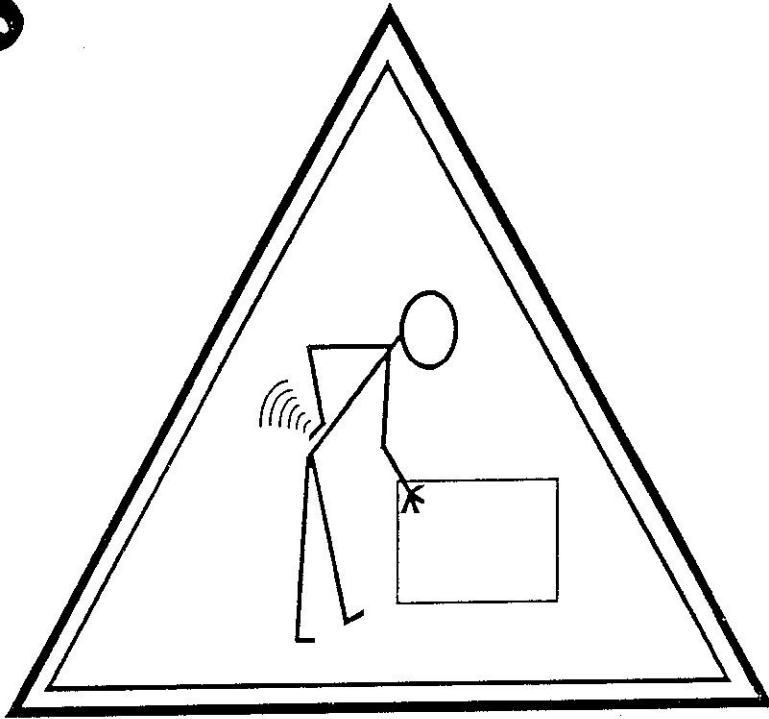


Clare Jackson

LN

MAY 1994

WEST HERTS COMMUNITY HEALTH CN.H.S.J TRUST



**LIFTING & HANDLING TRAINING
DEPARTMENT**

Senior Training Officer

Pat Alexander

Grad Dip Phys, M.C.S.P., S.R.P., M.I.O.S.H.

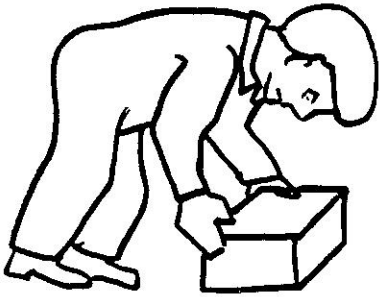
Tel: 01727 866122 ext.4043

LOAD HANDLING FOR NURSES - 1 DAY

- 9.30 am Introduction
- anatomy, biomechanics, ergonomic approach, posture and backcare
- 10.15 - 11.00 am COFFEE
- 11.00 am You and the law
- legal aspects of lifting and handling; Health & Safety at Work Act 1974; EC law on manual handling operations; load assessment; rules of lifting
- 11.30 am Practical session - bed manoeuvres
- 12.30 - 1.30 pm LUNCH
- 1.30 pm Practical session - transfers and unpredictable occurrences
- 2.00 pm Demonstration of small handling aids - a chance for you to try
- 2.45 - 3.00 pm TEA
- 3.00 pm Practical session with hoists - demonstration and practice
- 4.00 - 4.30 pm Problem solving

