

# Section 2 – Understanding & enabling assisting & moving individuals

## Relates to:

- QCF MH 203, MH 204, MH 205
- All Wales Manual Handling Passport Modules C/D/E/F

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## Legislation and professional guidance that relates to assisting and moving individuals

An extensive amount of legislation protects the safety of employees and the welfare and human rights of individuals. This includes:

- Health and safety at work legislation, e.g. Health and Safety at Work etc. Act 1974, Manual Handling Operations Regulations 1992, Management of Health and Safety at Work Regulations 1999, Provision and Use of Work Equipment Regulations 1998, Lifting Operations and Lifting Equipment Regulations 1998
- Welfare and human rights legislation e.g. Human Rights Act 1998, Mental Capacity Act 2005, Equality Act 2010
- Local authorities/social services and NHS legislation, e.g. Chronically Sick and Disabled Persons Act 1970, Children Act 1989, NHS and Community Care Act 1990, NHS Act 2006, Health and Social Care Act 2008,
- Common law of negligence is not found in legislation but concerns civil claims for compensation that is decided in law courts

To comply with all of these areas of legislation managers must ensure that there is a balance between the safety and rights of employees and the assessed needs and rights of service users.

It may not always be easy to achieve this balance but doing so is a legal responsibility and good professional practice. Further guidance is available from professional bodies, e.g. Royal College of Nursing (RCN), Chartered Society of Physiotherapy (CSP), College of Occupational Therapists (COT), Health and Safety Executive (HSE) and the National Back Exchange.

Where difficult situations have to be considered it is important that decisions are made by those with an appropriate level of expertise in full consultation with all who will be involved in the delivery of the service and that reasoning and conclusions are properly documented.

Anyone involved in the provision of care who has concerns about safeguarding the welfare of an individual or the manner in which a service is provided must report this to their manager/supervisor at the earliest opportunity.

### Balanced decision making

Please identify a situation where a balance has had to be found to ensure the safety and rights of employees and the assessed needs and rights of a service user.

**Notes:**

## Individual manual handling risk assessment scenario

Mrs Service User is an elderly woman who lives with her son in a spacious two bedroom bungalow on Cotmanhay Road, Ilkeston, Derbyshire DE7 8HU. Please help the care team to carry out an individual manual handling risk assessment.

Mrs U has had a stroke affecting her left side which means she is unable to move her left arm and leg, weakness in her other leg means she is unable to bear weight reliably. She wears spectacles at all times and has a catheter fitted. Her speech can be confused so she often says 'yes' when she means 'no' although she clearly comprehends instructions. Sometimes she can become quite agitated if hurried. Mrs U's weight is 70kgs (11 stones) and her height 5'8"(1.7m).

The assistance Mrs U needs from her care team is to reposition her in an armchair in the lounge when she slips forward, assist her to transfer on/off the bed, to/from her wheelchair or commode, to roll in bed for personal care etc, to sit up from lying, move up the bed, dressing and personal care (bed bath).

An Oxford 150 mobile hoist and quick fit deluxe sling has been provided for transfers which Mrs U is happy to use when it is required. Her armchair is very upright and may contribute to her slipping forwards. Her wheelchair is satisfactory.

Two of the care team who carry out most of the visits have reported backache and say that they find the assistance they give on the bed strenuous. The bed is a low divan and is positioned against the wall in the smaller of the two bedrooms. There is a large free standing wardrobe in the bedroom which restricts space for moving the hoist. One of the regular carers and another who sometimes assists Mrs U have not attended moving and handling refresher training for several years.

Hazards identified	Possible changes to reduce the risk of injury

# SAMPLE

## Individual manual handling risk assessment

### Section A: Preliminary details

Individual's name: Mrs Service User

Address/Establishment: Cotmanhay Road, Ilkeston, Derbyshire DE7 8 HU

Does the individual require assistance to move?  YES  NO

#### If 'YES' tick the assistance to be given:

Standing	Rolling	<input checked="" type="checkbox"/>
Walking	Turning	<input type="checkbox"/>
Sitting	Lying to sitting	<input checked="" type="checkbox"/>
Repositioning in a chair	Getting in/out of bed	<input type="checkbox"/>
Transfers	Personal care <small>(please specify)</small> Bed bath	<input checked="" type="checkbox"/>
Getting up from the floor	Other <small>(please specify)</small>	<input type="checkbox"/>
Moving up/positioning on bed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Section B: Detailed assessment

With the individual and/or their carer/s consider the following factors. Tick any that need to be taken into account when providing assistance to move and make comments as appropriate.

<input checked="" type="checkbox"/> Factor	Comments:
<input checked="" type="checkbox"/> Height (please state if estimated)	5'8" / 1.7 m
<input checked="" type="checkbox"/> Weight (please state if estimated)	11 Stones / 70 Kg
<input checked="" type="checkbox"/> Communication	Speech often confused, may say yes and mean 'no'
<input type="checkbox"/> Comprehension	Fully understands conversations
<input checked="" type="checkbox"/> Sight/hearing	Needs spectacles to see at all times
<input checked="" type="checkbox"/> Behaviour	Can get very agitated especially if hurried
<input type="checkbox"/> History of falls/seizures	None reported
<input type="checkbox"/> Medication	None taken that affect moving and handling
<input checked="" type="checkbox"/> Balance	Unable to stand
<input checked="" type="checkbox"/> Weight bearing ability	Unable to reliably bear weight
<input checked="" type="checkbox"/> Medical condition	Had a stroke, unable to move l. arm/leg, weak r. leg
<input checked="" type="checkbox"/> Supports/attachments <small>e.g. walking aids, catheters</small>	A catheter is fitted
<input type="checkbox"/> Pain	None reported
<input type="checkbox"/> Other (please specify)	

### Other problems to consider

Are there other problems associated with the assistance to be given? If **Yes** continue overleaf, **No** go to **Assessor's name** sign and date form

YES  NO

## Individual manual handling risk assessment

### Section B: Detailed assessment continued

Problems to consider	Specify each activity to consider Make notes underneath of problems identified	Suggest possible changes to eliminate or reduce risk of injury
<b>Task</b> <ul style="list-style-type: none"> <li>- Holding away from the trunk</li> <li>- Twisting / stooping</li> <li>- Over stretching</li> <li>- Strenuous pushing/ pulling</li> <li>- Unpredictable mvt.</li> <li>- Repetitive handling</li> <li>- Team handling</li> </ul>	<u>Repositioning in the chair</u> Chair is very upright and Mrs U constantly slips forward	Refer to OT for chair assessment
<b>Individual capability</b> <ul style="list-style-type: none"> <li>- Unusual capability</li> <li>- Health/fitness</li> <li>- Pregnancy</li> <li>- Lack of training</li> </ul>	<u>Assistance whilst on the bed</u> Bed is low divan against the wall Very little space to manoeuvre the hoist in the bedroom due to large free standing wardrobe	Refer to OT for bed assessment Reduce the amount of furniture in the bedroom or move Mrs U into larger bedroom at the front of the house
<b>Environment</b> <ul style="list-style-type: none"> <li>- Lack of space</li> <li>- Lack of equipment</li> <li>- Variations in level</li> <li>- Poor floors</li> <li>- Too hot/cold</li> <li>- Poor lighting</li> <li>- Unsuitable equipment</li> </ul>	Two staff who frequently provide care have reported backache and are finding repositioning Mrs U on the bed strenuous	Reallocate this call and ensure that staff are rotated until suitable equipment is supplied
<b>Other factors</b> <ul style="list-style-type: none"> <li>- Inappropriate work attire</li> <li>- Poor work organisation</li> <li>- Poor communication</li> </ul>	Two of the care team who attend Mrs U have not received moving and handling refresher training for several years	Ensure that all staff who have not attended refresher training within the last 2 years do so as soon as possible
<b>Examples of changes</b> <ul style="list-style-type: none"> <li>- Rearrange area</li> <li>- Change layout</li> <li>- Provide equipment</li> <li>- Re-schedule staff</li> <li>- Provide more staff</li> <li>- Provide training</li> <li>- Consult staff</li> </ul>		

## Individual manual handling risk assessment

### Section C: Remedial action to be taken

Remedial steps that should be taken in order of priority:	Person responsible for implementing controls	Target implementation date	Completed Y/N
1. Request an urgent OT assessment for a chair and bed	Manager	xx/xx/xx	
2. Ask Mrs U's son to move the wardrobe and reposition the bed away from the wall (this is Mrs U's preferred option)	Manager	xx/xx/xx	
3. Re-rota staff and monitor those who have reported back pain at weekly team meetings	Manager	xx/xx/xx	
4. Write a new handling plan for Mrs U	Carers & Manager	xx/xx/xx	
5. Reassess the situation following changes and OT report	Carers & Manager	xx/xx/xx	
6. Ensure staff who require refresher training are nominated to attend the next available course	Manager	xx/xx/xx	
7.			Attach continuation sheet if required

**Assessment discussed with:** (e.g. employees, informal carers)

Mrs U and her son, Manager, OT, care team

**Assessor's name:** x. XXXXX

**Signature** x. XXXXX

**Manager's name:** x. XXXXX

**Signature:** x. XXXXX

**Date of assessment:** xx/xx/xx

**Target date for action:**

xx/xx/xx

**Review dates:** xx/xx/xx

**Now complete the handling plan**

# Individual manual handling risk assessment

## Section D: Handling plan

Individual's name: Mrs U

Address: Cotmanhay Road, Ilkeston, Derbyshire DE7 8HU

Individual's height: 11 stones/70 Kg

Individual's weight: 5'8"/1.7m

Individual's ability to support his/her own weight: Unable to reliably bear own weight

Other factors to consider e.g. pain, ability to cooperate: Weakness in both legs, Left arm weak. Needs spectacles at all times. A catheter is fitted. Speech can be confused may say 'yes' and mean 'no', becomes agitated if hurried.

### Tick assistance required

Standing	Rolling	✓
Walking	Turning	
Sitting	Lying to sitting	✓
Repositioning in a chair	Getting in/out of bed	
Transfers	Personal care <small>(please specify)</small> Bed bath & dressing	✓
Getting up from the floor	Other <small>(please specify)</small>	
Moving up/positioning on bed	✓	

Instructions for:	Repositioning in chair			
No of carers needed	1	2	3	4
Equipment needed	Hoist may be required occasionally			
Method to be used C4 Seating adjustment F3 Using hoists	Mrs U can reposition herself by pushing with her right arm & leg if she has not slipped too far. She may need reminding to do this. If she is unable to do this use the hoist for repositioning			

Instructions for:	Transfers			
No of carers needed	1	2	3	4
Equipment needed	Hoist and wheelchair			
Method to be used F2 Using Wheelchairs F3 Using hoists	Mrs U needs to be hoisted for all transfers and to use a wheelchair to get around the house. She has got used to being transferred with a hoist and wheelchair in hospital.			

Instructions for:	Moving up/positioning on the bed			
No of carers needed	1	2	3	4
Equipment needed	Hoist			
Method to be used F3 Using hoists	This is not usually required provided that Mrs U has been hoisted into bed in the correct position. If she does need to move up the bed or be repositioned on the bed the hoist must be used.			

