Practical moving and handling face to face training, in line with Trust core skills training. will be arranged as soon as it is safe and practicable to do so.

For further advice on moving and handling - please speak with your line manager or contact the Clinical Ergonomics Team Ext 2282 or contact via occupational health generic address: ghnt.occupational.health@nhs.net

The manual handling book

Draft one.

Released 24th March 2020

Revision date: 24th April 2020

Authored by the manual handling team at:

South Tees Hospitals NHS
NHS Foundation Trust

With special thanks to David Makepeace and his Team at South Tees Hospitals Manual Handling Department for giving his kind permission to allow us to use and distribute this reference document.
NB Please note we have changed all contact details to Gateshead Health NHS Foundation Trust :
March 25th 2020

Contents

1. Transferring patients

How you choose to transfer patients will depend on their physical and mental capability, your confidence and experience and the equipment available to you.

Please note: this is advice is a guide only and different patient groups will have different needs (e.g. stroke, Parkinson's, amputees, dementia etc.) if in doubt discuss with the physiotherapists, occupational therapists and medical staff in your department.

Assessing your patient

- **Are they medically stable?** discuss with the nursing and medical team, check their observations/ medical notes. Issues with low blood pressure, fractures etc. can increase falls risks or worsen their condition.
- **Can they follow instructions clearly?** if not they may not be steady once stood up and walking.
- **Do they have adequate leg strength to stand up?** without it they will be a significant falls risk
- **Do they have adequate arm strength?** to push up from the chair, hold on to walking aids etc.
- **Is their vision and hearing ok?** do they have glasses/hearing aids on their bedside they need to wear?

What options do you have?

Transferring manually Patient has good leg strength, balance and cognition. You feel they will need minimum-moderate effort from you.	

## ReTurn- type equipment Patient has reduced leg strength, balance or cognition. You do not feel comfortable transferring them manually	
## Sara Stedy- type equipment Patient has reduced leg strength, balance or cognition. You do not feel comfortable transferring them manually. Patient is going to be transported over distance e.g. to toilet	
## Stand hoist –type Patient has significantly reduced leg strength, balance or cognition.	
## Hoist Patient is not able to stand	

Helping your patient to stand

Supporting people through their pelvis can help them keep upright.

Put your arm across their lower back towards the person's opposite hip and pelvis area.

You other arm can sit on the front of their shoulder to stop them from falling forwards.

Walking with your patient

Stay close to the person (if you can)

We can provide more support and security the closer we are.

Keeping to their side so you are out of their way.

Keep one hand round their waist and supporting their opposite hip/pelvis.

Hand holds

Gentle pressure on the palm of the hand can be calming. It provides a system of feedback and communication.

Do not interlock thumbs if you are concerned your patient will not let go of your hand.

ReTurn for patient transfers



What is it?

The 'ReTurn' is a portable piece of equipment designed for pivot transfers only (e.g. bed-to-chair/commode, wheelchair-to-toilet), **it should not be used for transporting patients across the room**.

It also comes with an optional belt that supports the patient's pelvis and clips onto the equipment.

How many staff members should it be used with?

It must be used with at least one member of staff or more; depending on the Moving and Handling Risk Assessment.

Who should I use the ReTurn with?

We recommend that patients using this have:

- Adequate leg strength
- Good standing balance
- Ability to follow clear instructions.

Please note: based on advice by the vascular therapy team this equipment should not be used with amputees.

Maximum weight limit

150kg (330lbs).

Specifications

- Height: 1150mm
- Weight: 16.5kg
- Baseplate (HxLxW): 40 x 685 x 570mm
- Maximum user weight: 150kg (330lbs)

Stand aid for patient transfers



What does it do?

AKA the 'Sara Plus', the 'Stand Aid' is an electronic-assisted device that can be used to assist patients with reduced mobility with their transfers.

A fabric belt is secured around the patient's waist/pelvis and then attached to the 'Stand Aid'. The belt is then electronically pulled forwards and up to assist the patient into a stand.

Important: it is not safe to use the 'Stand Aid' if the footplate has been removed!

How many staff members should it be used with?

It must be used with at least one member of staff or more; depending on the Moving and Handling Risk Assessment for that patient.

Which patients should I use the Stand Aid with?

We recommend that patients using this have:

- adequate leg strength
- standing balance
- ability to follow clear instructions

Please note: based on advice by the vascular therapy team this equipment should not be used with amputees.

Maximum patient weight limit

190 kg (420 lbs)

How much does it cost?

Contact the manual handling team for up-to-date information on cost and ordering

Stedy for patient transfers

What does it do?

- The patient is able to pull themselves into a standing position using the blue cross bar.
- Once standing, two panels fold into place for the patient to sit on.
- The 'Stedy' can be used for transferring patients or transporting them longer distances (e.g. across the ward to the toilet).

Please note: although patients can be transported on the 'Stedy', we recommend you minimise this distance as much as you can.

How many staff members should it be used with?

It must be used with at least one member of staff or more; depending on the Moving and Handling Risk Assessment.

Who should I use the 'Sara Stedy' with?

We recommend that patients using this have:

- Adequate leg strength.
- Adequate upper limb and grip strength.
- Good standing balance.
- Ability to follow clear instructions.

Please note: based on advice by the vascular therapy team this equipment should not be used with amputees.

Maximum patient weight limit

182 kg (400 lbs)

Specifications

- Weight 29.4 kg (64.82 lbs)
- Max. safe working 182 kg (400 lbs)
- Total length 905 mm (32 ¾”)
- Total height 1051 mm (41 ½”)
- Height of chassis 100 mm (4”)
- Internal width legs open 729 mm (28 ¾”)
- Low friction castors, the rear two with brakes

How much does it cost?

Contact the manual handling team for up-to-date information on cost and ordering

2.Working with patients on beds and plinths

Bed height

As a guide we recommend adjusting the height of the bed to around your elbow level.

If you are working with someone of a different height, we recommend lowering the bed to suit the shortest person.

Rolling patients

Rolling patients safely is an important skill to have. It is useful when washing or dressing patients, using a bed pan or inserting hoist slings and slide sheets.

1. Turn head to direction of roll

2. Arm across the body

3. Bend knee up

4. Roll with your hand on their shoulde knee/or hip

Lean against the bed as you work

If it's appropriate from an infection control point-of-view, leaning allows us to transfer our weight down through the bed instead of carrying it through our back, neck and shoulders.

Try placing a hand on the bed and leaning through it.
Put a knee on the bed
Place your leg up against the bed and lean through the bed – you may need something soft between your leg and the bed (e.g. pillow).

Break up the task with micro breaks

A micro break can be a short break (5-20 seconds) from your task.

Taking a few seconds to stand back and come out of the awkward position of leaning over a bed can give your muscles chance for a quick rest.

If appropriate, keep your equipment out of arms reach to give you the cue to change position or stand up to retrieve it.

Try to change position every 15 mins

Staying in the same position can encourage your muscles to overwork while they support you leaning over the bed.

Slide sheets

Slide sheets are to be used with **every patient** who requires assistance with moving in the bed or on a trolley.

What are slide sheets?

Slide sheets are versatile, friction-reducing sheets that are used to put under patients when helping them to move.

They are often used to help people up the bed, but can also be used to assist them forwards/backwards in a chair, help with rolling, inserting hoist slings, patsliding, helping them out of bed and transferring fallen patients across the floor (among other things).

Key messages

1. Slide sheets are to be used with every patient who requires assistance with moving in the bed or on a trolley.

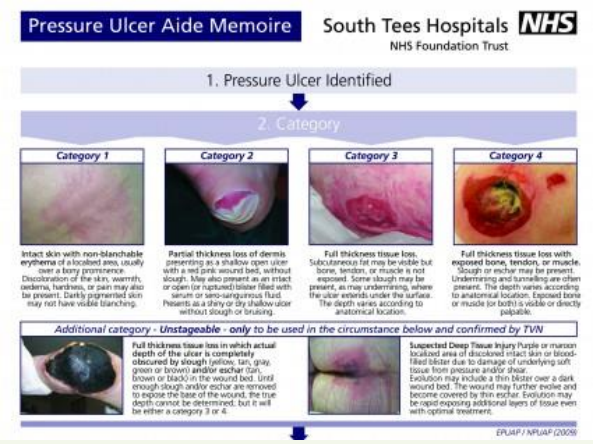
2. Use only the patient specific 2 x 1 metre slide sheet (to ensure heel coverage).

3. Ensure there is enough stock on the wards (if staff don't have them, they can't use them).

4. Managers are to enforce slide sheet use in their department.

Risks of not using slide sheets appropriately

- Patient skin tears and pressure damage.
- Unnecessary patient distress or discomfort.
- Increased staff workload with decreased productivity.
- Increased staff sickness absence.
- Breaching Health and Safety law.



External Demo video of
Using slide sheets by Aidacare: https://www.youtube.com/watch?v=O_0pglA201U
(please cut and paste link or type in Aidacare Using slide sheets)

Slide sheets should be available on each ward, these are flat slide sheets therefore we would recommend that 2 (or more) slide sheets are used for patient handling tasks.