ASSESSING THE LOAD

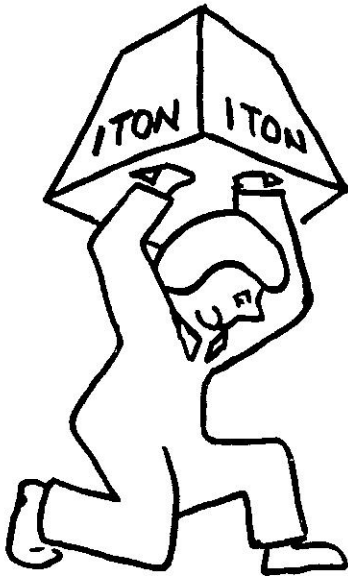
THE TASK



THE LOAD



THE WORKER

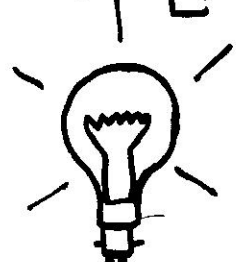
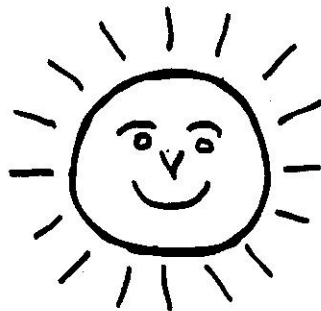


THE ENVIRONMENT

Slippery

CRAMPED

UNEVEN



Summary

These regulations apply to any manual handling operations which may cause injury at work. Such operations include not only the lifting of loads, but also lowering, pushing, pulling, carrying or moving them, whether by hand or other bodily force. The incorrect handling of loads is recognised as causing large numbers of injuries with attendant pain, loss of time and cases of permanent disablement. The Health Services Advisory Committee have deemed this issue sufficiently important to warrant specific guidance and the document entitled *Guidance on manual handling of loads in the health services* sets out a customised approach to manual handling to assist managers and employees in complying with these regulations.

Employers' key duties

- Avoid hazardous manual handling operations so far as is reasonably practicable.
- Assess those which cannot be avoided.
- Reduce risk of injury so far as is reasonably practicable.
- Give employees general indications and, if reasonably practicable, precise information on the weight of each load, and indicate its heaviest side if the centre of gravity is not positioned centrally.

Employees' key duties

- Make full and proper use of any system of work provided for use by their employer.

Relevance for the health care sector

Why you need to act

- 55% of reported injuries are classified as being caused by manual handling.
- Compensation payments as high as £203 000 have been awarded to individual nurses whose back injuries were sustained at work.
- The annual cost to the health service in terms of loss of trained staff, employment of temporary staff to cover for those on sick leave, sickness payments and treatment and rehabilitation costs is enormous.

What you need to do

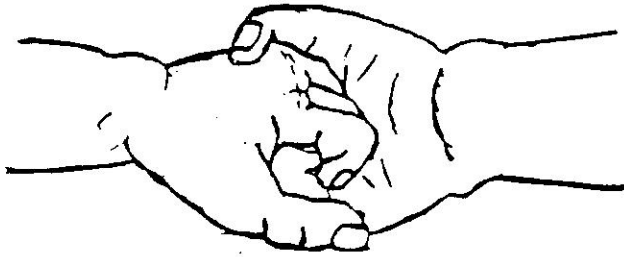
- (a) Appoint competent assessor(s) (in-house, external or both) to:
 - (i) identify all manual handling tasks which present a risk of injury (to staff or patient). All tasks, including those which are predictable, less frequent or off-site should be considered;
 - (ii) determine which tasks if any can be avoided;
 - (iii) assess the task, the load, the working environment and individual capability in respect of all unavoidable manual handling tasks to identify steps which will eliminate or reduce risk;
 - (iv) involve safety representatives and employees in the assessment process;
 - (v) prioritise and implement steps needed to reduce risk;
 - (vi) normally in-house assessors should be competent to complete the assessment provided they have received appropriate training. Where there are particular complex manual handling operations it might be necessary to seek outside help.
- (b) Provide training for assessors, trainers, managers and staff which is relevant to their job. Training should provide a balance between theory and practice.
- (c) Monitor effectiveness of risk reduction measures and training programmes and improve them where necessary.
- (d) Ensure adequate supervision.
- (e) Provide health surveillance, accident/incident reporting systems and utilise collected data.
- (f) Change attitudes to ensure that employee physical well-being is prioritised in the process of caring for the patient.
- (g) Pursue innovative ways of lifting patients.
- (h) Ensure that patient rehabilitation programmes don't unnecessarily put the employee/carer at risk.