Instructions for:	Rolling			
No of carers needed	1	2	3	4
Equipment needed	Hoist			
Method to be used D3 Assisting an individual to roll or turn	Mrs U needs assistance to roll for dressing and to introduce/remove the hoist sling when getting on and off the bed.			

Instructions for:	Lying to sitting			
No of carers needed	1	2	3	4
Equipment needed	Hoist			
Method to be used F3 Using hoists	Mrs U rarely likes to sit up in bed but if this is required use the hoist			

Instructions for:	Personal care – bed bath & assist to dress			
No of carers needed	1	2	3	4
Equipment needed				
Method to be used E6 Bathing E4 Dressing	For bathing 1 carer to roll/support whilst other washes Mrs U. Dress Mrs U on the bed.			

Please attach continuation sheets if required

## Hoist details

Activity hoist to be used for:	Repositioning in chair	Assistance in bed	Transfers
Make & model of hoist	Oxford 150	Oxford 150	Oxford 150
Type of sling	Quick fit deluxe	Quick fit deluxe	Quick fit deluxe
Size of sling	Medium	Medium	Medium
Method of fitting:	As shown on sling	As shown on sling	As shown on sling
Loop fitting	Shoulder	White Loop	White Loop
	Leg	Orange Loop	Black Loop

## Equipment details

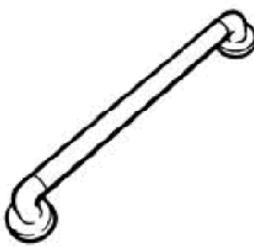
Name and contact no. of organisation responsible for providing and maintaining equipment:	A. Manufacturer Tel: xxxx xxx xxxx
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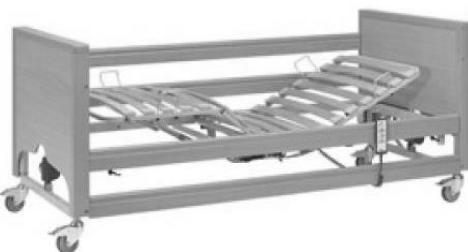
Assessor:	X. XXXXX	Signature:	X. XXXXX
Designation:	manager		
Date of plan:	xx/xx/xx	Review dates:	

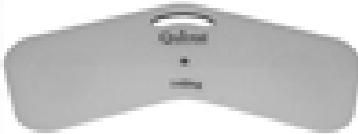
Further information is attached?

YES  NO

## Quiz: Aids & equipment for assisting & moving

	<p>What is this called? Where might it be useful?</p>
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## Potential injuries to workers and individuals that may arise by failing to follow approved assisting and moving techniques

Assisting an individual to move is a complex process and most people are too large and too heavy to be lifted manually. They may also have unpredictable behaviour or pain that requires consideration, therefore all activities that involve assisting or moving an individual need a documented risk assessment and handling plan.

Research has shown that a number of techniques can cause serious injury to both carers and those they assist. Carers may be at risk of back and/or other musculoskeletal injuries due to:

- The postures and movements they need to use
- Their physical capability
- Perception of risk
- Abilities of the individual being assisted
- Workload pressures
- Environmental constraints
- Equipment and furniture availability
- Linking holds/anchoring to the individual

There will also be risks to the individual including:

- Discomfort
- Injury
- Exacerbation of medical conditions
- Reduced independence/confidence
- Lack of dignity

The following are considered high risk activities and should be avoided where possible, they should not be undertaken unless justified by a comprehensive risk assessment.

### Full weight lifts

- Drag lift
- Orthodox lift
- Through arm lift
- Shoulder lift
- Top and tail lift
- Arm and leg or hammock lift

### Holds that anchor a carer and individual together

- Palm to palm
- Linking arms
- Handling belts and slings
- Pulling up from sitting by the hands

### Front assisted transfers

- Bear hug
- Clinging ivy
- Elbow lift
- Pivot

# Questionnaire: High risk/controversial practices

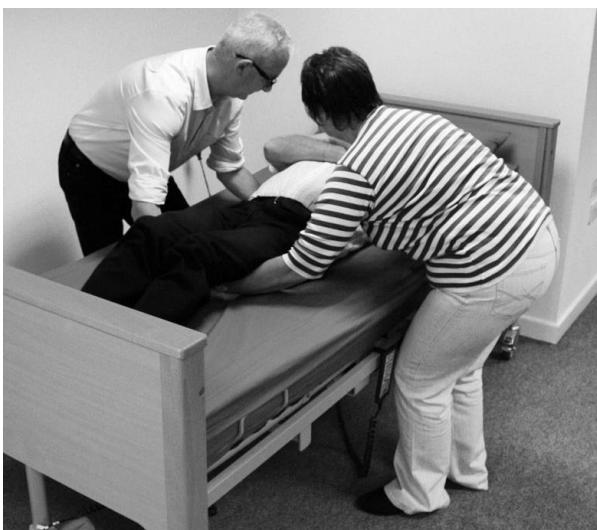
## High risk – Drag lift



The drag lift involves lifting an individual under their armpits with the crook of the elbow, forearm or hand from the front or behind, with one or two carers.

## Why is the drag lift potentially dangerous?

## High risk – Orthodox lift



The orthodox lift, sometimes known as a cradle, traditional, armchair etc. involves lifting an individual who is sitting or lying to raise them or move them up a bed. A carer stands on each side of the bed and lifts the individual whilst in a stooped posture with their hands linked or by using equipment placed under the individual e.g. handling slings.

## Why is the orthodox lift potentially dangerous?

## High risk - Through arm lift



The through arm lift is when two carers lift the full weight of an individual with one carer behind, reaching through the individual's folded forearms and taking most of the weight whilst the other lifts the legs. It has also been used with each carer taking a through arm hold on each side of the individual with one arm and supporting a leg with the other.

## Why is the through arm lift potentially dangerous?

## High risk - Shoulder lift



This lift also known as the Australian lift involves lifting an individual up a bed using the carers' backs. The individual is in a sitting position and holds the carers backs. The carers place a knee on the bed, link hands under the individual's thighs and place their shoulder in the individual's axilla. This lift has also been used to adjust seated positions and assist to stand.

## Why is the shoulder lift potentially dangerous?

## High risk – Top and tail lift



The top and tails lift is when two carers lift the full weight of an individual with one carer behind, reaching through the individual's folded forearms and taking most of the weight whilst the other lifts the legs. It has also been used with each carer taking a through arm hold on each side of the individual with one arm and supporting a leg with the other.

### Why is the top and tail lift potentially dangerous?

## High risk – Arm and leg or hammock lift



To perform this lift carers stand each side of the individual and each lifts by taking hold of an arm and leg, lifting the whole weight of the individual whilst in a stooped twisted posture.

### Why is the arm and leg/hammock lift potentially dangerous?

## High risk palm to palm hold



**Why is the palm to palm hold potentially dangerous?**

## Linking arms



**Why is linking arms potentially dangerous?**

## Use of transfer belts and handling slings



Transfer belts are light canvas belts designed to fasten round an individual's waist to provide a grip when assisting them to move. Transfer slings are flexible plastic slings with built in handles that go round an individual's back to lengthen the carer's reach and provide a grip

## Why are transfer belts/handling slings potentially dangerous?

### Hand drag



## Why is the hand drag potentially dangerous?

## High risk – Front assisted transfer/bear hug



**Why are front assisted transfers potentially dangerous?**

## High risk – Neck hold/clinging ivy



**Why is the neck hold/clinging ivy potentially dangerous?**

## Other hazardous activities

A number of other routine care activities carry a high risk of injury, e.g.

- **Excessive pushing and pulling**
- **Doing more than one handling task at a time**
- **Anchoring walking frames with the feet**
- **Supporting people up and down stairs**

### High risk - excessive pushing and pulling

Guidance that accompanies the Manual Handling Operations Regulations 1992 explains that excessive pushing and pulling can cause injury and recommends that if forces exceeding 20kg for men and 15kg for women are needed to start or stop a load or forces of 10kg for men and 7kg for women are needed to keep a load moving they should be avoided if possible. Where the activity cannot be avoided a risk assessment should be carried out and steps taken to reduce the risk of injury as far as reasonably practicable. Activities that may require assessment include: pushing an above average size individual in a wheelchair, pushing an individual in a wheelchair up a steep slope/ramp, manoeuvring an individual in a hoist on a thick carpet.

### High risk - doing more than one task at a time

Examples of doing more than one handling task at a time include: supporting an individual whilst assisting with dressing or personal care, supporting an individual whilst moving chairs, holding a door open when pushing an individual through in a wheelchair.

#### Why is it potentially dangerous?

The carer is unbalanced and may be twisting or overreaching. If something goes wrong the risk of injury is increased and in many situations the individual may be at risk too.

### High risk - anchoring walking frames with feet

This involves a carer, at the front or side of a walking (Zimmer) frame, placing a foot on the lower bar to steady the frame whilst the individual attempts to stand.

#### Why is it potentially dangerous?

The carer is in an unbalanced posture and may be twisting or overreaching if trying to assist the individual to stand. Walking frames are not designed to take weight in this way and may be damaged causing injury to the carer or individual. They are designed to assist walking and if an individual is struggling to stand an assessment should be made by a suitably qualified person to determine how they may be best assisted.

### High risk - supporting people up/down stairs

Serious and even fatal injuries can occur if someone falls down stairs or steps. If an individual falls or loses their balance on steps or stairs it is extremely difficult for a carer to control their own stability and that of the individual they are assisting which means that there is a risk of both being injured. However this risk needs to be balanced with the need for some people to practise using stairs to regain or maintain their independence. In these situations careful risk assessments must be made that take into account the safety of all as well as the potential benefits to the individual.

# Potential legal consequences of injuries to individuals

In the past some guidance has stated that high risk/controversial activities should be banned as they carry a higher risk of injury than equipment based methods. Whilst it is true that they do involve a higher risk they may be acceptable in a few circumstances when possibility of risk to the carers is balanced against the potential benefits to the individual. In these circumstances the risks must be well documented and decisions made based on a thorough risk assessment with clearly documented systems of work provided, together with appropriate training, equipment and support.

Prosecutions have occurred under the MHOR's 1992 where employers have not ensured suitable risk assessments, staff training, equipment and safe systems of work.