Additional slide sheet supplies can be requested from the Trust Linen Services Department.

All staff, please ensure as part of your handling equipment checks that you check the condition of the slide sheets.
If you find any which are not fit for use, please send these to the Linen services and replace your stock as usual.
It is vital that you check any handling equipment as per Trust Policy and relevant legislation. E.g. Provision and Use of Work Equipment Regulations. 1998.

Please note the following information for the correct laundering of Slide Sheets.

The RTS form identifies how many slide sheets are being sent for laundering, in order for the correct number to be returned to the area/dept.

The correct laundering process has been confirmed as follows:

1. If infected, the slide sheets should be placed in a red water soluble bag first and then into a blue plastic bag.
2. If no infection risk, the slide sheets should just be placed into a blue plastic bag.
3. Staff should then complete a triplicate copy RTS docket, the top white and pink copy goes into the blue plastic bag.
4. The bag can then go to the dirty linen collection point.
5. The blue copy of the docket should then be forwarded to the Linen Room who will ensure that the slide sheets are returned from the laundry.

Any problems should continue to be fed back to Clinical Ergonomics/Laundry Services. Following this you should consider completion of an appropriate risk document (Datix) if there are any significant problems with the supply of this equipment.

Thank you for your co-operation and ongoing commitment to safer handling principles and use of appropriate equipment which maintains patient and staff safety.

Bed pulls

For information - Currently the Trust does not use bed pulls

What are they?

A rope ladder to assist with sitting up in bed. The ends of the cords tie around the bottom of the bed, and the user pulls themselves up with a hand-over-hand movement.



Who can I use them with?

Patients with good upper limb strength and sitting balance but limited lower limb mobility.

Securing them to the bed

Find a secure anchor point then follow the three simple stages below to loop the ladder back on itself:

How do I clean them?

The manufacturers advise that they can be wipe-cleaned with the usual clinical equipment wipes.

Maximum weight limit

500kg (78 stone)

Positional wedges

What are they?

- Positional wedges can be used to keep a patient in place once they have been rolled onto their side.
- Useful during single-person care.
- This means you don't have to work as hard to support the patient and have a free hand for other tasks such as washing or examination.
- Please note: these are not intended as pressure relieving wedges, please consult the tissue viability team for this.

Who would I use these with?

- Heavy or difficult patients
- Staff members finding rolling difficult
- To assist with short tasks such as washing, dressing and examination.

We do **not** advise that they offer sufficient pressure relief to position a patient for a long period of time.

How do I use them?

Roll the patient on to their side first, then place the position wedge under the bed sheet to keep them in place

Additional information

Positional wedges are sometimes used within the Theatre setting
Contact Gateshead Equipment Services for how to order within the Community Setting
For further information, please contact Clinical Ergonomics Team

Patsliding aka. lateral transfers

What is a lateral transfer?

It refers to transferring a relatively immobile person from one surface to another (usually between beds and trollies) using a board to bridge the gap.

It is commonly known as 'patsliding' after a popular brand of transfer board called a 'Patslide'.

How many staff members are needed?

As a guide a minimum of three-four handlers are required if the person is:

1. highly dependent or unconscious
2. is lying on their back and cannot sit up or assist

Use a slide sheet

Placing a slide sheet on top of your Patslide before you insert it will reduce friction against the patient.

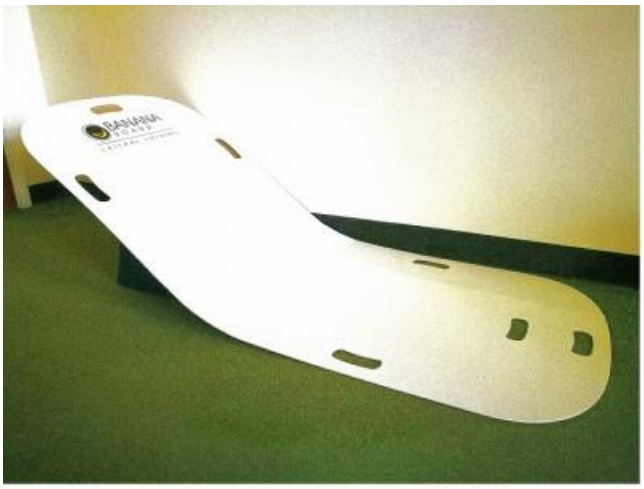
This will:

- reduce risk of patient skin tears
- make the task easier for you and your colleagues

Safe working load

The maximum working load of lateral transfer boards is not generally published by the manufacturers.

Flexible transfer boards



Flexible transfer boards are available. they bend in the middle to allow you to transfer people without laying them completely flat.

Log rolling

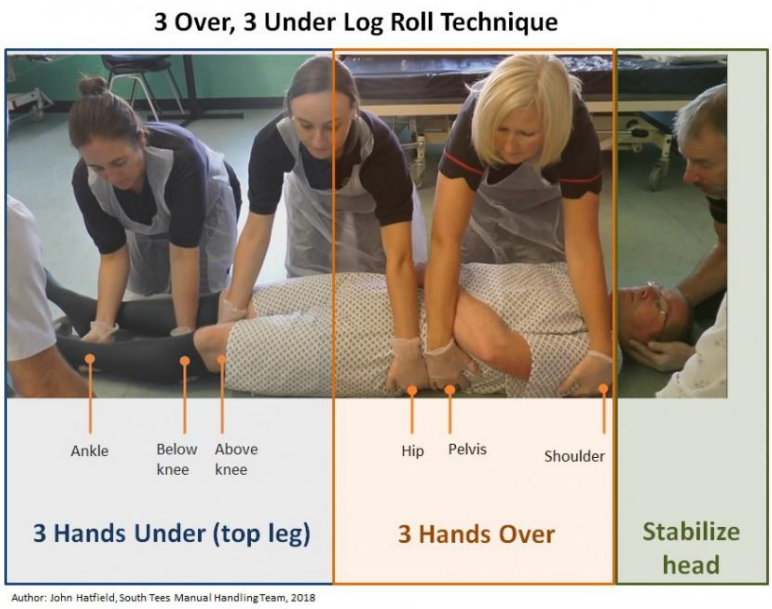
PLEASE NOTE - Log rolling in Gateshead is not taught by the moving and handling team. If part of your role requires you assist with Log rolling tasks then local training/advice will be given in your ward/ dept area.

What is a log roll?

A technique used to turn patients onto their side without twisting them. Their body, including head, is kept in a straight line throughout the roll.

Who would I use it for?

Patient who must be immobilised e.g. those with a suspected spinal injury after trauma. Inpatients may be log rolled in bed as part of their care. You may also log roll somebody to get them on to a scoop stretcher



3. Working at floor level

Working at floor level e.g. with children, performing leg dressings etc. can expose you to prolonged kneeling, squatting and stooping which can be sources of pain.

- **Do** use kneeling stools and chairs
- **Do** use knee pads or cushions on the floor
- **Do** put a cushion between your bottom and heels
- **Do** raise patients up e.g onto beds or height adjustable chairs
- **Do** keep changing position every 15 mins or so.

Examples of stable working postures

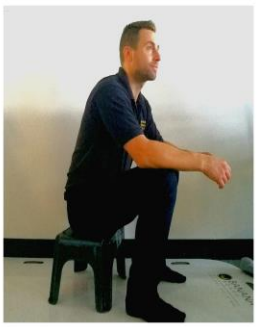
A stable working posture is one in which you feel relaxed, comfortable and can sustain for prolonged lengths of time. They usually involve a wide base of support (i.e. wide legs). We are all different so will prefer different positions.




Products

Here's a list of useful products and ideas. **It's not exhaustive** and we are not affiliated with any of the companies. **Some companies offer free trials**, please get in touch the manual handling team if you would like some advice.

Norwich Back Pal kneeling stool Fold-away legs, lightweight, wipe-cleanable. Could also be used to support patient limbs.	
Ergokneeler Allows a range of different working postures, wipe-cleanable. Heavier and less portable than other options	
Kneela Cushion Wipe-cleanable kneeling cushion	
Ergoraiser Height-adjustable, can be used for supporting patient arms and legs, wipe-cleanable	

Cambridge limb stool Portable, height adjustable, single-use fabric covers	
Step stool Available in homewear shops	  
Jolly Back Chair Useful when working at low level for prolonged periods e.g. with children/babies	

4. Hoisting

Hoisting Dos and Don'ts

- **Do** refer to the trust's hoisting checklist (below).
- **Do** use hoists for transferring patient only, not transporting.
- **Do** be aware of where your nearest hoist is if you don't have one in your department (check your departmental manual handling risk assessment).
- **Do** use with two or more staff, dependent on the risk assessment.
- **Don't** apply the brakes while using the hoist, to avoid risk of tipping.
- **Don't** use hoist slings if they are damaged e.g. tears, holes or loose stitching.
- **Do** lift your patient a few inches and assess their safety before carrying on.

