www.skillsforhealth.org.uk

Office of Qualifications and Examinations Regulation

www.ofqual.gov.uk

Ofsted

www.gov.uk/ofsted

Skills for Care

www.skillsforcare.org.uk

The CPD Standards Office

www.cpdstandards.com

QMS International

www.qmsuk.com

TQUK

www.tquk.org/

FutureQuals

www.futurequals.com/



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