## BUPA Prosecuted after Elderly Resident's Death

*A care home operated by BUPA has been prosecuted by the Health and Safety Executive following the death of an elderly patient. On the 31st January 2007, 91-year-old Irene Evans sustained serious head injuries during an accident at Parklands Court Nursing Home in Bloxwich. Sadly, the care home resident died a little over a week later as a result of her injuries.*

*BUPA Care Homes (CFH Care) Limited, which managed the nursing home, appeared before Wolverhampton Crown Court to admit one charge of breaching Section 3(1) of the Health and Safety at Work etc Act. 1974. The court fined BUPA £100,000 with costs of £50,000.*

*Health and Safety Executive investigators found that the sling used to move Mrs Evans had not been properly secured before the accident. It was discovered that a safety pommel, a device used specifically to stop patients falling forwards out of the sling, was not fitted in the present case.*

*Discussing the case, Health and Safety Executive inspector, Amy Kalay, said: "Mrs Evans' death was a wholly preventable tragedy caused by unacceptable management failings on the part of BUPA. Managers of the nursing home failed to make an adequate assessment of the manual handling requirements for this elderly lady who was in their care.*

*"In particular, they did not give the carers sufficient information, instruction or training on how to use the sling properly. Working in a care home is a specialised job, which involves dealing with vulnerable people. Care homes must ensure that they have the correct training in place for all their employees."*

Health and social care providers, public or independent, are now regulated by the Care Quality Commission (CQC). If regulations relating to assisting and moving are breached the CQC can issue warning notices, impose, vary or remove registration conditions, issue financial penalties, suspend or cancel registration, prosecute specified offences and issue simple cautions.

# Quiz: Roles and responsibilities

## Does your manager have a record of when you last read your organisation's Moving and Handling Policy?

If the answer is **YES** please note the date in the box:

If the answer is **NO** please read the policy and note the date:

### A. List 3 of your responsibilities in relation to assisting and moving individuals specified in the policy:

1.	
2.	
3.	

### B. What should you do if:

1. The individual you are assisting asks you not to use equipment specified in the handling plan but give manual assistance?	
2. A colleague suggests that you do things their way instead of as specified in the handling plan?	
3. The individual's condition has deteriorated and you are concerned that it is not safe to assist them to walk but they are pleading with you to assist them to the toilet?	

### Describe the roles of the following in relation to assisting and moving individuals:

1.	Occupational Therapist
2.	Physiotherapist
3.	Manager/supervisor

### C. Name three situations when you should seek advice or assistance to assist or move an individual safely

1	
2	
3	

# Preparation for assisting and moving

To ensure safety, always check the individual's **care plan, manual handling risk assessment and handling plan**, together with any guidelines referred to. Remember to carry out a final 'on the spot' assessment before giving assistance. The guidelines for assisting and moving contained in this workbook are reminders of the practical applications for routine care that have been demonstrated during the course. Each guideline describes the preparatory checks you should consider before assisting an individual to move:

<b>Self help</b>	Gives suggestions on how an individual may be encouraged to move independently. It reminds carers of the importance of verbal encouragement and of the positions to advise individuals to adopt that may facilitate movement.
<b>Ergonomics</b>	Gives ideas on steps to take to ensure that the environment is suitable for the manoeuvre. It also lists equipment that may be used to give the individual independence or that makes the activity safer, plus other relevant factors relating to planning a safe manoeuvre.
<b>Communication</b>	Reminds carers of the importance of checking handling plans and communicating with the individual and others involved so that all are properly consulted and can agree the level of support required. Good communication will ensure that the individual's choices and preferences are taken into account, that they understand what is going to happen and can participate in the procedure. Verbal prompts are suggested to encourage independence or ensure that actions will be coordinated when two or more carers are involved.
<b>Safety</b>	Highlights factors associated with the activity known to affect safety e.g. inappropriate attire, tripping hazards, lack of space. It is the carer's responsibility to check equipment is safe and properly maintained before use (please see checklists p55). Standard precautions for infection control must also be followed (please refer to your organisation's Infection Control Policy and guidance on p59.)

**What actions should you take if an individual's wishes conflict with the instructions in their handling care plan?**

**Where would you seek advice and assistance if an individual's wishes conflict with the instructions in their handling care plan?**

# SAMPLE - Wheelchair safety inspection record

Service user's name: ..... Identification no: .....

Wheelchair make: ..... Model No: ..... Serial no: .....

Is wheelchair clearly CE marked: yes / no

SWL: ..... Date of manufacture: .....

The checks below must be carried out & recorded: daily / weekly / monthly  
(delete as appropriate)

Please report any defects/problems immediately to:

Areas to inspect	date initials									
<b>Armrests:</b> secure, not damaged, remove/refit easily										
<b>Backrest:</b> secure, no tears, undone stitches, folds properly (where applicable)										
<b>Seat/cushion:</b> no cushion, no damage, folds/ unfolds (where applicable)										
<b>Frame:</b> folds/unfolds (where applicable), no obvious damage, cross brace locks										
<b>Brakes:</b> not loose, easy to operate, wheels don't turn when applied										
<b>Wheels:</b> good condition, running freely, quick release axles locked										
<b>Tyres:</b> properly inflated, good condition (good tread, no cracks)										
<b>Pushing handles/ grips:</b> secure, no damage										
<b>Footplates/loops:</b> compatible with w/c, same size, secure, no damage										
<b>Footplate latch:</b> good working order										
<b>Handrim/attachments:</b> harness/ straps secure, no damage, in good order										
<b>Overall condition:</b> clean, moves in a straight line, no resistance/drag										
<b>Manufacturer's instructions:</b> available:										

Key: **S** = satisfactory/in good order  
**F** = faulty, requires repair

Service dates:	Repair dates

# SAMPLE - Bed safety inspection record

Service user's name: ..... Identification no: .....

Bed make: ..... Model No: ..... Serial no: .....

Is bed clearly CE marked:      yes / no

SWL: ..... Date of manufacture: .....

The checks below must be carried out & recorded: daily / weekly / monthly  
(delete as appropriate)

Please report any defects/problems immediately to:

Areas to inspect	date initials									
<b>Inspection/service labels:</b> date last inspected										
<b>Wheels:</b> secure, good condition, free moving										
<b>Brakes:</b> work properly										
<b>Frame:</b> joints secure, nuts and bolts secure, no visible signs of damage										
<b>Raising/lowering/profiling mechanism:</b> fully raises/lowers/profiles										
<b>Cable/plug/hand control/transformer:</b> secure, no damage/trapping										
<b>Mattress:</b> good condition, fits appropriately										
<b>General condition:</b> clean, no damage, padding in good condition										
<b>Bedrails:</b> secure, no damage, fix and unlock appropriately										
<b>Attachments:</b> secure no damage										
<b>Manufacturer's instructions:</b> available										

Key: **S** = satisfactory/in good order  
**F** = faulty, requires repair

Service dates:	Repair dates

# SAMPLE - Hoist safety inspection record

Service user's name: ..... Identification no: .....

Hoist make: ..... Model: ..... Serial no: .....

Is hoist clearly CE marked? Yes/no    SWL: ..... Date of manufacture: .....

The checks below must be carried out & recorded: daily/weekly/monthly  
(delete as appropriate)

Please report any defects/problems immediately to:

Areas to inspect	date initials									
<b>Labels:</b> 6 monthly inspection up to date										
<b>Wheels:</b> secure, good condition, free moving										
<b>Brakes:</b> work properly										
<b>Base adjuster:</b> works properly fully extends/closes										
<b>Mast:</b> secure, nuts/bolts secure, no signs of damage										
<b>Raising/lowering mechanism:</b> works properly, fully raises/lowers										
<b>Battery:</b> charged, securely fitted										
<b>Flex/remote control/plugs:</b> no damage										
<b>Handle/grips:</b> good condition, none missing										
<b>Spreader bar:</b> good working order, not loose, hooks in place/not worn										
<b>Pushing handles:</b> secure, no damage										
<b>Emergency stop:</b> in good working order										
<b>Emergency lowering mechanism:</b> in good working order										
<b>General condition:</b> clean, no damage, padding in good condition										
<b>Manufacturer's instructions:</b> available										

Key: **S** = satisfactory/in good order  
**F** = faulty, requires repair

Service dates:	Repair dates

# SAMPLE – Sling safety inspection record

Service user's name: ..... Identification no: .....

Sling make: ..... Model: ..... Size: .....

Is sling clearly CE marked? Yes/no SWL: ..... Date of manufacture: .....

The checks below must be carried out & recorded: daily/weekly/monthly  
(delete as appropriate)

Please report any defects/problems immediately to:

Areas to inspect	date initials									
<b>Label:</b> instructions clearly readable										
<b>Loops:</b> good condition, not frayed, securely attached										
<b>Velcro:</b> good condition, no fluff										
<b>Seams:</b> no tears, stitching intact										
<b>Edge binding:</b> in place, stitching intact										
<b>Stays:</b> in place, no damage										
<b>Fabric:</b> no holes, no damage, clean										
<b>Manufacturer's instructions:</b> available										

**Key:** S = satisfactory/in good order  
F = faulty, requires repair

Service dates:	Repair dates

# Infection prevention and control

**Always comply with your organisation's Infection Control Policy and continually assess the need for hand hygiene to prevent the spread of infection:**

- Remove wrist and hand jewellery, including watches, before providing care
- Where you wish to wear plain rings, such as wedding bands, remove them when you are carrying out hand hygiene, in order to reach all microorganisms
- Keep nails short and clean, don't wear nail polish or artificial nails when providing care
- Cover any cuts, cracks or abrasions in the skin with waterproof dressings before each shift and change them if they appear soiled
- Use either liquid soap or approved alcohol based hand rub products
- Where you use soap, wash your hands as shown below to achieve hand hygiene:

## How to wash your hands:



Wet hands under running water then apply soap



Rub hands palm to palm



Right palm over the other hand with interlaced fingers and vice versa



Palm to palm with fingers interlaced



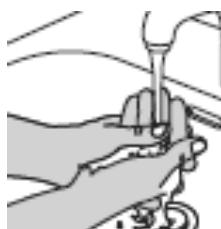
Backs of fingers to opposing palms with fingers interlocked



Rub each thumb



Rub tips of fingers in opposite palm using circular motion



Rinse hands with water



Rub each wrist



Dry thoroughly

- Where alcohol based hand rub products are available follow manufacturer's advice
- Use a moisturising hand cream regularly to prevent dry hands
- Tell your manager/supervisor if a particular soap or product irritates your skin or if you encounter problems with facilities for hand hygiene

Acknowledgement: IPC2 Skills for Health

## Personal protective equipment

You may need to use protective equipment to stop infection passing between you and the individual you are caring for.

### Gloves

- You will be given supplies of special protective gloves if you need them. They act as an additional barrier, but you should still wash your hands before and after you use them.
- If you are sensitive to rubber, or experience a skin reaction using gloves, tell your manager/supervisor
- Put on your gloves if you're carrying out an activity that might lead to contact with blood or body fluids or dirty equipment
- Each pair of gloves should only be used once
- Gloves should be changed between individuals you are caring for
- After you've disposed of gloves, wash your hands

### Aprons

You should be given a supply of disposable plastic aprons if there is a risk of body fluids or blood splashing onto your clothes.

- Wear the apron for one procedure only
- After you've disposed of it, wash your hands
- Use protective personal equipment as directed e.g. gloves, aprons

## Dignity

An individual's right to dignity in care is supported by law. Dignity means treating people you care for as individuals and enabling them to maintain the maximum possible level of independence, choice and control over their lives. It means that carers should support people with the respect they would want for themselves or a member of their family.