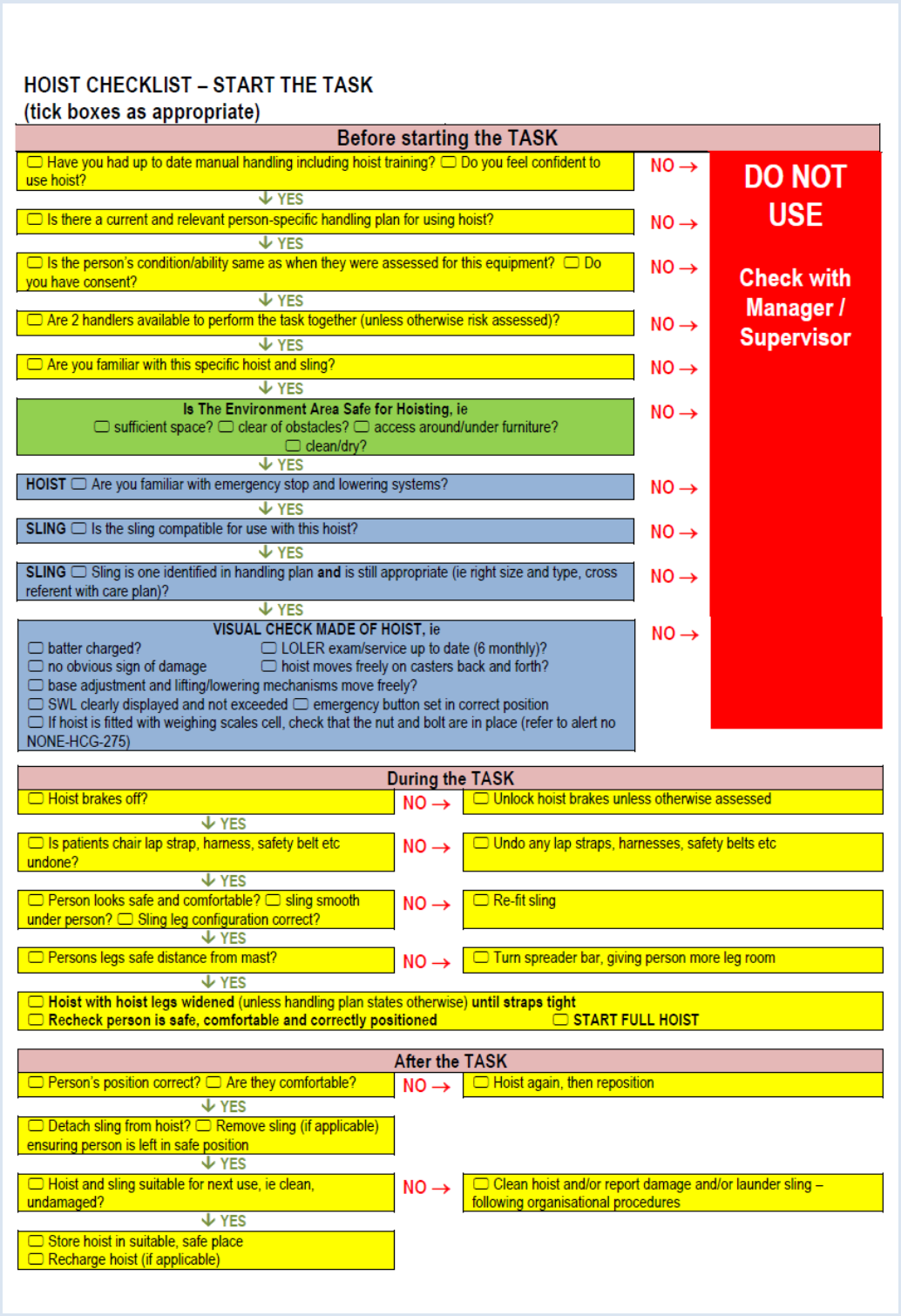
Hoisting videos

Please refer to separate sheet for links to demonstration videos

Hoist training

Contact your local key worker; attend a manual handling training session or a hoisting workshop. Contact the Manual Handling team here. to discuss. It is your responsibility to ensure you are familiar with the hoist in your department.

Hoisting checklist



HOIST CHECKLIST – START THE TASK
(tick boxes as appropriate)

Before starting the TASK

- ☐ Have you had up to date manual handling including hoist training? ☐ Do you feel confident to use hoist? — NO → **DO NOT USE – Check with Manager / Supervisor**
- ↓ YES
- ☐ Is there a current and relevant person-specific handling plan for using hoist? — NO → DO NOT USE
- ↓ YES
- ☐ Is the person's condition/ability same as when they were assessed for this equipment? ☐ Do you have consent? — NO → DO NOT USE
- ↓ YES
- ☐ Are 2 handlers available to perform the task together (unless otherwise risk assessed)? — NO → DO NOT USE
- ↓ YES
- ☐ Are you familiar with this specific hoist and sling? — NO → DO NOT USE
- ↓ YES
- **Is The Environment Area Safe for Hoisting, ie** ☐ sufficient space? ☐ clear of obstacles? ☐ access around/under furniture? ☐ clean/dry? — NO → DO NOT USE
- ↓ YES
- **HOIST** ☐ Are you familiar with emergency stop and lowering systems? — NO → DO NOT USE
- ↓ YES
- **SLING** ☐ Is the sling compatible for use with this hoist? — NO → DO NOT USE
- ↓ YES
- **SLING** ☐ Sling is one identified in handling plan **and** is still appropriate (ie right size and type, cross referent with care plan)? — NO → DO NOT USE
- ↓ YES
- **VISUAL CHECK MADE OF HOIST, ie** — NO → DO NOT USE
  - ☐ batter charged?
  - ☐ LOLER exam/service up to date (6 monthly)?
  - ☐ no obvious sign of damage
  - ☐ hoist moves freely on casters back and forth?
  - ☐ base adjustment and lifting/lowering mechanisms move freely?
  - ☐ SWL clearly displayed and not exceeded ☐ emergency button set in correct position
  - ☐ If hoist is fitted with weighing scales cell, check that the nut and bolt are in place (refer to alert no NONE-HCG-275)

During the TASK

- ☐ Hoist brakes off? — NO → ☐ Unlock hoist brakes unless otherwise assessed
- ↓ YES
- ☐ Is patients chair lap strap, harness, safety belt etc undone? — NO → ☐ Undo any lap straps, harnesses, safety belts etc
- ↓ YES
- ☐ Person looks safe and comfortable? ☐ sling smooth under person? ☐ Sling leg configuration correct? — NO → ☐ Re-fit sling
- ↓ YES
- ☐ Persons legs safe distance from mast? — NO → ☐ Turn spreader bar, giving person more leg room
- ↓ YES
- ☐ **Hoist with hoist legs widened** (unless handling plan states otherwise) **until straps tight**
- ☐ **Recheck person is safe, comfortable and correctly positioned** ☐ **START FULL HOIST**

After the TASK

- ☐ Person's position correct? ☐ Are they comfortable? — NO → ☐ Hoist again, then reposition
- ↓ YES
- ☐ Detach sling from hoist? ☐ Remove sling (if applicable) ensuring person is left in safe position
- ↓ YES
- ☐ Hoist and sling suitable for next use, ie clean, undamaged? — NO → ☐ Clean hoist and/or report damage and/or launder sling – following organisational procedures
- ↓ YES
- ☐ Store hoist in suitable, safe place
- ☐ Recharge hoist (if applicable)

Hoist uses

Hoists can be useful in the following situations:

- Recovery from floor for an uninjured person (if an injury is suspected e.g. cervical

fracture, fractured hip; you would need to use a Hoverjack or Scoop Stretcher)
- To reposition up the bed e.g. heavier patients, reduced staffing levels
- To use a bedpan
- To catheterise a female patient
- Hoisting to a chair or commode
- Turning in bed for heavier patients
- Lifting a limb/pannus of a heavy patient

Hoist and sling attachments

It is essential you have the right spreader bar to sling attachments. The type of spreader bar and the attachments may differ between hoists and slings

Loop attachments:

Always use with a hook-type spreader bar (fig.3)
Sling loops go over hooks on the ends of the spreader bar (fig.2)
Adjust the loops for shoulders and legs (before patient is in sling) to allow them to sit further up or be reclined.
Use the short loops for shoulders and longer loops for legs

fig.1 Loop sling

fig.2 hooks on spreader bar

fig.3 hook-type spreader bar

Clip attachments:

Used with clip-type spreader bars (fig.6)
Cannot be used with loop systems

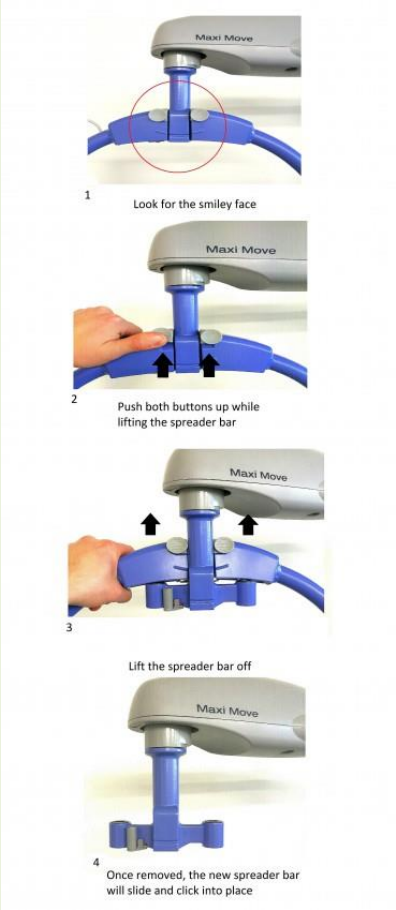
fig.4 clip system

fig.5 clip attachment

fig.6 clip-type spreader bar

Changing a hoist spreader bar

Often the spreader bars are fixed to the hoist, but on some Arjo Huntleigh hoists you can change the type of bar (**please note: spreader bars are heavy- this is a two-person procedure**):