RULES OF LIFTING

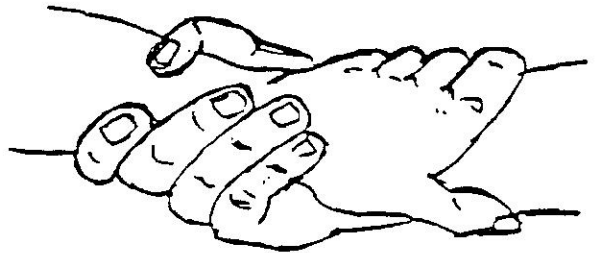
Part of a handout to accompany a talk and a demonstration

1. Think before you act - don't lift unless you must.
2. Assess - patient's condition
 - surroundings
 - your abilities
3. Choose move required - use a hoist if possible.
4. Explain move to patient and colleagues - ensure commands are clear.
5. Use a wide foot base and good handgrip. Keep load close.
6. Keep your back straight and bend your knees.
7. Use your legs to lift/lower smoothly.

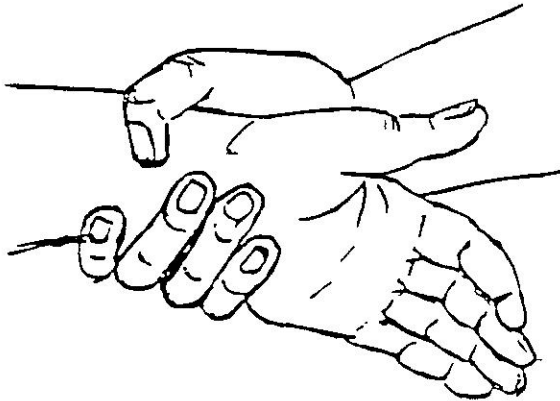
HOLDS AND HANDGRIPS.



Double wrist grip- difficult if patient is large , or your arms are short.

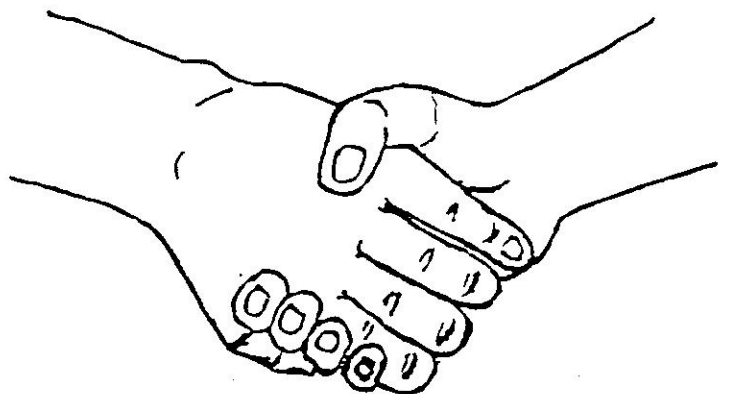


Finger grip - may be painful unless nails are short.

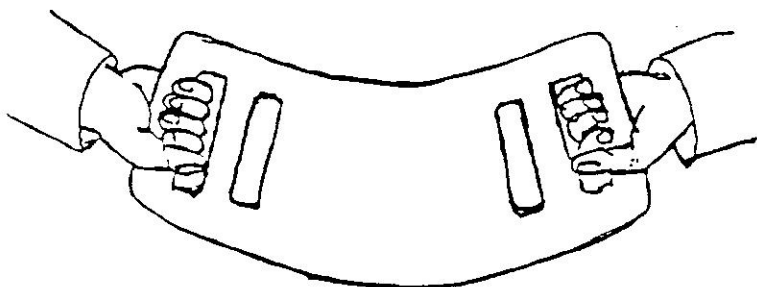


Single wrist grip - could be painful for the 'held' wrist.