- **Dignity - Being worthy of respect**
- **Privacy - Freedom from intrusion**
- **Modesty - Not being embarrassed**

### When assisting & moving an individual how can you ensure:

Dignity	Privacy	Modesty

# Working positions, touch and holds

Before providing mobility assistance it is necessary to:

- check the assistance needed e.g. talk to the individual, check their handling plan
- agree with the individual and other relevant people how assistance will be given
- explain what you are going to do

## Working positions



**Fig 1: Oblique position behind**



**Fig 2: Oblique position in front**

In most situations it is best to work at an oblique angle (approximately 45°) to the individual. This allows them to be as close as possible to your line of gravity (plumbline) and is perceived by most people to be more pleasant than when being square on to them since it gives as much personal space as possible whilst providing good support.

## Touch

For most human beings, touch is of vital importance and yet its influence is often ignored or overlooked when providing mobility assistance. Touch can reassure, give confidence or comfort but can also convey any negative feelings. Appropriate touch ensures respect for an individual's feelings and encourages trust and cooperation. Touch is a method of communication that we use instinctively and subconsciously which others can usually read with great accuracy. Just as we all speak in a slightly different way, so each of us uses and responds to touch differently. This is influenced by many factors e.g.:

- gender
- age
- culture/religion
- beliefs/values
- previous experiences
- expectations
- understanding
- level of pain/medical condition

Carers should always seek permission before touching an individual. They should also use touch in a professional, sensitive and appropriate manner that respects the individual's feelings and is also safe for the particular manoeuvre. There are two basic ways of using the hands when touching or moving anyone or anything: gripping with the fingers and thumbs; or using an open palm hold.

## Gripping with fingers and thumbs

Gripping or holding with the fingers and thumbs is often associated with stooping forward, e.g. lifting an individual's arm from the bed when washing. A gripping action quickly creates muscle tension in the carer's hands, arms, shoulders and back, a fact that can easily be observed by changes in colour in the hand as blood flow is reduced, and by the tiredness experienced after a few seconds. When a gripping hold is used on a human being the body's neuromuscular system perceives it as an imposing hold, or "threat" and there is a natural reflex to withdraw from the touch. This withdrawal indicates that the hold is perceived by most people as less than pleasant but for those with certain conditions e.g. learning disability, dementia etc. the reactions may be far more obvious and result in excessive resistance.

## Open palm holds

When a lifting action is performed with the flat palm of the hand with the fingers relatively relaxed there is more efficient use of muscles than when gripping with just the fingers and thumbs. A carer using this type of hold will not fatigue so quickly and there will be a greater area of contact with the individual, which avoids pressure points. People usually perceive this type of hold or touch as enabling and generally respond to it in a more positive manner than when gripping type holds are used. Open palm holds may be used to support any part of an individual's body provided that it is safe to assist the individual to move and the individual's feelings, gender and medical condition are respected.

### Warning

In some situations there may be no alternative to using a direct grip, e.g. when a child is about to run into danger or by trained staff who need to use certain physical intervention strategies. This is relatively rare and once the reasons for not using this type of hold are understood they can be limited to situations where there is no other option available.

### When taking an open palm hold:

- Position close and at an oblique angle where possible
- Stay in balance and be relaxed
- Reach a little further than you need to allow your arm to come back to a relaxed position
- Support the individual with as much of your body as you can e.g. arm, shoulder, trunk
- Do not cling to the individual but adjust your hold as appropriate
- When working with a colleague it often helps if the shorter one takes their hold first
- Check that the individual feels secure and comfortable

## Long low hold

A long low hold may be used to give good support around an individual's trunk. It may be used around an individual's back or across their front, by a carer who is standing or kneeling at an oblique angle to them. Use an open palm and reach as long and low as is comfortable around the individual and allow your arm to settle where comfortable. Aim to maximise the contact between your arm, shoulder, trunk and hand with the individual.



**Fig 3: Long low hold**



**Fig 4: Long low hold – 2 carers**

## Forearm hold



**Fig 5: Forearm hold**

A forearm hold is particularly useful if an individual requires one arm to be supported, it is also a comforting, secure hold.

Position close at an oblique angle and take an open palm hold under the individual's forearm and support it close to their body.

Take care not to elevate the individual's shoulder.

## Upper arm hold

This hold may be preferable to the forearm hold if the individual is shorter than the carer, has pain in the forearm or needs freedom, e.g. to reach for a walking frame.

Position close at an oblique angle and take an open palm hold to support the individual's upper arm in a relaxed position close to their side.

The holds may be combined as required as shown in fig: 6



**Fig 6: Combined upper arm & forearm holds**

## Shoulder hold



The shoulder hold is useful if the individual tends to lean forwards or if they are shorter than the carer.

Position close at an oblique angle and take an open palm hold in front of the shoulder. The heel of your hand should gently 'mould' into the hollow of the individual's shoulder.

**Fig 7: Shoulder hold**

## Trunk hold

An open palm hold may be taken on any part of an individual's trunk provided that you respect their gender, and medical condition, e.g. under the rib cage, side of the rib cage.

This will not give the same degree of support as some of the other holds but is useful when providing guidance, promoting confidence, etc. as shown in fig: 8

**Fig 8: Trunk hold**



## Ankle/leg/foot holds



Avoid direct holds on ankles and legs since these are very uncomfortable. Position close at an oblique angle and take an appropriate open palm hold of an individual's leg or foot to raise or adjust it.

Fig 9: shows this individual's preferred holds which provide support under her thigh and sole of her foot.

**Fig 9: Leg/foot holds**

## HME Guidelines

These guidelines may be copied and attached to handling plans for generic guidance, remember to add specific information relating to the individual's assisting and moving requirements.

# Guideline C1: Assisting an individual to stand from a chair or a bed

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following before assisting an individual to stand:**

<b>Self help</b>	Can the activity be avoided i.e. can the individual stand independently? You may be able to assist this by encouraging them to move to the front of the chair and place their feet flat on the floor slightly apart, then lean forwards and push on the chair arms.
<b>Ergonomics</b>	Is there suitable equipment and an appropriate working environment? An appropriate seat greatly assists an individual to stand. The use of a transfer board may make standing unnecessary. Other equipment to consider includes a standing hoist, chair/bed raisers, riser chair/unit, self lift/raised toilet seat, grab rails, bed lever, electrically operated height adjustable bed, hand blocks.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan. It may be helpful to explain that adopting a good sitting posture assists standing. Give verbal prompts to look up.
<b>Safety</b>	Check that the individual can reliably stand and bear their weight. Ensure there is space to work safely and that the seat will not move. Check floors for slipping hazards e.g. spills, loose rugs. The person's footwear should be suitable. Avoid rushing and ensure walking aids are not used to pull on since these can tip. Mechanical equipment should be used wherever possible for those who require more than minimal assistance to stand. Manufacturer's instructions must be referred to for guidance on the use of equipment.

## Method 1: Assisting to stand from a chair

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 which will give the instructions.
2. Encourage the individual to move to the front of the chair and place their feet flat on the floor, slightly apart.
3. If 1 carer is involved, assist the individual's weaker side unless otherwise directed by therapists.

### Providing assistance

1. Stand at side of the seat facing forwards at an oblique angle just behind the individual's shoulder. Keep as close as possible with your feet offset.
2. Following the principles for safer moving and handling take a long low hold with your arm nearest the individual and make close contact with their back (Fig 1:).



Fig: 1

1. Use an appropriate open palm hold with the other hand.
2. Ask the individual to look up and push on the seat. As you step forwards move your outside foot first then your inside foot to maintain balance (Fig 2:).
3. Once standing, check that the individual is balanced (Fig 3) and pass walking aids if required (Fig: 4).



Fig: 2



Fig: 3



Fig: 4

## Method 2: Assisting to stand with 2 carers



Fig: 5



Fig: 6

When an individual requires the support of two carers the preparation and method of providing assistance is the same as method 1, but performed by a carer on each side of the individual. They both use a long, low back hold and may use the same or different open palm holds as appropriate to the individual's needs and height etc. (Figs: 5 and 6).

## Method 3: Assisting to stand from a bed

This method should only be used to assist an individual to stand from the edge of a bed following a careful risk assessment when there is no other suitable alternative available e.g. a mechanical bed that can raise the individual to standing.

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 who will give instructions.
2. If 1 carer is involved, assist on the individual's weaker side unless otherwise directed by therapists.
3. Encourage the individual to move to the front of the bed and place their feet flat to the floor.
4. If possible adjust the bed height. Some beds may be progressively raised and will reach a height that enables the individual to stand independently (Fig: 7).



Fig: 7

### Providing assistance

1. Stand in front of the individual slightly to the side at an oblique angle. Keep as close as possible with your feet offset.
2. Relax down to the individual's height and take a long low hold with the arm nearest the individual across their front. Use an appropriate open palm hold with the other hand across the shoulder blade or upper back to encourage forward movement.
3. Ask the individual to look up and push on the bed as they are assisted to stand.
4. Once standing, check that the individual is balanced and pass walking aids if required

### Warning

- Ensure that the individual can reliably stand and maintain their weight before giving assistance. Mechanical aids should be used to assist those who cannot do this.
- Do not lift most or all of the individual's weight
- Do not use the drag lift or holds that anchor you to the individual
- Lifting belts/slings are not recommended for general use
- Do not stand directly in front of an individual to help them to stand unless trained by a therapist. Therapists must write down procedures to follow and ensure that those who will perform it are competent. Records must be kept to show this has been done.
- Do not manually support an individual and at the same time adjust clothes etc
- Do not rock an individual to assist them to stand

## Guideline C2: Assisting an individual to walk

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following before assisting an individual to walk.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual walk independently? You may be able to encourage this by ensuring that any necessary equipment is available e.g. walking stick/frame and that the route is not too strenuous for the individual.
<b>Ergonomics</b>	Ensure there is sufficient space to walk allowing for equipment where needed. Assess any difficulties on route e.g. ramps, steps. Consider the use of rails or fixed supports. Hoists with walking slings may be used where walking ability is limited or unpredictable.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan. Encourage them to move at their own pace and remind them to look forwards not at their feet. Give clear directions.
<b>Safety</b>	Ensure that the individual can reliably bear and maintain their own weight. If they cannot do this or if there is a history of falls the use of mechanical equipment should be considered. Ensure that the person is wearing appropriate footwear. Check ferrules on walking sticks/frames regularly for signs of wear. Plan how to deal with attachments e.g. urine bags. Ensure rest pauses or ask a second carer to follow with a wheelchair if the individual is likely to tire.

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 who will give instructions.
2. Plan how to deal with attachments e.g. catheter bags, drip stands.
3. Plan the route, assess and deal with any difficulties e.g. obstacles.

### Providing assistance

1. If 1 carer is involved, assist the individual on the weaker side unless otherwise directed by suitably qualified staff Fig: 1).
2. Stand close to the individual at an oblique angle (about 45°). Use appropriate open palm holds.
3. Adjust your feet to allow space for both to walk. Follow the individual's movement as closely as possible and encourage them to look forwards not down at their feet to encourage good balance.
4. Walk at a pace suitable for the individual (Fig: 1).