Hoist slings

Sling safety checks

Slings in use must be in good condition and the following basic checks should be made prior to any use. These include:
Assessment of need must be documented in person's care plan to include specific sling details required
Ensure sling is compatible with person and hoist
All labels are legible showing SWL, date first used, person's name/details
Fit for purpose - in good condition (no fraying or tears, not worn and stitching intact)
Velcro free from trapped fibres
Buckles or clips are in good condition and connect securely to the relevant spreader bar designed for use
Visibly clean and dry
In the case of disposable slings -Instruction labels should be clearly displayed/in good condition with date of opening/first use. (If still available for use at 6 months this should automatically be disposed of and replaced)
In the case of washable slings - Service label should be clearly displayed/in good condition - service history record should be to be kept by the work area where the sling is used/stored.

Measuring a person for their hoist sling

Each sling size has its own colour, found on the rim.

In most cases only the patient's height needs to be measured. For some patients also the waist and thighs might need to be considered depending on their body shape.

The patient can either be in a seated or lying position:

Place the sling over the person's back.
Standard slings should have integral head supports (fig.9)
For slings **with** head support the top and base of the sling (fig.7) should cover the crown of the head to the person's coccyx (fig.8).
For slings **without** head support measure from the bottom of the neck (C7 level) to the coccyx.

Thighs- If the leg straps touch the body or skin you may need a bigger sling

Waist- If the patient's body touches or falls outside the binding, you may need a larger and wider sling

fig. 7 top and base of sling

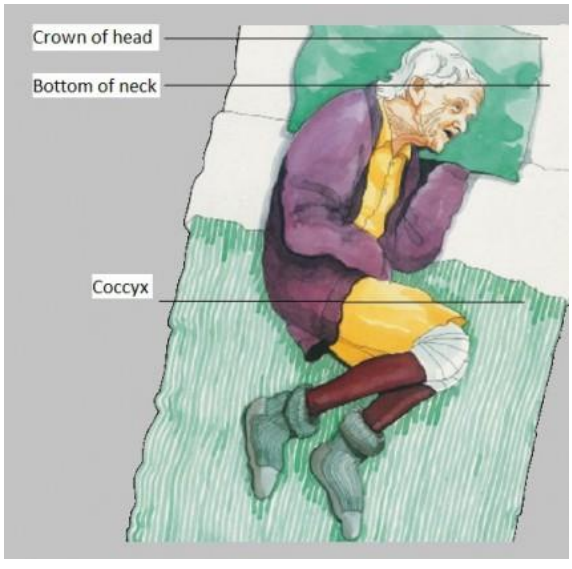


fig.8 anatomical landmarks on patient

fig.9 sling with head support

Ordering hoist slings

Generally we advise single patient use slings.

the main types used within the hospital setting are

Arjo flites (slip attachment)
or
Liko Solo slings (Loop Attachment)

When working in the Community Setting, hoists and slings can be requested from Gateshead Equipment Services.

A small stock of amputee slings are held within Medical Devices Library.

If you require further information or advice on slings, please contact the Clinical Ergonomics Team Ext 5494/ 2282 or
email the occupational health generic email : ghnt.occupational.health@nhs.net

5. Bariatric Manual Handling

What is the definition of 'bariatric'?

NICE guidelines (2014) recommend using BMI as a practical estimate of adiposity (body fat distribution) in adults, although it is not a direct measure so they also recommend using waist circumference in addition in people with a BMI less than 35 kg/m^2.

Bariatric definition:

- Waist circumference greater than 102cm (men) and 88cm (women) – measured at the mid-point between the lower rib and upper border of iliac crest
- Weight greater than 160kg
- BMI greater than 40

Ordering bariatric equipment

MEDSTROM is the Trust supplier for Bariatric Beds and other Bariatric equipment.

The standard procedure for ordering of beds, pressure relieving mattresses and Bariatric equipment should be explained to you during local ward and department induction.

If Bariatric Equipment is not available from Medstrom then, there a number of other companies where additional equipment can be rented.

Before requesting equipment, please check the weight of the patient to ensure that the correct equipment is ordered and to ensure that the safe working load of the equipment is appropriate.

It is important, prior to ordering any equipment, contact your Department/Ward Manager and any ordering must go through Procurement to ensure that the correct procedures are followed.

Further information and guidance on the Management of the Bariatric patient , Bariatric Journey flowchart and other information can be found on the Trust Intranet site via Sharepoint

Weight limits for equipment/furniture

See the table below for the maximum weight limits for standard hospital furniture and equipment, taken from the trust bariatric policy. Other equipment weight limits are variable depending on manufacturer – see manufacturers' guidelines.

Furniture/equipment	Max weight limit kg/stone (approx.)
Standard hospital toilet	108-127Kgs / 17-20 stones
Standard hospital commode	108-127Kgs / 17-20 stones

Standard hospital armchair	102-127kgs/16-20 stones
Standard walking Stick	125Kgs/ 19 Stones
Standard elbow crutches	160Kgs/25 Stones
Standard walking frame	160Kgs/25 Stones
Permanent users crutches	190Kgs/ 30 Stones
Hoists:	
Arjo Maxi Hoist	229 kg / 36 stone
Arjo Maxi Sky Overhead Hoist	267 kg / 42 stone
Liko Golvo	200kg / 32 stone
Liko Overhead Hoist	200kg /32 stone
Arjo Maxi Sky overhead (Ward 1 and 2)	455kg/ 70 stone
Liko Viking Mobile hoist	445kg/ 47 stone
Standard Hospital Beds	185kg / 29 stones
HI-Low beds	222kg / 35 stones
Enterprise 5000	250kg /39 stone
Total Care Bed	250kg /39 stone

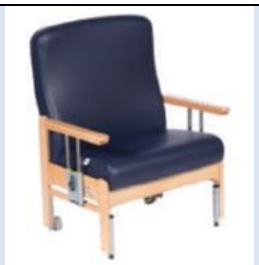
What equipment is available?

Manual handling aids

	**Slide sheet glove.** Used to be able to reach underneath your patient e.g. to smooth out bed sheets, locate catheter tube. Cost around £6 for 10 pairs; order from NHS supply Chain, code: PH803LGE—— REDN07
	**100x200cm slide sheets or larger.**

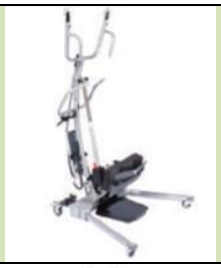
	**Positional wedges** Use to assist with keeping your patients rolled on their side Cost around £60
	**Leg lifting slings** Attach to hoists for powered lifting of legs
	**Patient turning slings and repositioning slings** Attach to hoists for powered assistance with rolling and repositioning in the bed
	**In-bed turning systems** Mattresses that have inbuilt air systems to assist with turning the patient
	**Bed pulls** Rope ladders that loop around the bed so that your patient has a handle to pull on

Furniture

	**Extra-wide static chair (318 kg limit)**
	**Shower chair/commode**
	**Bariatric mattress and pump**
	**Bariatric bed**
	**Rise/recliner chair**
	**Tilt in space chair**
	**Bariatric manual wheelchair (318kg limit)**

Rehab aids

	**8kg Bariatric walking frame**

	**8kg Bariatric Safety walk tall frame**
	**Mobile Hoist**
	**Gantry hoist up to 500kg**
	**Bariatric stand aid**
	**Stand pants**
	**ReTurn**

Weight conversion chart

Stones	Kilos	Pounds	Stones	Kilos	Pounds
1	6	14	26	165	364
2	13	28	27	171	378
3	19	42	28	178	392
4	25	56	29	184	406
5	32	70	**30**	**191**	**420**
6	38	84	31	197	434
7	44	98	32	203	448
8	51	112	33	210	462
9	57	126	34	216	476
10	64	140	35	222	490
11	70	154	36	229	504
12	76	168	37	235	518
13	83	182	38	241	532
14	89	196	39	248	546
15	95	210	**40**	**254**	**560**
16	102	224	41	260	574
17	**108**	**238**	42	267	588
18	114	252	43	273	602
19	121	266	44	279	616
20	**127**	**280**	45	286	630
21	133	294	46	292	644
22	140	308	47	298	658
23	146	322	48	305	672
24	152	336	49	311	686
25	**159**	**350**	**50**	**318**	**700**
			60	**381**	
			70	**445**	

6. Falls manual handling

The risks when recovering a fallen patient

Patient skin tears
Dropping patient
Dislocating, subluxing and injuring patient's shoulders by pulling them through the arms or armpits.
Injury to your colleagues or self
Failing to use appropriate equipment may make you liable for other peoples' injuries.