Hand grip - may slip if hands are hot and moist.

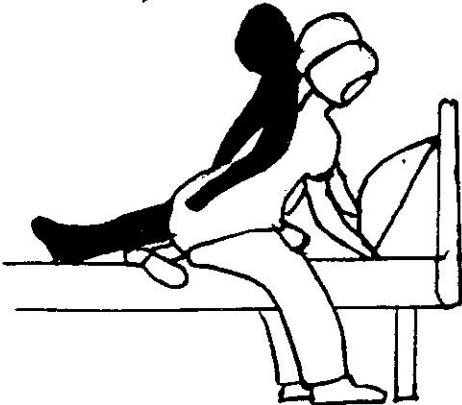


Handling sling - for use by one or two persons.

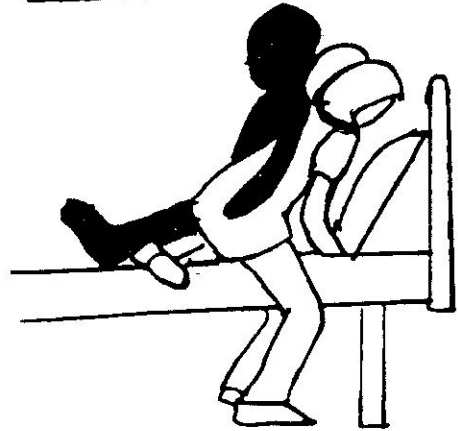


SHOULDER LIFT - UP THE BED.

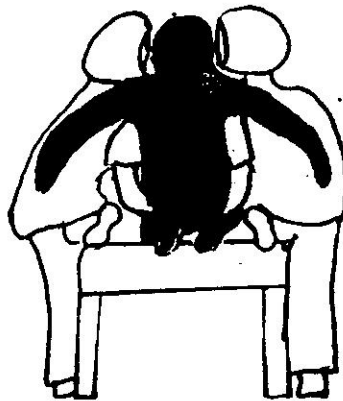
Start



Finish.



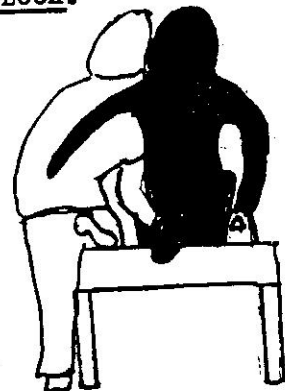
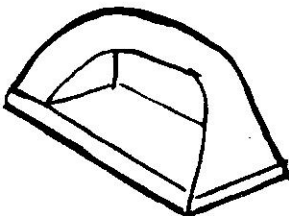
Seen from foot of bed.



Both helpers kneel on the bed with their inner knees. Both press their inner shoulders into patients' arm pits and move patient up the bed by straightening hips and knees and transferring weight onto outside leg. Remember to grasp inner hands under patient's thighs before move. A sliding sheet under the patient makes this much easier.

SHOULDER LIFT UP THE BED - ONE HELPER AND BLOCK.

Lifting Block.



A co-operative patient can press on a block held in the stronger hand and help in the push up the bed by digging in the heel, with knee bent. Helper can kneel on bed with inner knee as for normal shoulder lift.

THROUGH-ARM LIFT.

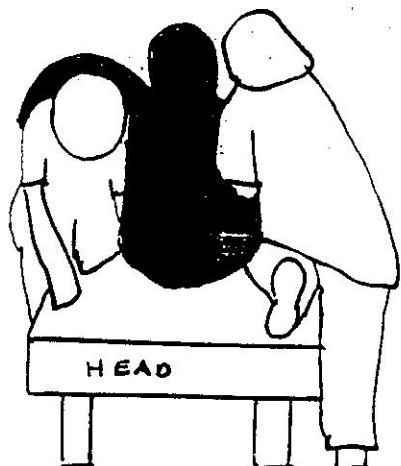
Two helpers kneel on the bed ,facing the foot.They put their inner arm under the patient's axillae ,resting their hands over the patient's crossed forearms, Their outer arms either join under the the patient's thighs or grasp the ends of a handling sling. They lift the patient back toward them and sit on their heels.