Fig: 1

## Warning

- Check that the individual can reliably bear and maintain their own weight before assisting them to walk.
- Do not assist the individual's feet forward with your feet.
- Do not use drag holds that anchor you to the individual.
- Do not walk with an individual who may be unsteady perhaps due to the urgent need for a toilet, instead transport them there in a wheelchair and assist them to walk back.



Fig: 2

# Guideline C3: Assisting an individual to sit on a chair or bed

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before assisting an individual to sit.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual sit down independently? You may be able to facilitate this by encouraging the individual to feel the seat against their legs, bend forwards slightly and reach for chair arms/rails, then lower onto the seat.
<b>Ergonomics</b>	Ensure that the seat is suitable for the individual. Consider the use of chair/bed raisers, self lift/raised toilet seat, grab rails, bed lever, hand blocks. The need for mechanical equipment should be assessed for those who require more than minimal assistance. A riser chair/unit may be suitable for those who need support to lower onto a seat. An individual can be assisted to sit on an electrically operated height adjustable bed if it is raised to a suitable height and then lowered when they have sat on it. A standing hoist may be useful if the individual needs help with clothing or personal care. Refer to manufacturer's instructions for the use of mechanical equipment.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan. Encourage them to take their time and to sit well back on the seat.
<b>Safety</b>	Check that the seat will not move and that there is sufficient space for the individual to sit safely. Ensure that appropriate footwear is worn.

## Method 1: Assisting an individual to sit on a chair

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 which will give instructions.
2. If 1 carer is involved, assist the individual on their weaker side unless otherwise directed by medically qualified staff.
3. Plan the route carefully so that you do not get between the seat and the individual. This will avoid them having to step backwards.

### Providing assistance

1. Encourage the individual to move close to the seat and check that they can feel it against the back of their legs.
2. Stand just behind the individual's shoulder, facing forward, and close at an oblique angle.
3. Encourage the individual to reach for the chair arms or bed surface as appropriate and then encourage them to bend at the hips to get their bottom as far back as possible. Gentle direction may be given with open palm holds to encourage bending. Do not hold tightly or take most or all of the individual's weight.
4. Check that the individual is sitting safely, well back on the seat.

## Method 2: Assisting an individual to sit on a bed

This method should only be used to assist an individual to sit on a bed following a careful risk assessment when there is no other suitable alternative available e.g. a mechanical bed that can lower the individual. It may also be used to assist an individual to sit on other surfaces e.g. toilet, chair, if access from the side is not possible.

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 who will give instructions.
2. If 1 carer is involved, assist on the individual's weaker side unless otherwise directed by therapists.
3. If possible adjust the bed height so that the individual can comfortably perch on it.
4. Encourage the individual to move close to the edge of the bed and check that they can feel it against the back of their legs.

### Providing assistance

1. Stand in front of the individual slightly to the side at an oblique angle. Keep as close as possible with your feet offset.
2. If the bed height is adjustable it may be possible for the individual to perch on it then the bed is progressively lowered to enable the individual to sit independently.
3. Alternatively take a long low hold with the arm nearest the individual across their front and an appropriate open palm hold with the other hand across the shoulder blade or upper back to encourage forward movement.
4. Ask the individual to support themselves with a hand on the bed as they are assisted to sit.

### Warning

- An assessment must be made to ensure that the individual can reliably bear and maintain their weight. If they cannot do this it may be that mechanical assistance is needed.
- Check the individual is able to bend their hips and knees sufficiently (one knee should bend more than 90°).
- Do not use holds that anchor you to the individual
- Do not stand directly in front of the individual

## Guideline C4: Seating adjustment – moving forwards/backwards in a chair

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before assisting an individual to reposition in a seat.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual reposition themselves independently? You may be able to encourage them to walk their bottom forwards/backwards by verbal or tactile cues. Alternatively the individual may be able to stand and sit down again, or push on the chair arms to slide backwards.
<b>Ergonomics</b>	Check that the chair is of suitable height and style. Slippery clothes or upholstery fabrics can encourage sliding. Consider the use of an overhead, mobile or standing hoist, one way glide, wedge shaped cushion or footstool. The use of wheelchair footplates placed at an appropriate height may also prevent sliding forwards.
<b>Communication</b>	Always check how the individual wishes to be assisted and consult their handling plan. Encourage the individual to push on chair arms with their hands and lead the movement with their head.
<b>Safety</b>	Do not attempt to reseat an individual whose bottom has slipped beyond the front edge of the chair. If this happens, guide them gently to the floor using pillows/cushions for support. If an individual repeatedly slips forward it may be that they have been sitting in the same position for too long or that a reassessment of the chair is needed. Advice on seating can be sought from an OT. Check that the movement will not damage the individual's skin and that the seat will not move. One way glides and wedge shaped cushions may not be suitable for people with fragile skin or poor circulation and are not recommended for use on the top of pressure relieving cushions. Where manual assistance is hazardous, consider hoisting.

## Method 1: Manual assistance for seating adjustment or moving forwards/backwards

This method releases the pressure from one buttock and assists that hip to move forwards/backwards in the seat, a high level of skill and good teamwork are needed for this activity.

### Preparation

1. Two carers are usually needed. Carer 1 stands close to the individual's trunk at an oblique angle either to front or rear depending on access available. The other takes a position opposite, close to the individual's thigh at an oblique angle (Fig: 1).



Fig: 1

2. Carer 1 should give the instructions.
3. Ensure that the individual can understand and give a good level of cooperation.
4. Check that the movement will not damage the individual's skin.
5. Check that the chair will not move or that wheelchair brakes are on.
6. Assist the individual to position their feet closer to the chair if necessary.

## Providing assistance

1. Carer 1 assists the individual forwards off the back rest using palm holds and then takes a long low hold around the individual's back with appropriate, open palm hold on their forearm, trunk or upper arm. This carer then asks the individual to lift their head (Fig 2). As they do so the carer moves into an upright position assisting the individual to transfer their weight slightly off the opposite hip.
2. As the individual's weight is eased off the hip carer 2 standing or kneeling at an oblique angle as appropriate, close to the opposite hip, eases the individual's hip backwards/forwards (Fig: 3).



Fig: 2



Fig: 3

3. Each carer moves to the other side and repeats the actions on alternate sides until the required position is achieved. Lifting the individual should be avoided since a slight release of the weight is all that is needed.

## Method 2: Using a one-way glide/low friction aid to move back in a chair

This method involves the use of a low friction aid that only slides in one direction to assist the individual to move forwards/backwards in the seat.

### Preparation

1. 2 carers are needed. Carer 1 stands at an oblique angle either to the front or behind the individual and carer 2 takes a position opposite, close to the individual's thigh at an oblique angle, half kneeling.
2. Carer 1 should give the instructions.
3. Ensure that the individual can understand and give a good level of cooperation.

## Providing assistance

1. Encourage the individual to move enough to feed the glide/aid under their bottom.
2. Encourage the individual to lean forwards and push their body back. Carers can give gentle support around the trunk and the knees to assist the slide.
3. If using a low friction roller remove it immediately by drawing out the bottom layer towards the rear of the seat.

## Warning

- Do not attempt these manoeuvres with people who cannot give a high level of cooperation
- Do not lift all or most of the individual's weight
- Do not overreach over high back chairs to insert or pull rollers/ glides
- Do not use undue exertion. It may be that a mechanical aid is more suitable
- Do not attempt to reseat an individual who has slipped over the edge of the seat
- Do not leave an individual unattended on a low friction aid - a carer must remain in front
- Do not leave low friction aids on the floor – they may cause slipping
- Do not position low friction aids directly on the edge of a seat, leave a gap (approximately 8cm/3") to prevent the individual sliding off the chair
- Do not tug at a low friction aid. If it does not come out easily change the angle you are pulling

## Falls prevention

It is estimated that between a third and half of people over 65 suffer a fall in any given year. Most result in minor injuries but about a quarter require medical attention.

### Causes of falls

- **A previous fall** - someone who has fallen in the last year is more likely to fall again
- **Medication** - some drugs, including anti-depressants and diuretics, can cause dizziness and loss of balance
- **Poor balance and impaired gait** - these problems become common as we get older and can increase the likelihood of falling
- **Effects of illness** - many conditions increase the likelihood of falling e.g. Parkinson's disease, stroke, Alzheimer's disease, low blood pressure, low blood sugar levels. Osteoporosis does not cause falls but significantly increases the possibility of fracture
- **Poor vision** - means obstacles may not be seen and bifocal/varifocal glasses can distort view
- **Environmental hazards** - most falls occur due to hazards in the home e.g. trailing flexes, rugs, poor lighting, clutter on floor or stairs or climbing on chairs/stools to reach high items. Outside, uneven paving or unexpected steps may cause problems.

### Consequences of falls

Even if a fall does not injure an individual it may make them anxious about falling again, and in the long term this fear and lack of confidence can be disabling as a fall itself. For those who live alone a fall may result in hours of discomfort on the floor. Injuries may prevent a person from remaining independent and sadly, 40% of those who have a hip fracture die within six months, and a quarter of those who need hospital treatment die within a year.

## Managing the risk of falls

- **Exercise** - it is important to encourage activity to maintain or improve balance. Weight bearing exercises, such as walking and dancing help to maintain bone density. Strong bones are less likely to fracture if a fall occurs.
- **Diet** - as with all other aspects of health and well being a good varied diet helps to keep energy levels high and bones and muscles strong
- **Around the home** - ensure that homes are as safe as possible, remove tripping hazards and ensure good lighting. Sturdy steps properly set up on ground level should be used to climb.
- **Vision** - regular eye tests are important and ensure that glasses are worn if needed
- **Foot care** - is extremely important, individuals are less likely to walk with confidence if feet are painful. A podiatrist (chiropodist) can deal with problems like corns, bunions and verrucas. Shoes should be comfortable and secure.
- **General health** - checks should be made with a GP if dizziness or loss of balance occurs
- **Ears and hearing** - ear infections can upset balance, as can a build-up of wax in the ear canals
- **Clothes** - trailing garments like long skirts or trousers can catch heels particularly on stairs
- **Alarms and monitors** - there are various alerting products available that will let you know if an individual is trying to move, so that you can assist them.
- **Low beds and bedside rails** - for those who are liable to fall or climb out of bed and hurt themselves ultra-low beds are available. These can be raised for carers to work at a convenient height. Bed side rails must only be used after a careful risk assessment by a competent person, to ensure that individuals cannot become entrapped.