Assessing the fallen patient

Ref to: Trust Policy and Procedures on Falls which can be found on the Trust Intranet: Staff Zone - Clinical Guidelines General - then click on Falls
Also check local ward and department guidelines

Getting people across the floor (out of confined spaces)

Use a friction-free sheet underneath the patient such as a slide sheet, evacuation sheet or a Hovermatt.

For people who cannot roll onto their side you can insert a slide sheet via the folding method.

Options for getting people off the floor

Rolling patient on to side

Use with: people with good leg and arm strength, adequate balance, and ability to follow instructions. The patient should need minimal assistance from staff.

The risks patient may lose balance.

Hoisting

Use with: people lacking the ability to stand e.g. due to pain, injury, inability to follow instructions.

Risks: distress or further patient injury from pressure of hoist sling.

Read about: Hoisting.

Hoverjack/Hovermatt

Use with: people lacking the mobility or comprehension to stand; intolerance to hoisting; people who need to be kept relatively horizontal.

Risks: Unstable spinal fractures or people who need to be completely immobilized - this is not a replacement for people who need a spinal board.

Read about: Hoverjack.

Scoop stretcher/spinal board

Use with: Usually people who must be kept immobilized e.g. suspected spinal fracture.

Risks: Further injury to patient while log rolling onto board/stretcher due to poor handling.

Hoverjack and Hovermatt

The Hoverjack and Hovermatt are important, easy-to-use pieces of equipment for recovering people from the floor. They can also be used to assist difficult patslide transfers, and assist with bed or mattress changes for bariatric patients.

What are they?

The **Hoverjack** is an inflatable mattress that begins at floor level and reaches to a standard bed height. It can be used to lift patients off the floor while they are in a supine (lying down) position.
The **Hovermatt** is an inflatable mattress that can be used to transfer people across the floor (e.g. out of bathrooms and tight bed spaces) or across beds (like an inflatable patslide).
They both come on the same **trolley,** with a plug-in **air compressor** and an **extension lead.**



Watch a video

Click on our video here to see a patient get recovered from the floor using the Hovermatt and Hoverjack

What is the maximum weight limit?

The manufacturers state that they have been safely tested to over 80 stone.

How to access the equipment

The hovermatt system is available from the Medical Devices Library at the Queen Elizabeth Hospital

Contact the medical devices library during working hours or
if you require the equipment out of hours, then contact the Porters who will deliver the equipment to the ward/department area.

How do I clean them?

They are cleaned using the standard hospital cleaning wipes.

How does the air compressor work?

The compressor has 4 buttons:

1. 'Adjustable' controls the airflow speed; this is automatically pre-set to maximum flow but can be reduced.
2. 'Standby' switches the airflow off.

3. The blue button inflates the Hovermatt.
4. The gold button inflates the Hoverjack.

How do I inflate the Hoverjack?

The hoverjack has four layers. It inflates from the bottom upwards.

Valve #1 is labelled 'inflate first',

valve #2 labelled 'inflate second' etc.

The air compressor nozzle needs to be held onto the black valves until the layer is filled with air (it is not possible to overfill the layers).

How do I inflate the Hovermatt?

The Hovermatt has Velcro straps on its two bottom corners.

These fold back and the the air compressor nozzle clips in using a press stud.

How do I move them around the hospital?

All the equipment is stored on a wheeled trolley

Scoop stretcher

What is it?

The Molift Scoop Stretcher is a spinal board that splits down the middle, making it easier to get underneath patients.

It is designed for patients who must be immobilised and therefore cannot be lifted by hoist or Hoverjack such as a suspected spinal fracture.

Where can I find one?

At present, the Trust is currently looking at various models of the scoop stretcher and the information in this section is an example of such equipment.

What is the weight limit?

Safe working load is 300kg / 47.24st.

How do I use it?

The stretcher splits down the middle, you may need to log roll (see below) the patient to both sides to get the stretcher parts underneath

7.Emergency manual handling (fire)

Information only -
Please refer to Trust Fire Policy and local Guidelines

Fire evacuation

Options	What is it?	Who uses it?	Find out more
Horizontal transfer to neighbouring ward	Push your patients on their beds, chairs or walking into neighbouring wards away from the site of fire.	All areas that have departments on the same level	
 Ski sheet	A sheet that sits under the patient's mattress that allows you to pull the whole mattress off the bed with patient on it, then pull them downstairs.	Patients that cannot transfer and sit safely in an evacuation chair, or cannot horizontal transfer.	
 Evacuation chair	A wheeled chair, that can go downstairs	Patients able to sit and stand transfer safely but may find stairs difficult.	

Ski sheets- fire evacuation

What are they?

An emergency slide sheet which fits under patient mattresses that allows you to pull them off the bed and downstairs as required.

When should I use them?

In a fire situation to assist patients who are unable to walk safely.

Where are they stored?

They should be fitted as standard underneath every patient mattress on the top two floors of the medical block.

What is the maximum weight limit for them?

120kg when used with two staff.

How do I order them?

Order code: SKISH01

How do I fit them?

There is an elastic strap on each corner of the sheet, these pull out and fit around each corner of the mattress (below)

Further reading

Read the Trust’s fire policy

8.Community workers manual handling

Working in the community we face some unique challenges including lone working and difficult environments. Are you aware of the techniques, equipment and adaptions available to help you?

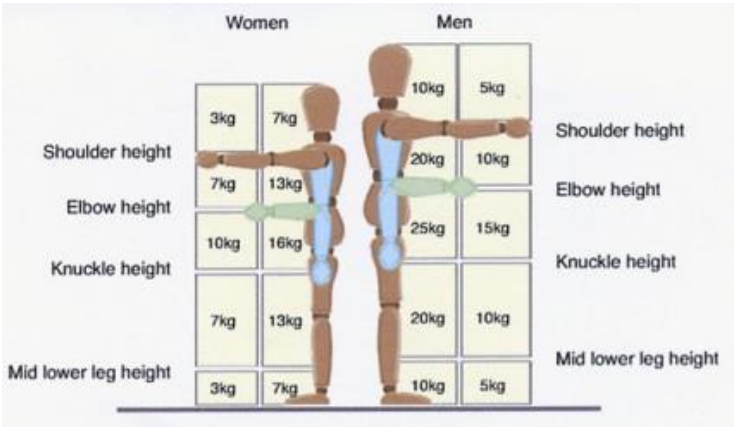
1. **Leg dressings:**
2. **In the car**
3. **Carrying equipment**
4. **Working with patients in wide and low beds**
5. **Laptops**

Leg dressings

What are the risks?

According to the National Back Exchange (NBE) tasks involving repeated or prolonged kneeling, squatting or stooping could place you at risk of lower limb, back or neck pain; especially in positions of 15 mins or more.

As a failsafe, if a person's limb is feels too difficult for you to lift then it is too heavy. Advice from the Health and Safety Executive (HSE) does have guidelines for safe lifting loads.



5 ways to reduce the risk of pain & discomfort

1.**Getting a stable posture -** having a wide kneeling stance can make you more stable and reduce your overall effort

2. Use cushions or pillows- either under your knees, or put one on your heels and sit back on to it (pictured).

3. Keep close to the limb- things are generally easier to lift and support when they're closer to you.

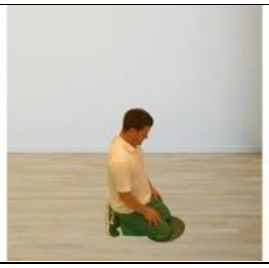
4. Keep changing your position- every few minutes, to stop you stiffening up- moving is soothing! Some people deliberately place equipment they need out of reach so that they have to keep getting up to retrieve it.

5. Move your patient to a better position e.g. higher chair/bed prior to your arrival, can you ask carers to help?

Would you benefit from some equipment?

A simple step stool is cheap, light, easy to clean and available from high street or online shops. Fold-down versions are available. **Important:** check the Safe Working Load (SWL) of any product before you use it.



Norwich Back Pal kneeling stool Fold-away legs, easy to carry. Could also be used to support patient limbs on.	
Ergokneeler Allows a range of different working postures, wipe-cleanable. Also heavier and less portable	  
Kneela Cushion Wipe-cleanable kneeling cushion	 

Ergoraiser Height-adjustable, can be used for arms and legs, wipe-cleanable	
Cambridge limb stool Portable, height adjustable support stool for patients' limbs	
Jolly Back Chair Low level chair with wheels.	
Limb lifting sling Loops around the patients' leg then attaches to a hoist to elevate it.	