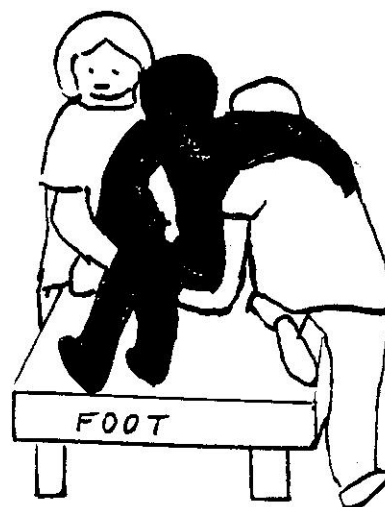
A sliding sheet under the patient will turn all lifts into a slide.

COMBINED LIFT -A MIXTURE OF THE SHOULDER AND THROUGH-ARM LIFT.

Seen from head of bed



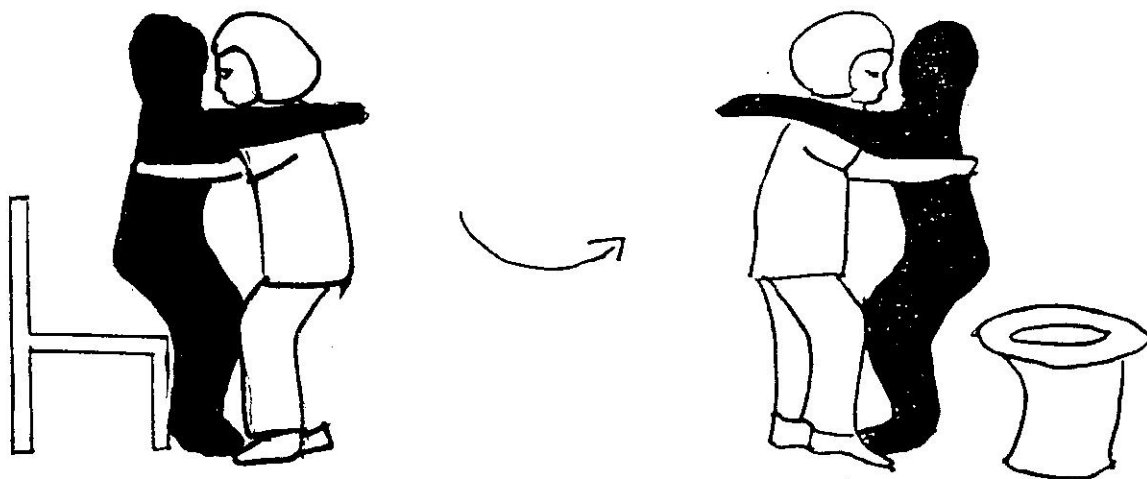
Seen from foot of bed



Two helpers kneel on the bed,facing in opposite directions.The inner arm of the person using the shoulder liftgrasps the outer arm of the person using the through arm lift,or a handling sling between them. The shoulder lifter uses her outer arm to help the lift off the bed, the other lifter either uses a through arm grip, (as illustrated).

TRANSFERS.

Bear Hug.