## If someone has fallen follow your organisations falls

### Procedure:

- Don't panic - check the person is breathing and conscious if not, call for emergency help immediately
- If they are conscious reassure them and cover them with a blanket to keep them warm until help arrives
- Do not attempt to move them if they are injured
- If they are uninjured you may be able to encourage them to follow the procedure for getting up from the floor in **Guidance C6 Assisting an individual who has fallen**

### Quiz: Falls and Falling

1. List 3 things you can do to prevent individuals falling:

- 
- 
- 

2. If an individual is falling should you:

- a. Let go of them
- b. Lower them to the floor
- c. Hold them up till help arrives

3. When would you not intervene if an individual is falling?

4. When would you give advice to an individual on how to get up after a fall?

5. What is your organisation's procedure for dealing with falls?

6. What equipment may be useful to raise an individual up after a fall?

7. What steps could you take to respect an individual's dignity following a fall?

8. How might a fall affect an individual's risk assessment?

## Guideline C5: Assisting an individual who is falling

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before assisting an individual to move.**

<b>Self help</b>	For those with a known risk of falling it may be possible for a physiotherapist to show them how to do this safely.
<b>Ergonomics</b>	Try and prevent falls by planning the route carefully before assisting an individual to walk. It may help to provide rest stops or ask a second carer to follow with a wheelchair after someone has had a period of inactivity. The need for walking equipment should be assessed.
<b>Communication</b>	Always check how steady the individual feels and consult their handling plan for a history of falls. If a fall occurs remain calm, if time allows explain that you will help the individual to lower to the ground safely; give clear guidance e.g. "do not pull my clothes".
<b>Safety</b>	A number of carers have been seriously injured trying to save an individual who is falling. It is therefore vital that a risk assessment is carried out for people who need assistance to walk and that staff are trained to assess the individual's ability to bear and maintain their weight before assisting them to stand or walk. The environment must be clear of tripping hazards. Ensure that the individual is wearing appropriate footwear. All falls must be reported and investigated.

### When an individual falls out of reach

When an individual falls out of reach there is not usually enough time to assist them to lower. Follow the organisation's procedure for checking for injury and establish the safest means of recovery. This will vary according to the type of service e.g. assisted recovery may be used in a ward/unit alternatively assistance from the emergency services may be required e.g. by community/home care services.

### When an individual falls within reach but is unsupported

There may not be enough time to assist the individual but it may be possible to redirect the fall to avoid injury e.g. by deflecting the individual against a wall and allowing them to slide down or to make the environment safer by pushing dangerous obstacles out of the way.

### When an individual falls with a carer in close contact

There is no guaranteed safe way of saving a falling person even when in close physical contact. The following points may help you to control a fall if you are reasonably matched in size, trained, and physically fit.

1. On the first signs of collapse move behind the individual into a balanced position (Fig: 1)
2. Keep close, stay balanced and use open hand holds (Fig: 2)
3. Adjust your feet to maintain balance, allow the individual to slide down your body and thigh/s (Fig: 3) until they are sitting on the floor (Fig: 4). Support the individual's head where possible (Fig: 5).



Fig: 1



Fig: 2



Fig: 3



Fig: 4



Fig: 5

## Warning

- Do not assist an individual to stand/walk unless you know that they can reliably bear their own weight as required
- Do not take all of the individual's weight or try to hold a collapsed person upright
- Do not try and drag the individual to furniture
- Do not twist and stoop whilst controlling the fall
- Do not use the drag hold or holds that anchor you to the individual as these will prevent sliding down

# Guideline C6:

## Assisting an individual who has fallen

Carers are twice as likely as those in most other professions to injure their backs through handling and moving activities. To help minimise these risks always consider the guidance below before assisting an individual up from the floor.

### On finding an individual

1. Raise the alarm to call for assistance.
2. Check that the environment is safe to approach e.g. that the individual has not pulled on an electrical appliance and exposed live wires, is not on or near hot pipes/sharp or imminent dangers.
3. Make the area safe and, if qualified, assess for injuries or stay with the individual until the manager/first aider/ emergency services arrive. Where possible sit/kneel on the floor close to the individual to offer support. If injury is suspected do not move the individual until an appropriately qualified carer has treated them and decided on the safest recovery method.
4. If an individual is unconscious follow first aid procedures. If there is an emergency situation e.g. fire, follow emergency procedures.
5. If there is no injury assess the most appropriate method to assist an individual up from the floor e.g. minimal assistance for those with appropriate body strength (refer to method 1 below), mechanical equipment e.g. elevator chair, lifting cushion (refer to method 2 below), mobile hoist (refer to guideline F3: Using hoists).

**Self help** If an individual can shuffle to furniture they may be able to raise themselves with encouragement. Alternatively they may find it easier to kneel on all fours and use furniture to push up on.

**Ergonomics** Ensure that there is sufficient space, provide strong low stages where appropriate for an individual to push up on e.g. a dining type chair, strong foot stool, sturdy low table. If an individual is in a confined space it may be necessary to use low friction equipment to assist them to slide into more space. Flat sliding sheets with handles are best but in an emergency anything that reduces friction will help e.g. polythene bin liners. A folded towel/sheet may be used to support an individual's back.

**Communication** People who have fallen usually want to get up quickly. Explain that there is no urgency and that it is better to get up safely and with dignity. Mechanical equipment can be frightening so explain procedures carefully. Where more than 1 carer is involved decide who should take the lead.

**Safety** An individual is safe on the floor and it is better to make them comfortable there than to get them up in an unsafe manner. Check that any furniture to be used is sturdy enough to support an individual and will not move, if necessary a carer should steady it. Ensure no friction damage occurs to heels or other parts of an individual's body. Report all falls i.e. complete accident forms, running records, care plans etc. as soon as possible.

## Method 1: Minimal assistance

This is suitable for an individual who can reliably cooperate and has the ability to get up from the floor with verbal prompts and appropriately positioned furniture.

### Preparation

1. Explain in a calm, confident manner what you are going to do. Be aware of the need for reassurance and avoid rushing. If possible, identify a carer who will stay close to the individual and give support throughout the manoeuvre (Fig: 1).
2. Ensure that there is sufficient space and remove any slipping hazards.
3. Ensure that any furniture required to be used as low stages is conveniently to hand.

### Providing minimal assistance

1. Bring 2 chairs or solid stools close to the individual.
2. Encourage them to roll onto their side (Fig: 2) and then onto all fours (Fig 3) placing the chair or stool in front of them to provide support.
3. Ask the individual to come to a half kneeling position then raise one leg so that the foot is flat on the floor (Fig: 4).
4. Position the second chair/stool close to the raised leg and ask the individual to place their hand on the seat, leaving space for their bottom to turn and sit (Fig: 5).
5. Encourage them to push up and swing the hips round to sit on the chair. It will assist the rotation if they look over the shoulder away from the chair as they push. Check that the individual is safely seated (Fig: 6).

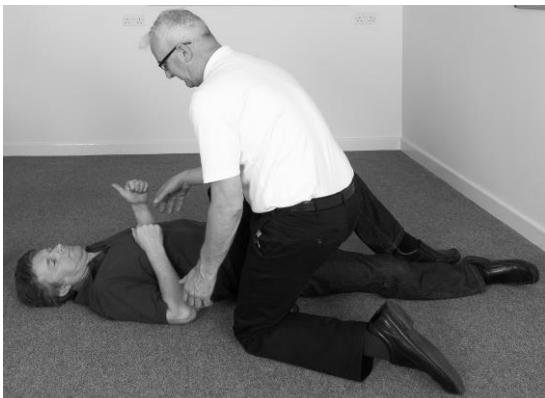


Fig: 1



Fig: 2



Fig: 3



Fig: 4



Fig: 5



Fig: 6

## Method 2: Lifting cushions and elevator chairs

Mechanical equipment should be used by a competent carer to lift an individual who is unable to get up from the floor independently. Powered lifting cushions and elevator chairs are run off rechargeable units that work by pumping air into a seat which raises an individual from the floor. They are particularly useful when there is no power source readily available. Refer to manufacturer's instructions for use of equipment.

### Preparation

1. Explain to the individual in a calm, confident manner what you are going to do. Be aware of body language and the need for reassurance. Identify a carer to stay close to the individual and give appropriate support throughout the manoeuvre.
2. Make the environment safe e.g. mop up spills, move furniture/equipment to create space, ask other people, not required to assist, to leave the area.
3. Plan how the individual will be raised and collect appropriate equipment e.g. lifting cushion, elevator chair, towels/pillows to protect dignity/limbs, temporary backrest (an upturned dining chair + pillows) wheelchair to transfer to.

### Providing assistance

1. If using a lifting cushion it may be helpful to provide a temporary backrest to assist the individual to get into a sitting position.
2. Alternatively when using an elevator chair ask or assist the individual to roll onto their side to position the chair according to manufacturer's instructions.
3. Protect the individual's comfort and dignity with pillows/towels etc as necessary.
4. Follow manufacturer's guidance to raise the individual, guiding and steadyng them as appropriate whilst ensuring their dignity and comfort as much as possible.
5. Encourage/assist a transfer as appropriate from the cushion or chair.



Fig: 1

## Method 3: Assisting an individual who has fallen in a confined space

If an individual falls in a confined space e.g. between a wall and fitted furniture, a toilet and wall, it will be necessary for them to shuffle or be assisted into more space so that equipment to assist the recovery can be introduced.

### Preparation

1. Explain to the individual in a calm, confident manner what you are going to do. Be aware of their body language and the need for reassurance. Identify a carer who will stay close to the individual and give appropriate support throughout.
2. Make the environment safe e.g. mop up spills, move furniture and equipment to create space and ask other people to leave the area.
3. Plan how the individual will be moved and collect appropriate equipment e.g. low friction rollers, sliding sheets, handling sling, pillows/towels to provide comfort, protect dignity and ensure safety.

### Providing assistance when an individual is sitting

1. Roll the low friction equipment up and feed it under the individual's legs, round under their bottom and up their back. It will help if the individual can rock slightly from side to side. A handling sling or folded towel may be used to give support around the individual's back.
2. Where sliding sheets with pull handles are used carers can stand and slide the individual out. If other equipment is used it will be necessary to kneel and use the handling sling or towel to slide the individual forwards.
3. Find the safest postures possible according to the space available and slide the individual very short distances at a time.

### Providing assistance when the individual is lying

1. Support the individual's head on a pillow or folded towel.
2. Feed the low friction equipment under the entire length of their body, this may be from the head or feet depending upon the most appropriate access.
3. Using the safest postures possible gently slide the individual short distances at a time



Fig: 1

### Warning

- If an injury is suspected do not move the individual and call for medical assistance
- Do not attempt to lift an individual but slide to safety or into sufficient space to use a hoist or other mechanical raising equipment
- Do not slide the individual whilst you are in a twisted or stooped posture

# Guideline D1: Introducing slide sheets or a low friction roller

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before using low friction equipment.**

Slide sheets and low friction rollers are useful in a number of situations to reduce friction when an individual is being moved. They benefit carers since less force is required to move someone. The individual benefits since less effort is required to move and friction damage to the skin is prevented. Low friction equipment is available in two main forms:

1. Sheets used in pairs that move in all directions or folded to give a double layer.
2. Tubes that give a double layer and movement in one direction.

**Self help** Can the activity be avoided i.e. can the individual move independently? Will introducing a slide sheet or low friction roller allow the individual to become independent or more active?

**Ergonomics** Be aware of the working postures that need to be adopted to introduce slide sheets or a low friction roller and adjust the height of the bed if possible. Soft beds make the task more difficult.

**Communication** Check how the individual wishes to be assisted and consult their handling plan. Explain what is going to happen and why the equipment is being used.

**Safety** Because they are very slippery, low friction aids are potentially hazardous and should not be left on the floor or close to the edge of a bed where people can slip on them. Do not leave an individual unattended on low friction aids. Take appropriate precautions for cross infection and hygiene. Refer to manufacturer's instructions for specific guidance.