In the car

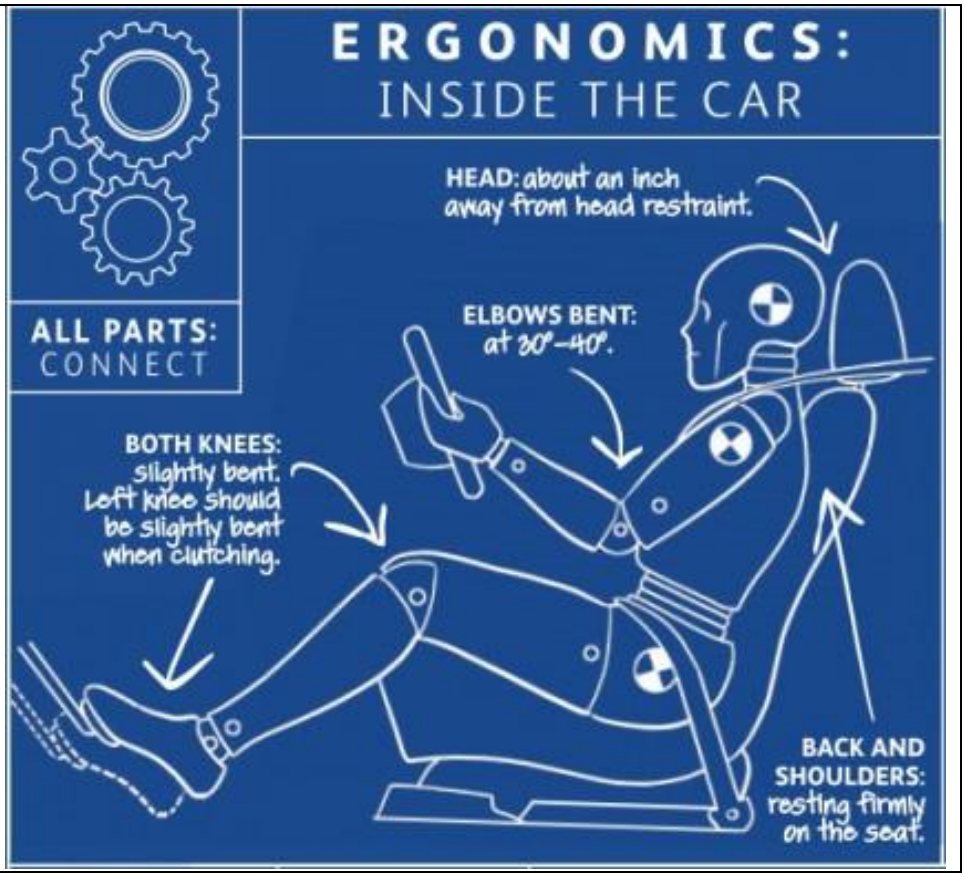
Prolonged or repeated sitting in the car may contribute to unwanted pain or stiffness. Here's some simple advice:

Here's advice from the Charted Society of Physiotherapy:

"Back rest tilted to 30 degrees.
Avoid pressure behind the knee.
Lean your back into the seat instead of bending forwards"

Just remember:

However well you set up your car, if you stay in any one position too long you can stiffen up, it's important to keep moving!



Reduce twisting toward the passenger seat

Avoid using your laptop or writing notes on your passenger seat, especially for long periods.

If you must work in your car, try sitting in the passenger seat so you have more room.

Store your equipment in the boot where it is easier to get out, rather than reaching over to passenger or back seats.

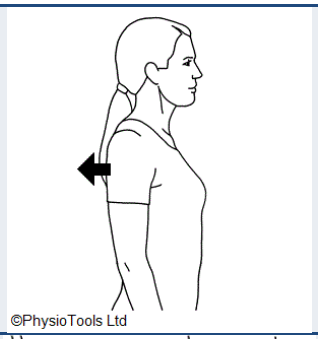
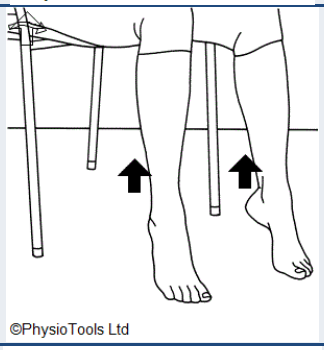
Limit the time you spend working in your car

We do not recommend working in your car. We advise that everybody has access to a base to write up notes. However we recognize that this is not always possible, so we ask you to:

- try to limit it to 15 minutes – break it up by standing up or using your simple posture exercises (below).
- store your equipment (laptop, paperwork, bag etc.) in the boot to encourage you to walk round to get it.

Car exercises

Disclaimer: These exercises have been designed for a range of abilities and should not cause pain or discomfort. If you do experience pain or discomfort then stop and contact a health professional.

	Pull your shoulder blades back, hold for 3 seconds then release.
	Raise your heels up and down with toes touching the floor.
	Tilt your head toward one shoulder until you feel the stretch on the opposite side, hold 10 secs, repeat other side.

Gently make a small arch in you lower back, then roll it back to flatten it against the seat. Repeat 1 minute

Author: Occupational Health Physiotherapy, using Physiotools.

Reference Occupational Health Physiotherapy, James Cook University Hospital

Carrying equipment

Community visits can require you to travel with a lot of equipment, which can be bulky, awkward and heavy. You may find that you're lifting equipment from your car and carrying heavy bags across your shoulder

Sometimes you don't know what you need until you are in someone's home; so find that you are carrying everything just in case.

Splitting up the task

- **Putting things in/out of the car:** If the load is heavy, split it up into lighter loads and repack it
- **Carrying equipment into people's houses:** Try to take only the equipment you know you'll need; it may be easier to go back for something e.g. scales, rather than take them with you everywhere you go
- **Consider making more than one trip-** it might be easier making two light trips from your car rather than one heavy trip with everything.

Bags and trollies

- **Consider using wheeled trollies, two-handled backpacks or wheeled cases:**

Risk assessment of lifting

Heavy tasks should have a 'Manual Handling (Objects) Risk Assessment' filled out by a trained risk assessor in your department.

If you don't know who your local risk assessor is, or would like to review the risk

assessment of your task then contact your manager or the health and safety team.

Blank Copies of the risk assessment forms can be found within Trust Sharepoint Pandora Document Centre via Health and safety / risk assessment.
Reference: http://pandora/docs/healthandsafety/risk-assessments/Pages/Home.aspx

Moving and Handling risk assessments examples can also be located within Sharepoint
http://pandora/docs/healthandsafety/risk-assessments/Pages/Home.aspxx

Please also read
RM06 Manual Handling Policy
http://pandora/docs/policies/DOCUMENTS%20POLICIES/Forms/Risk%20Management%20Policies.aspx

Patients in wide or low beds

Working over any wide or low bed for a long period (e.g. managing blocked catheters or palliative care) can place a lot of demand on your neck, back and shoulders. Remember: overworked muscles can spasm and become painful.

Use slide sheets to move them around the bed

The closer you are to what you're working with the easier the task should be:

Can you use a slide sheet to get patients closer to the edge while you work? Ask carers to help.

With a slide sheet under their bottom your patient may be able to help themselves to the bed edge.

If you need further training on slide sheets or moving persons around the bed then contact your local manual handling key worker, the manual handling team or book yourself onto a manual handling training session.

Use positional wedges to keep people in place

If the person needs to be rolled on their side for a prolonged period of time, consider using a positional wedge to keep them there

It'll free up both your hands to work.

Lean against the bed as you work



If it's appropriate from an infection control point-of-view, leaning allows us to transfer our weight down through the bed instead of carrying it through our back, neck and shoulders.

- Try placing a hand on the bed and leaning through it.
- Put a knee on the bed
- Place your leg up against the bed and lean through the bed – you may need something soft between your leg and the bed (e.g. pillow).

Break up the task with micro breaks

A micro break can be a short break (5-20 seconds) from your task.

Taking a few seconds to stand back and come out of the awkward position of leaning over a bed can give your muscles chance for a quick rest.

If appropriate, keep your equipment out of arms reach to give you the cue to change position or stand up to retrieve it.

Try to change position every 15 mins

Staying in the same position can encourage your muscles to overwork while they support you leaning over the bed.

Laptops

When working at a base we recommend

Portable laptop stand

Separate mouse and keyboard

Laptops in patient houses

- Reduce time twisting with laptop on sofa arms
- Reduce time with computer on your lap
- If possible make shorthand notes to write up properly back at base

9.Theatres manual handling

i.e., Lateral Transfers from Bed to Bed/ Trolley

Transferring patients

'Patslide' transfers can often lead to staff members over-reaching in awkward postures.

- Placing a slide sheet on top of the 'Patslide' reduces the effort needed to push/pull the patient
- Theatres also use a disposable, inflatable Hovermatt for bariatric patients
- Performing the transfer in two moves instead of one reduces awkward over-reaching: push the patient to the middle first, then re-adjust postures/staff before pulling them the rest of the way

Repositioning patients with slide sheets

Use slide sheets when repositioning patients or patient limbs. The standard size we recommend is 100×200 cm, click here for more. You don't need to roll the patient to get the sheet in.