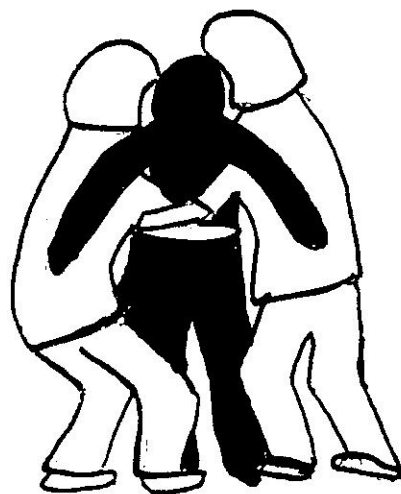
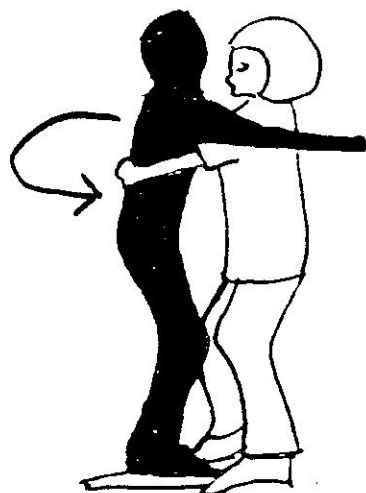
Never let a patient 'hang' round your neck. Either let them hold your 'pockets' or let their arms hang down your back. Only patients able to take some weight on their feet can be moved this way. Bend your knees, then 'block' their knees with yours to prevent any tendency to 'flop'. Either pivot the patient round or encourage them to take small steps round, until you reach the other seat. You could use a handling sling or belt to help with this transfer.

TURNING A PATIENT USING A ROTATING DISC.

This can be especially useful in a cramped space.

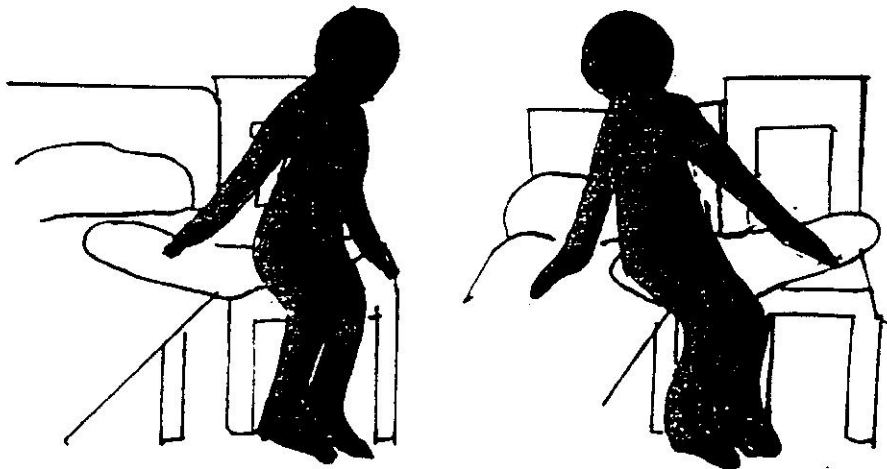
n.b. You may need to 'block' their knees.

THE FLYER



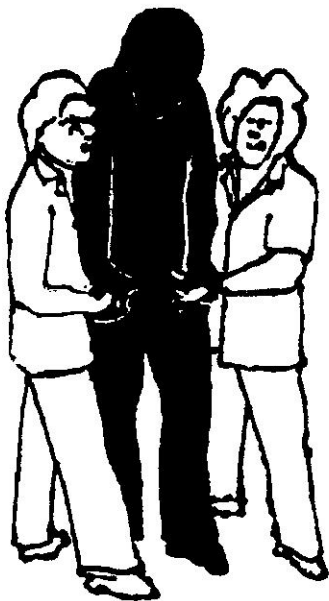
This transfer is used from sitting to standing, using one or two helpers. Each helper's near arm goes around front of patient's waist, and outside arm pushes on back of chair to "boost".

A TRANSFER USING A SLIPPERY BOARD.