## Method 1: Introducing slide sheets or low friction roller when the individual is lying

### Preparation (2 carers needed)

1. Decide which carer will give instructions and whether the aid will be unrolled from the individual's head or feet.
2. Fold the slide sheets or low friction roller to feed under the individual. Each fold should be approximately 15 cm (6 inches) wide. Do not concertina it since this makes the sheet/roller difficult to unroll under the individual.
3. The carers stand on opposite sides of the bed and if possible adjust the height so they can easily reach underneath the pillow under the individual's head.

### Introducing the sheets/roller

1. One carer slides the folded sheets/roller under the pillow or person's feet to the other carer. The sheets/roller should lie across the bed with the roll in contact with the bed and positioned so it will unroll (Fig: 1).

2. Both carers adopt an oblique position and hold the top of the sheets/roller firmly with one hand and use the other to unroll the folded section. The aid will unroll under the individual and be flat (Fig: 2).



Fig: 1



Fig: 2

3. Carers should move together and avoid twisting. If the roll gets stuck one carer may gently ease the individual a little towards them whilst the other frees it.
4. Check that the sheets/roller are under the individual's body wherever friction needs to be reduced. If this is not the case it may be that another smaller aid is needed.

## Method 2: Introducing slide sheets or low friction roller by rolling an individual

### Preparation (2 carers normally needed)

1. Carer 1 rolls half of the slide sheets/roller lengthwise into a tight roll.

### Introducing the sheets/roller

1. Carer 2 assists the individual to roll onto their side (refer to guideline D3: Assisting an individual to roll or turn).
2. Carer 1 places the roll facing downwards on the bed and pushes it underneath the individual taking care not to catch fingers on the individual's skin by keeping a layer of fabric between the carer's hand and the individual (Fig: 3).



Fig: 3

3. The individual is rolled onto their back.
4. Carer 2 should be able to place their hand, palm up, close to the individual and grasp the fabric to pull the sheets/roller so that they are flat on the bed.
5. Check that the sheets/roller are under the individual's body wherever friction needs to be reduced. If this is not the case it may be that another smaller aid is needed.

### Warning

- Take care when choosing slide sheets or a low friction roller to ensure they are large enough to cover all the relevant friction points on the individual being moved
- Check that there are always two layers of fabric under the individual to ensure easy sliding
- Only slide the individual very short distances, repeat the actions rather than overreach
- Do not leave an individual unattended on a low friction aid
- Do not leave low friction equipment on the floor – it may cause slipping
- Do not tug at the low friction equipment as this may cause neck and shoulder injuries

## Guideline D2: Assisting an individual to move up or reposition on a bed

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before assisting an individual to move on a bed.**

<b>Self help</b>	Can the activity be avoided altogether i.e. can the individual reposition themselves independently if verbal encouragement is given? It may be easier for some to sit out on the side of the bed and shuffle up the edge rather than move on it in a lying position.
<b>Ergonomics</b>	Plan transfers so that the individual is in the correct position to avoid unnecessary moves. An overhead pole, hand blocks, low friction aids, a one way glide, or firm mattress may assist an individual to move independently. Profiling beds may prevent people sliding down. If there is no alternative to moving an individual up a bed a hoist is likely to be the safest option (refer to guideline F3: Using hoists). Low friction equipment may be suitable to slide lighter people on firm mattresses. This is easier if the bed is height adjustable. Ensure that there is sufficient space for carers to work. Slippery clothes may contribute to slipping down the bed.
<b>Communication</b>	Check the individual's handling plan for guidance. It may be helpful to break down the movements and give clear instructions for each stage to encourage an individual to move themselves. If working with another carer one should give clear instructions to ensure good coordination when using sliding aids.
<b>Safety</b>	Manually repositioning an individual on a bed/table is a high risk activity and should be avoided whenever possible. Sliding people on low friction equipment may not be suitable for heavy people or those on soft mattresses. Protect the individual's heels from friction.

### Method 1: Assisting an individual in a lying position

#### Preparation (2 carers needed)

1. If possible adjust the bed/table to a suitable height and remove the headboard.
2. Assist the individual to roll (refer to guideline D3) and introduce a low friction roller or slide sheet under the length of their body (refer to guideline D1).
3. Ask or assist the individual to keep their arms across their body.
4. Stand level with the individual's trunk at an oblique angle facing down the bed.  
Alternatively, on a low bed, place nearest knees on the bed.

#### Providing assistance

1. Some profiling beds may be gently tilted so gravity assists the individual to slide.
2. Alternatively each carer grasps the top layer of the slide sheet or low friction roller.
3. One carer gives clear instructions e.g. "ready, slide" and they both move together leading the movement with their heads to slide the individual a short distance (Fig: 1).

4. Adjust positions and repeat as necessary until the individual is in the correct position.
5. Remove the sliding aid immediately.



Fig: 1

## Method 2: Assisting an individual in a sitting position

This method can involve the use of a low friction aid that either slides in one direction only or in both directions. It is only suitable for those with good sitting ability. Space is needed each side of the bed.

### Preparation (2 carers needed)

1. Ensure that the individual can understand and give a good level of cooperation.
2. If possible adjust the bed to a comfortable working height and remove the headboard.
3. Carers stand on opposite sides of the bed level with the individual's trunk at an oblique angle facing down the bed.

### Providing assistance

1. Encourage the individual to move from side to side to position the one way glide/low friction aid under their bottom.
2. Encourage the individual to push their body back a distance and repeat as necessary until they are in the correct position.
3. Remove low friction aid immediately.



Fig: 2

### Warning

- If using a bed's tilt mechanism limit the raise so only slight movement is facilitated
- Do not leave an individual unattended on a low friction aid
- Do not leave low friction equipment on the floor – it may cause slipping
- Do not tug at the low friction equipment as this may cause neck and shoulder injuries

## Guideline D3:

# Assisting an individual to roll or turn

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before assisting an individual to roll or turn.**

Please note the word **roll** has been used here to indicate the movement that involves travel to a different part of the bed i.e. from the centre to the edge of the bed (usually for personal care, change sheets etc). **Turn** refers to where a roll is combined with a sliding movement so that the individual moves their position but remains in the centre of the bed (usually for comfort or pressure relief). Some care providers prefer to use a 30° tilt to alleviate pressure areas and reduce effort required by regular turning.

<b>Self help</b>	Can the activity be avoided i.e. can the individual move independently, perhaps if an appropriate rail or bed lever was provided? To roll, encourage them to slightly bend both legs and position one arm in the direction of the roll and the other where it will not be rolled on i.e. above the head, across the chest. Ask them to look in the direction they will roll. To turn encourage the individual to shuffle across the bed/table to create space, and then roll as explained above.
<b>Ergonomics</b>	Sufficient space is needed around the bed for the carers. The bed should be of suitable height with a firm mattress. Equipment that may be useful includes a mechanical turning bed, mattress tilting mechanism, low friction roller, sliding sheet, bed lever.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan. Encourage them to assist if possible. It may help to break actions down and explain simply. It can be frightening being near the edge of the bed so reassure as necessary.
<b>Safety</b>	Check that the individual cannot roll off the edge of the bed/table. If they are large or cannot cooperate, mechanical equipment may be needed. Slide sheet or low friction rollers should be used smoothly with confidence so that the individual is not moved in a sudden, uncontrolled manner. Protect the open side of the bed when the individual is positioned towards the edge. Roll or slide them towards you. Check shoulder comfort when the individual is on their side.

## Rolling an individual (for personal care etc)

### Preparation (2 carers normally needed)

1. Assess how many carers are needed (1 carer may be enough for those requiring minimal assistance, 2 are usually needed). Normally they work on each side of the bed but if an individual is large it may be easier for them to work on the same side or a 3<sup>rd</sup> carer may be needed (2 to facilitate the roll, the other to give personal care etc).
2. The following instructions are for 2 carers and will need to be modified if more or less are used. The carers position themselves on opposite sides of the bed and where possible adjust it to a suitable height. If it is low, they will need to place a knee on it.
3. The carers assist the individual to position their limbs ready to roll (see self help above).

## Providing assistance

1. The carer, on the side the individual is to roll towards, stands level with their waist at an oblique angle and takes open palm holds on the individual's shoulder and upper back.
2. They ask the individual to look in the direction of the roll. The carer relaxes down a little and comes up again, leading the movement with their head (Fig: 1) this starts to facilitate the roll. Repeat the movements until the individual is in the desired position (Fig: 2).
3. The other carer may help to start the roll from the opposite side of the bed.



Fig: 1



Fig: 2

## Warning

- Do not leave an individual lying on the side of the bed unattended or without safety sides
- If an individual has had a recent hip replacement check instructions on how to assist

# Turning an individual with a sliding sheet/low friction roller (for pressure care/comfort)

## Preparation (2 carers normally needed)

1. Assess the number of carers needed as explained in rolling above.
2. Assist the individual to roll onto a sliding sheet/low friction roller (Fig: 3)
3. Check that the individual is in an appropriate position ready for the turn (Fig: 4)



Fig: 3



Fig: 4



Fig: 5



Fig: 6

## Providing assistance

1. Grasp the top layer of the sliding sheet/low friction roller close to the individual. Use a small gentle pulling action, leading the movement with the head to slide the individual a little. Retake your hold on the roller and repeat several times and the individual will gradually move slightly across the bed and then turn onto their side (Fig: 5).
2. Remove the sheet/roller by gently pulling the bottom layer (Fig: 6). Check the individual's comfort.

## Warning

- Do not leave an individual lying on the side of the bed unattended or without bed rails
- It may be inappropriate for those with certain medical conditions or undertaking some rehabilitation programmes to pull on bed levers. If in doubt check with a therapist.
- If an individual has had a recent hip replacement check instructions on how to assist
- Do not leave an individual unattended on a low friction roller
- A second carer or bed sides should be used to prevent an individual rolling off the bed
- Do not leave low friction rollers on the floor – they may cause slipping
- Do not tug low friction equipment as this may cause neck and shoulder injuries

## Guideline D4: Assisting an individual in/out of bed or on/off a trolley or table

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before assisting an individual to get in/out of bed.**

<b>Self help</b>	Can the activity be avoided altogether i.e. can the individual get into bed independently, perhaps by crawling on the bed and then turning over; sit on the edge, then lay on their side and draw their legs up; or sit on the edge of the bed, then shuffle into the centre, turn and draw their legs up.
<b>Ergonomics</b>	The bed should be of appropriate height with a firm mattress. Low friction rollers, sliding sheets, a fabric turntable, hand blocks and bed levers may assist movement on the bed. Leg raisers can enable those with arm strength to lift their own legs. Powered leg raisers exist for those who cannot do this. A handling sling or single layer slide sheet under the legs reduces the distance carers have to reach down to lift legs. A hoist should be used for non weight bearing people.
<b>Communication</b>	Check how the individual prefers to get into bed e.g. by lying on their side or swivelling into bed. Ensure that the individual can cooperate. Give clear prompts e.g. "reach across the bed and look at your hand" to encourage trunk rotation.
<b>Safety</b>	Check that the bed/table will not move. Ensure the individual has sufficient trunk control to prevent them tipping backwards when their legs are lifted or that a backrest or second carer can provide support. Use low friction equipment if there is risk of skin damage. Check the individual is sitting far enough up the bed to avoid having to assist them to move up the bed again later.