Fig. Turning a patient with a slide sheet

Proning patients

- We do not promote the 'flip and catch' technique
- The product we currently reviewing is the 'The Orbit Patient Positioning Device' (see below)

Fig.1 'The Banana Orbit Patient Positioning Device' (right) is recommended over the 'flip and catch' technique (left) [source: GBUK]

Lifting limbs

Patient limbs can become extremely heavy, especially when supported in the air for prolonged periods of time. We advise:

- Rotate the staff members who do this job
- Try not to use staff who find this task difficult e.g. due to musculoskeletal injury
- Work in pairs for heavy limbs
- Work in a strong, sustainable posture. If able: wide stance, knees slightly bent, leaning your bodyweight against the limb
- Consider changing the environment if it stops you getting into a strong posture.

10.Dementia manual handling

Working with people with dementia can be both extremely challenging and extremely rewarding. Adopting good manual handling skills can better prepare you for unpredictable or challenging situations. Having a stable working posture can also help your patient feel more secure and can reduce the risk of discomfort or injury.

Considerations

Motor Memory

Movement patterns are often better retained on our dominant side (e.g. on the right side for people who are right-handed).

Things such as holding people's dominant hand while helping them to drink or standing on their dominant side while walking can help.

Allow people to do things in their own way e.g. deciding which leg to put through their trousers first, which arms to put through their blouse first. Sometimes these are easier if people do these in their own familiar sequence. Tasks can be confusing if performed out of sequence.

Pain

Analgesia is often under-prescribed for people with dementia, and handling can be difficult because dementia can make some body areas more sensitive.

Your person may not be able to communicate whether they are in pain so it is often not enough to ask a person with dementia if they are in pain, a FLACC scale (below) is more reliable.

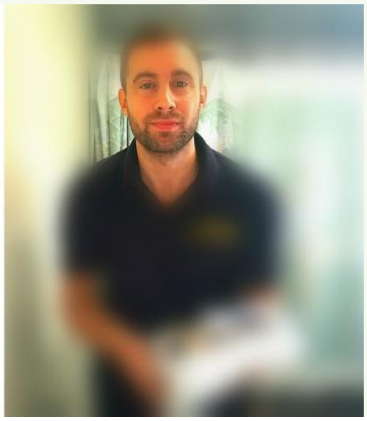
Behaviour	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jow
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting, back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams, sobs, frequent complaints
Consolability	Content, relaxed	Reassured by touching, hugging or being talked to, distractible	Difficult to console or comfort

Flacc score, source: Health.gov.au

Vision

Peripheral vision loss can be a common effect of dementia- bear this in mind when talking to people and trying to demonstrate things.

People may see your face but nothing else, so demonstrate things and make hand gestures at eye level.



Verbal communication

Use simple questions e.g. 'yes'/'no'

answers.

Too much choice can be confusing.

Our facial expression, body language and tone all gets read even when our words aren't understood. **Saying kind words forcefully may not be helpful.**

Demonstrate things such as manual handling equipment first, to reduce the fear factor.

Toileting and washing

Consider that changes in the brain can make the skin more sensitive:

- Baths or showers might feel hotter/colder.
- Sensation from shower water may be painful on the skin.
- Groin and genitals can be more sensitive when washing or drying.
- Try showering people while they are wearing a towel to reduce the uncomfortable sensation on the skin, also to provide some privacy.

Environment

Unfamiliar or chaotic environments may be extremely unsettling.

Try removing distractions in the room: closing bedside curtains, reducing the number of people in the room, turning TV's and radios down.

Remember: a person with dementia may be more susceptible to trip and slip hazards in the environment due to reduced vision, poor mobility, lack of awareness etc.

Non-contrasting surfaces can be difficult to distinguish visually, so objects that are the same colour as the surroundings can be difficult to see e.g. toilet seats or toilet rolls

Practical solutions

Approaching your patient

Stand at a distance away, wave and greet by formal name

Approach slowly, introducing yourself, smiling and making eye contact

If your hand is accepted, shake hands then keep your hand under theirs as a supportive gesture

Move to the side, stay at eye level. Keep hold of their hand if you have it

Walking with your patient

Stay close to the person (if they are happy for you to be there).

We can provide more support and security the closer we are to the person.

Keeping to their side allows you to get close while also keeping out of their way.

Keep one hand round their waist and supporting their opposite hip/pelvis.

Helping your patient to stand

Supporting people through their pelvis can help them keep upright.

Put your arm across their lower back towards the person's opposite hip and pelvis area.

You other arm can sit on the front of their shoulder to stop them from falling forwards.

Hand holds

Gentle pressure on the palm of the hand can be calming. It provides a system of feedback and communication.

By tipping the forearm down you can indicate physically the cue to sit down in a seat or on the bed.

By tipping the forearm upward you can help the person stand upright.

Do not interlock thumbs if you are concerned your patient will not let go of your hand.

Transfer aids

Get familiar with different mobility aids to accommodate changes in people's mobility while they are in hospital.



Falls recovery

It is common for people with dementia to be at an increased risk of falls. This can be for various reasons: confusion, reduced mobility, difficult processing, vision, balance etc.

Make sure you are aware of the options available to you for recovering patients off the floor and get familiar with the safe techniques.


Behaviour

Managing conflict

Don't feel you have to re-orientate people to calm them down. There is little to gain by re-orientating somebody at the cost of causing more upset or conflict. Examples of this include trying to get people to understand they are in hospital, or that their parents or partner died years ago.

Instead, focus on calming the immediate situation:

- Show that you recognize they are upset.
- Try to reassure with words or touch, (placing your hand out for them to hold can help).
- Distraction- offer alternative things to focus on.
- One-to-one talking rather than allowing a crowd to gather.
- Deep breathing- performing loud inhalations/exhalations can encourage them to do the same.

What would my patient tell me if they could?

- **"I respond slowly to instructions"**- they may need more time.
- **"I can't comprehend what you're saying"**- rather than being challenging on purpose.
- **"I have hallucinations"**- they may even see holes in the floor as they walk.
- **"I have a reduced sense of space"**- they may not know if they're about to fall or not.
- **"I can't perform movements in sequence"**- they may need help breaking things down into stages e.g. standing from a chair or dressing.
- **"I fatigue quickly"** they may need more support than they did this morning e.g. standing hoist.
- **"Sometimes I'm scared, upset or in pain and I can't explain why"** - they may resist your help.
- **"I struggle communicating"**-have they put themselves on the floor to get your attention?
- **"I need to play with something in my hands"**- without it they may be grabbing bed rails or your clothes as you work with them.

Useful links

- Become a Dementia Friend: https://www.dementiafriends.org.uk/

11.Amputee manual handling

What should I do when an amputee is admitted to my department?

- **DO** ask them how they normally manage at home – most people who have had an amputation will be familiar with how they usually transfer.
- **DO** familiarise yourself with the different types of amputation and their needs when transferring (see below).
- **DO** check your store cupboard for hammock hoist slings – you may need these for certain types of amputation (see below).
- **DON'T** transfer them into an armchair unless assessed by a therapist first.
- **DON'T** transfer them using a rotastand, stand aid or zimmer frame – due to the risk of damage to the stump, damage to the vascularity of the good leg, and risk of falls.

Please note: the remit of the vascular amputee therapy team does not cover people who are admitted for other medical issues, however they are available to advise or jointly see the patient with the relevant team.

Patient positioning

Correct positioning is essential for lower limb amputees to prevent stiffness, especially in the hips and knees.

Sitting:

- **All amputees should use wheelchair footplates when sat in their wheelchair-** This discourages them from trying to self-propel the wheelchair with their good leg, potentially damaging it.
- **For below knee amputees – make sure the patient uses a stump board to support their stump-** This is for healthy oedema management.
- **For below knee amputees- if they are in an armchair, the stump should be elevated on a stool-** This is for healthy oedema management.

In bed:

- **Avoid placing a pillow under the knee on their amputated leg-** this prevents permanent hip and knee stiffness which could affect their rehab and fit for their prosthesis.
- **Don't keep their amputated leg flexed at the hip-** this also prevents permanent hip stiffness which could affect their rehab and prosthesis.
- **Don't hang amputated leg over the edge of the bed-** This is for healthy oedema management.

How do I help the patient to transfer?

This depends on their type of amputation, for patient safety reasons.

Single leg amputees (amputated either above or below the knee)

Side to Side Transfer- only works when transferring into a chair with removable arms (e.g. wheelchair or commode with removable arms). The patient needs good arm strength to be able to lift their pelvis up and transfer themselves across sideways.

Pivot Transfer- For transferring to chairs with fixed arms (e.g. commodes, wheelchairs, armchairs). The patient needs good quad strength in their remaining leg, good abdominal control to push up and stay standing, and ankle flexibility/strength to allow them to pivot on the floor.

Hoist (see below).

Double leg amputees (amputated above the knee level on both legs)

Forward/Backward Transfers- for moving between the commode/wheelchair and the bed. The patient needs good arm strength (especially triceps) and good wrist strength and flexibility to be able to lift themselves up and slide themselves forwards or backwards onto the bed/chair/commode.

Hoist (see below).

Double leg amputees (with one or two below knee level)

Side to Side Transfer- only works when transferring into a chair with removable arms (e.g. wheelchair or commode with removable arms). The patient needs good arm strength to be able to lift their pelvis up and transfer themselves across sideways.
Hoist (see below).