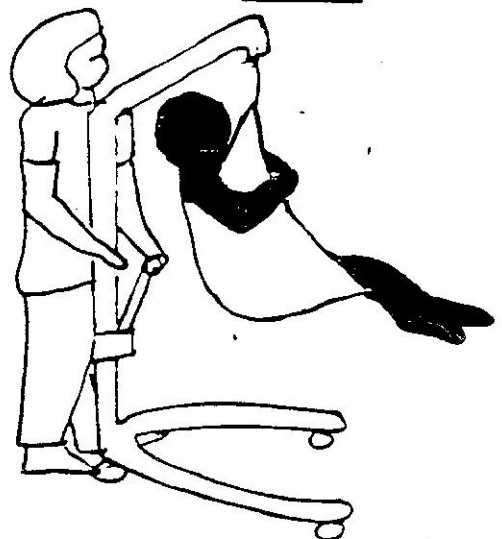
Either a straight or curved board can be useful to reduce friction. This move is safer when the bed/chair levels are similar. Unless their arms are strong the patient may need some help with this transfer.

ASSISTED WALKING



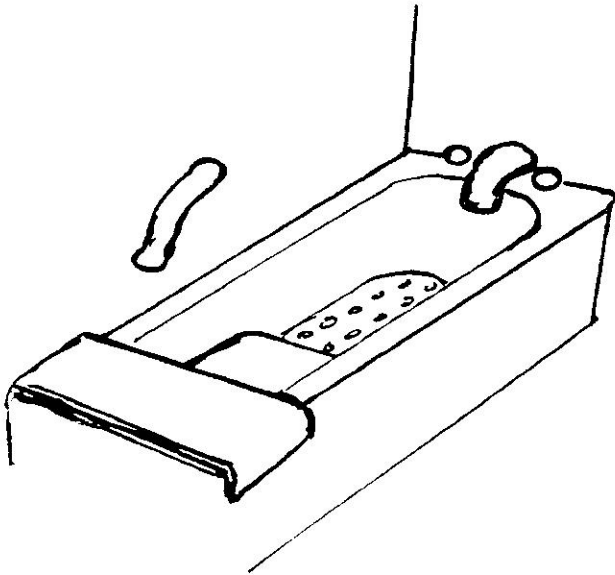
When assisting someone to walk, it may need 2 helpers. Take his hand with your outside hand, and either grasp under his forearm or around his waist on the opposite side with your inside hand.

A MOBILE HOIST FOR A DEPENDENT PERSON.



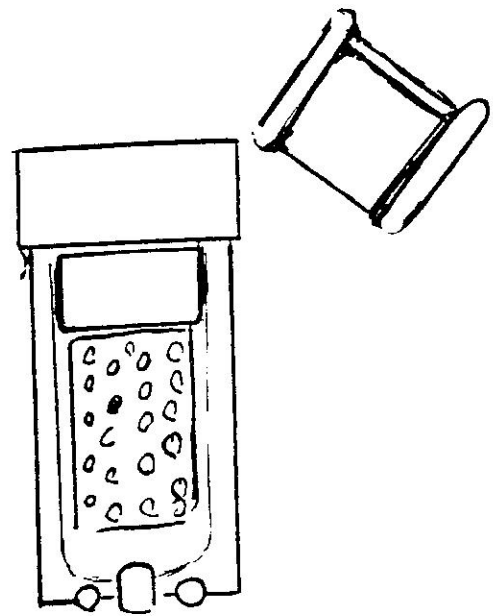
If the patient is too heavy/helpless
USE A HOIST.

ASSISTED BATHING



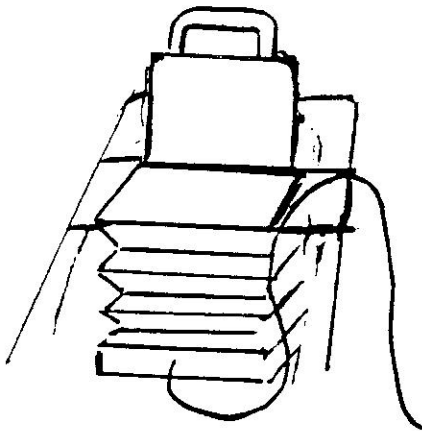
BATHBOARD AND SEAT

Always use a bathmat
Dry your hands first



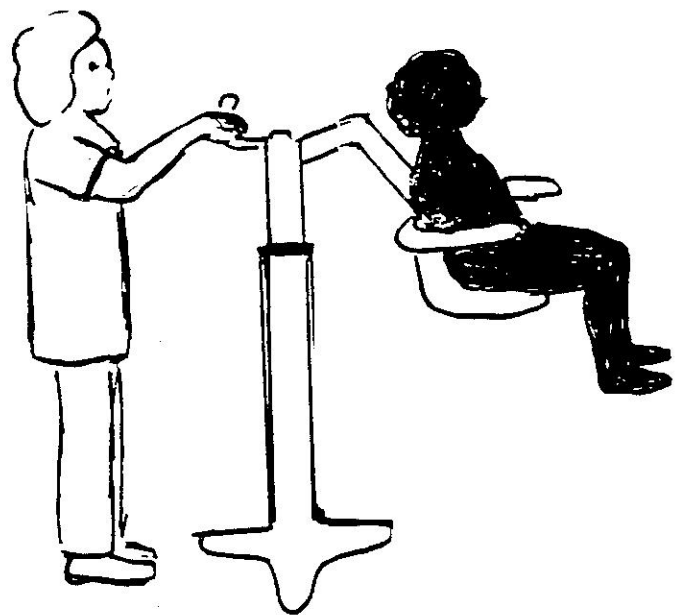
VIEW FROM ABOVE

NB If client uses a slideboard
the chair should be sideways on
to the bath.
If a standing transfer is used,
try angling the chair.



BOOSTER BATH SEAT

This seat usually remains
in the bath and is raised
and lowered by air, water
or mechanical power.



FIXED BATH HOIST

A saniseat or body sling can be
used on the fixed pillar to
swing the client round & lower/
raise client into/out of bath.

HOISTS

Sara) Dextra) Hoists Maxi)	Arjo-Mecanuids Ltd St Catherine Street GLOUCESTER GL1 2SI	Tel: 0452 500200
Various Hoists (inc Paynes)	Care & Moblity 440 Cranbrook Road Gants Hill ILFORD, Essex IG2 6LL	Tel: 081 518 3458
Moby Hoists	Llewellyn Community Care 1 Regent Street City LIVERPOOL L3 7BX	Tel: 051 236 4689
Oxford Hoists	Oxford Hoist Co Ltd Stanton Harcourt Road Eynsham OXFORD OX8 1JT	Tel: 0854 881881

SUPPLIERPATIENT HANDLING AIDS

Mini Paroll Turning Aid	Aremco Grove House Lenham, Kent ME17 2PX	Tel: 066 858502
Patient Rotator Disc (grey)) Handylet (quilted turning aid))	Care & Mobility (see above)	
Multiglide (green sliding aid)) 1 way slide) Blue turning disc)	Grimstead Medical Ltd Unit 22a, Home Farm Lockerley, Nr Romsey Hants SO51 OLU	Tel: 0794 342211
Bed Ladder) Medivalet (elastic stocking) aid)	Keep Able (London store) 2 Capital Interchange Way Near Kew Bridge Brentford, Middx TW8 OEX	Tel: 081 742 2181
Patient Handling Sling (Blue)) Lifting Blocks)	Medesign Clock Tower Works Railway Street SOUTHPORT Merseyside PR8 5BB	Tel: 0704 542373
Banana Board) Lateral Transfer Board) Small Lift Sheet) Transfer Belt) Rotaprone)	Onward Design 5 Derby Road AMBERGATE Derbys DE5 2GE	Tel: 0773 852077
Mangard Booster Aid	Mangar Aids Presteigne Industrial Estate Presteigne Powys, Mid Wales LD8 2UF	Tel: 0544 267674
Comfylift Transfer Belt (black)	Peter Remmington 19 Gravel Hill Terrace Boxmoor HEMEL HEMPSTEAD Herts HP1 1RJ	Tel: 0442 230116