Hoisting with amputees

Choosing the correct hoist sling depends on the person's type of amputation.

- Both legs are amputated **below** the knee = hammock sling.
- Both legs are amputated **above** the knee = hammock sling.
- One leg has been amputated **above** the knee and the other has not been amputated= hammock sling.
- One leg has been amputated **below** the knee and the other has not been amputated = normal hoist sling.

Medical devices library have a small stock of patient specific amputee slings

Further advice can also be sought from the Clinical Ergonomics Team Ext 5494
email: ghnt.occupational.health@nhs.net

12.Seating

Changing our seating can give us the opportunity to work in more comfortable postures.

In the past we have recommended some of the following options, details for the suppliers can be found at the bottom of the page:

Saddle Seats Useful when working close with patients e.g. taking bloods, eye examinations etc. The tilting seat allows people to alter their pelvis position while sitting and avoid unnecessary forward leaning through their back, neck and shoulders.	 Saddle Stool
Jolly Back Chair Can be useful when working at floor level for a long period of time e.g. working with small children. It comes in different sizes and has an adjustable back rest.	 Jolly Back Chair

Kneeling Stool

Useful when working at floor level in multiple locations e.g. community staff nurse. Allows staff to take the weight off their knees and maintain a neutral pelvis position.

Can also double as portable work surface for note-writing as an alternative to working off your knees, although a risk-assessed workstation is always preferable.

Kneeling Stool

Capisko Chair

Useful when leaning forwards for prolonged periods e.g. over workstations, patients etc.

Chest and arm support allows you to rest your shoulders, back and neck while working.

Capisko chair

Harris Support Chair

A small 'bucket seat' type chair. Useful for people working at low level and in a forward-leaning position for prolonged or frequent periods.

Adjustability of the seat and back rest allows you to tilt your pelvis, similar to a saddle seat, but with a back rest for your lower back.

Basic Level Chair

A basic level of seating is recommended for staff who:

- spend 50% or less of time sitting
- do not have a history of back/neck/ shoulder problems
- do not have a recommendation by manager / H&S / Physiotherapist / Occ. Health Professional for a **medium level chair.**

Features include:

Height adjustable seating pad
Tilting back pad

Basic Level Chair

Medium Level Chair:

Recommended for staff who match 2 or more of the following criteria:

Spend 70% + sitting
Have a history of, or manager concerned individual is at risk of, back/neck/ shoulder problems.
Have a recommendation by manager / H&S / Physiotherapist / Occ. Health Professional.

Further advice on seating can be sought from the Clinical Ergononmics Team

Features:

Height adjustable back and seating pad
Tilting and sliding seating pad to support pelvis position and knees
Tilting back pad
Adjustable arms for upper limb support
in-built lumbar support pump

Typical staff members who would benefit from this chair may include clerical staff, typists, computer-based clinical staff.

Medium Level Chair

High Level Chair

A 'high level' chair is a chair adjusted to the needs of a single staff member.

No Picture

It is recommended for people with complex postural/medical/musculoskeletal needs. This level of seating would be considered when a medium level chair does not provide adequate support. It requires recommendation from medical staff / manager / H&S / Occ. Health Physiotherapist / Specialist AHP. An assessment is made by a specialist external assessor who would then advise on the make and model of chair specific to the individual. As such a standard recommendation for type of chair cannot be made.	

Suppliers

Seating	Supplier(s)	Product Name	Approximate Price Range	Contact Details
Jolly Back Chair	Jolly Back	Jolly Back Chair	£144-£172	www.jollyback.com
Saddle Seat	Meditelle	Saddle Stool	£140-£170	www.meditelle.co.uk
Kneeling Stool	1st Call Mobility	Norwich Back Pal Kneeling Stool	£145	www.carbonlite-medical.com
Capisko Chair	Posturite	HAG Capisco Puls 8010	£355	www.posturite.com
Basic Level Chair	DDC	Deluxe Operator's Chair	£80	Via Trust Suppliers
Medium Level Chair	DDC	Ergonomic Operator's Chair	£140-£150	Via occupational health chair assessment clinic
High Level Chair	Guided by Assessment	Guided by Assessment	Guided by Assessment	Contact occupational health for support

13.Risk Assessments

Relevant policies

We advise you become familiar with the following Trust policies:

- RM06 Manual Handling Policy
- TCG033V3 Moving and Handling Guidelines for the Management of the Bariatric Patient
- RM50a Slips Trips and Falls Policy
- RM07 Display Screen equipment Policy

Risk assessments

The following risk assessments are part of trust policy:

Ward / Department Manual Handling Risk Assessment

Completed by: the departmental manager or local risk assessor.

How often? annually (or before, if circumstances change).

What do I do once it's complete? retain the document in the Ward/Department.
Actions identified that cannot be promptly resolved within the Ward/Department need to be identified in the Centre Risk Register.

Manual Handling (Objects) Risk Assessment

Completed by: the departmental manager or local risk assessor.

Used for: manual handling activities involving objects (as opposed to people).

The form is designed to meet the needs of both clinical and non-clinical areas.

Patient Moving and Handling Risk Assessment

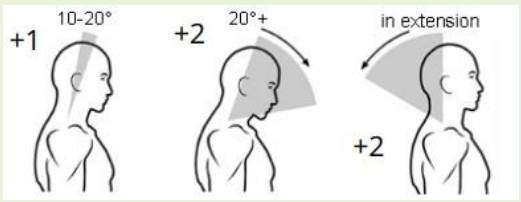
Completed by: qualified professionals (e.g. nurses, physios, OT's).

Used for: all patients within 24 hours of being admitted to in-patient areas.

Also used for: patients who deviate from the usual pathway such as those patients with mobility issues or raised BMI (Body Mass Index).

If complexities are identified following multidisciplinary team assessment the Health and Safety team should be contacted for specialist advice.

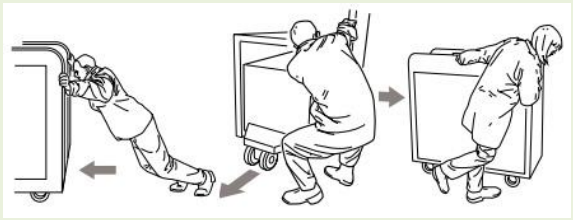
Other useful risk assessment documents



Rapid Entire Body Assessment Tool ('REBA')

This ergonomic assessment tool allows you to evaluate the whole body during tasks.

It allows you to scale: body posture, forceful exertions, type of movement or action, repetition, and coupling.

	**Risk Assessment of Pushing and Pulling Tool ('RAPP')** This tool is designed to help assess the key risks in manual pushing and pulling operations involving whole-body effort.
	**Display Screen Equipment ('DSE') Workstation Checklist** This explains what employers may need to do to protect employees from risks associated with Display Screen Equipment (DSE) (i.e. computers and laptops). T The regulations do not apply to workers who use DSE infrequently or for short periods of time. However they may still be useful for these workers.

14.Evidence and legislation

What is the evidence for our manual handling training?

Manual handling is the largest single cause of work related injury, (Health and Safety Executive 2008).

However a literature review by the National Back Pain Association (2011), suggested there is limited evidence that Manual handling training reduces back pain. There could be a number of reasons for this. One of these reasons may be that the training is not good enough.

The evidence suggested that educational-based training alone is ineffective; principles learnt during training were not transferred to the working environments; finally there are different views on which techniques to use. It was suggested that certain job requirements are too stressful and high risk, emergency situations cannot always be planned, and that trainees tend to revert to previous habits.

The study went on to identify the following features of effective manual handling training:
• Training tailored to the trainee's knowledge and needs.
• Training employees and managers to assess and report risk.
• Ergonomic training tailored to suit the person and specific task along with adequate equipment.
• The most successful ergonomic interventions have included observation of employees in their working environment.

Equipment

The Health and Safety at Work Act 1974 (HASAWA) places legal duty on the employer to provide safety in the transportation of loads, and maintenance of these safety systems. In relation to healthcare, this can refer to the use of equipment like hoists, slide-sheets and ergonomic seating.

Maintenance of lifting equipment (e.g. hoists, slings, transfer equipment) is also written into the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

The Manual Handling Operations Regulations 1992 (MHOR) state we need to remove or reduce risk of injury from manual handling to the lowest level possible. According to the guidelines risk of injury is increased if the activity at hand is restricted by one or more of the following:

- the task involves twisting, over-reaching or frequent repetition
- the individual (e.g. .fitness, age, health, injury)
- the environment (e.g. floor condition)

Guidelines

The Manual handling team work with guidelines set out in 'The guide to the Handling of People- a Systems Approach' (2011).

The document is published by the National Back Pain Association and supported by Department of Health, Health and Safety Executive, Royal College of Nursing, Charted society of Physiotherapy, College of Occupational Therapists, Institute of Ergonomics and Human Factors. We also work with an awareness Manual Handling Operations Regulations 1992 among other legislation.

Accreditation

There is no national institute or body that publishes or accredits manual handling courses. Professional bodies and organisations publish standards including the National Health Service Litigation Authority, Royal College of Nursing, Charted society of Physiotherapy, College of Occupational Therapists and the National Back Exchange .