### Method 1: Assisting an individual to swivel into bed

#### Preparation (2 carers may be needed)

1. Assess the number of carers needed (1 will be required if the individual can reliably support themselves with their legs raised, otherwise 2 will be required).
2. Adjust the bed to a suitable height if possible and position a sliding sheet or low friction roller, if required, where the individual's buttocks and their legs will be placed on the bed. Ensure there is a gap between the low friction aid and edge of the bed to prevent the individual slipping off.
3. Encourage the individual to sit on the sheet/roller and shuffle/slide to the centre of the bed. Hand blocks may be used to assist this.
4. Stand close to the individual at an oblique angle facing the foot of the bed and adjust the bed height again if required.
5. If a second carer is required they position themselves ready to provide support for the individual's trunk.
6. Encourage the individual to rotate their body as much as possible.

## Providing assistance

1. Support the individual's ankles. A handling sling placed behind the individual's ankles may be used to prevent stooping.
2. Ask the individual to look over their far shoulder and reach across the bed and as they do so assist them to raise their legs to the edge of the bed (Fig: 1).
3. Ask the individual to move their legs to the centre of the bed or use low friction equipment to assist this.
4. Remove any low friction equipment that has been used.



Fig: 1

## Method 2: Assisting an individual into bed - side lying

### Preparation (1 carer is usually needed)

1. Ensure that the individual can reliably lower onto their side as their legs are raised, and that they are in the correct position for their head to rest on the pillow as they lower.
2. Adjust the bed to a suitable height if possible.
3. Stand close to the individual at an oblique angle facing the foot of the bed.
4. Explain to the individual that they will need to lower onto their elbow, then shoulder, and that as they do so you will assist them to lift their legs.



Fig: 2

## Providing assistance

1. Encourage the individual to lower onto the pillow.
2. As they do, support/assist them to raise their legs onto the edge of the bed. A handling sling may be used to prevent stooping (Fig: 2).
3. Ask the individual to roll onto their back to enable them to move to the centre of the bed.

## Method 3:

### Assisting an individual to swivel out of bed

#### Preparation (2 carers may be needed)

1. If possible adjust the bed/table to a suitable height and position low friction equipment under the individual's buttocks. This needs to be positioned carefully so it will assist the individual to turn when sitting, but do not allow them to slide down the bed. Place another sliding sheet or low friction roller under the individual's legs.
2. If a second carer is required they position themselves ready to provide support for the individual's trunk

#### Providing assistance

1. Encourage or assist the individual to sit up (refer to guideline D5: Assisting an individual to sit up from lying).
2. The second carer gives support to the individual's trunk where appropriate.
3. Use a low friction aid to gently move the individual's legs to the edge of the bed.
4. Encourage the individual to shuffle to the edge of the bed.
5. Remove any low friction equipment that has been used.

## Method 4:

### Assisting an individual out of bed - side lying

This method is only suitable for people who can give a good level of assistance and have good trunk and upper limb control.

#### Preparation (1 carer is usually needed)

1. If possible adjust the bed to a suitable height.
2. Explain to the individual that they will roll onto their side and then move their legs over the edge of the bed then sit up.

#### Providing assistance

1. Ask or assist the individual to bend their knees.
2. Encourage or assist the individual to roll onto their side (guideline D3).
3. Position and guide their feet over the edge of the bed (a low friction aid may be used under the legs to assist this).
4. Take a hold under the lower shoulder and an open palm hold on the opposite hip.
5. Ask the individual to push with their elbow and hand on the bed.
6. Guide the hip down as the individual pushes on their hand.



#### Warning

- These methods are only suitable for those who can give a high level of cooperation
- Ensure the individual can reliably move and maintain their balance before giving assistance. Mechanical aids should be used to assist those who cannot do this.
- Do not leave an individual unattended on a low friction roller
- Do not leave low friction rollers on the floor – they may cause slipping
- Do not position low friction rollers directly on the edge of a bed
- Do not tug at the roller. If it does not come out easily keep changing the angle of pull.

# Guideline D5: Assisting an individual to sit up from lying

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the guidance below before assisting an individual to sit up in bed:**

Since there is a wide range of equipment readily available for this activity guidance is only given here on how to encourage an individual to sit up independently with verbal prompts or with equipment.

<b>Self help</b>	Can the activity be avoided altogether i.e. can the individual sit up independently if they roll onto their side and push up on their elbow and hand?
<b>Ergonomics</b>	A bed lever or rope ladder (Fig: 1) may assist those with upper body strength to sit up independently. The use of a profiling bed, a mattress or pillow elevator can eliminate the need for manual assistance altogether. It may be more suitable to hoist some people into a sitting position e.g. those with specific positional requirements.
<b>Communication</b>	Verbal prompts may encourage an individual to roll onto their side and push up on their elbow. If mechanical equipment is being used it is important to check for comfort throughout.
<b>Safety</b>	Check the individual's handling plan for specific instructions. Only operate equipment if you know how to use it otherwise seek guidance from a senior member of staff. Ensure that cables are not trapped or left where they can be a tripping hazard.

## Giving verbal prompts to encourage an individual to sit up

1. Encourage the individual to roll on to their side with knees slightly bent
2. The individual should then push up on to an elbow and then hand and turn into a sitting position. Provide backrest/supports as necessary.

## Using equipment to sit up in bed

1. Since there is a wide range of equipment available to assist an individual to sit up in bed it is advisable to seek the advice of an occupational therapist when choosing a device.
2. Refer to manufacturer's instructions for guidance on operating specific pieces of equipment.



Fig: 1

## Warning

- Assisting an individual to sit up in bed involves raising two thirds of their weight. Most adult's weight means that this is a high risk activity if performed manually and should therefore be avoided wherever reasonably practicable.

# Guideline D6: Postures for carrying out procedures or examining people in bed

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before you carry out procedures or examinations for people in bed:**

<b>Self help</b>	Where possible encourage an individual to move their limbs independently to assist with the examination or procedure. Ask the person to move as close as possible to avoid overreaching.
<b>Ergonomics</b>	Well designed treatment/examination tables and seating will help to reduce postural strain e.g. adjustable height tables, adjustable back rests, front support chairs. Use limb supports to avoid having to hold limbs whilst carrying out procedures.
<b>Communication</b>	Always check how an individual wishes to be assisted and consult their handling plan.
<b>Safety</b>	Check the environment is safe e.g. clear and free from obstructions. Avoid prolonged fixed postures especially leaning forward and twisting.

## Preparation

1. Check the handling plan for any specific instructions.
2. Ensure that the correct seating, table and other equipment is appropriately positioned and that any items to be used are conveniently to hand e.g. dressings.
3. Ensure that there is sufficient space and that an individual is at a suitable height for the examination/procedure.
4. Take any necessary steps to ensure an individual's dignity e.g. protect clothing.

## Providing assistance

1. Where necessary adjust seating and bed/table heights to comfortable levels. Position pillows/cushions to provide appropriate support.
2. Position close, if appropriate place a knee onto the bed. If seated, position the chair close. Working obliquely minimises the need to twist. Alternatively sitting at the corner of a table or opposite an individual may help to avoid twisting..
3. For lengthy procedures, where possible, arrange for staff rotation and consider work schedules to avoid prolonged periods of stressful activities

## Warning

- Avoid supporting limbs for extended periods
- Avoid prolonged fixed postures, especially stooping and twisting

# Guideline E1: Assisting an individual to transfer from one seat to another

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before assisting an individual to transfer from one seat to another.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual transfer independently? Some people may be able to stand, step round and sit down. Others may be able to pivot without reaching a fully upright position provided that suitable equipment is available (see method 1 below). Those with good balance and arm strength may be able to use a transfer board.
<b>Ergonomics</b>	The height of the two seats should match. Folding or removable armrests greatly assist a transfer. Seats should be at a convenient angle and distance for the individual. Other equipment to consider includes; turning disc, standing turner, transfer board, grab rails/levers.
<b>Communication</b>	It may be helpful to give guidance with words such as "look this way" or "push on the arms of the chair" to encourage the individual to position their body appropriately
<b>Safety</b>	A number of assisted transfers are considered unsafe e.g. front assisted transfers (bear hug, drag holds/lifts). The following options are recommended for routine care situations: <ol style="list-style-type: none"> <li>1. Independent pivot transfer (see method 1 below)</li> <li>2. Stand, step, and sit (see method 2 below)</li> <li>3. Mechanical standing/turning aids (see method 3 below)</li> <li>4. Stand, exchange seat and sit (see method 4 below)</li> </ol>

## Method 1: Independent pivot transfer

This method is only suitable for those who have good upper body strength and can give good cooperation.

### Preparation

1. Ensure the height of the receiving surface is matching or nearly matching.
2. If the individual is in a wheelchair, remove armrests/footplates as appropriate.
3. Place the seats and any other equipment at a convenient angle.

### Providing prompts to encourage a pivot transfer

1. Encourage the individual to move to the front of the seat and bring the hip closest to the receiving seat as near to it as possible then place the foot nearest that seat ahead of the other (where appropriate a transfer board and/or turntable may be introduced at this point). Encourage the individual to reach for the far side of the chair.
2. Once in position encourage the individual to look away from the chair they will move to and push with their arms (this facilitates the body to rotate).
3. Use verbal or tactile prompts to encourage the correct direction of movement.

## Method 2: Stand, step and sit transfer

This method is suitable for those who can step with the assistance of 1 or 2 carers.

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 which will give the instructions.
2. Position the surfaces to allow sufficient space for the transfer, yet near enough together so that the individual can step between the seats.

### Assisting to transfer

1. Assist the individual to stand, walk and sit (refer to guidelines; C1: Assisting I to stand, C2: Assisting to walk and C3: Assisting to sit).
2. The carer may need to facilitate the individual to turn towards the chair as they walk towards it. The carer also needs to ensure that they do not position themselves between the individual and the chair since this will mean that the individual has to walk backwards or that the chair has to be moved. When 2 carers assist it is inevitable that one gets between the individual and the chair. This will mean that the individual needs the ability to step back or that the chair needs to be brought to them.

## Method 3:

### Transfer using mechanical standing/turning aids

Standing turning aids are suitable for those who can reliably stand and sit but who have difficulty stepping. Standing hoists are useful for those with upper body control but whose weight bearing ability may be unreliable. Refer to manufacturer's instructions for guidance on mechanical equipment.

### Preparation

1. Assess if 1 or 2 carers are needed and if 2 which will give the instructions.
2. Ensure sufficient space to use the equipment and position seats appropriately.

### Assisting to transfer

1. Introduce and operate the equipment according to manufacturer's instructions.
2. Once the individual is standing turn the equipment until they can sit on the second seat. Remember to use the principles taught for pushing/pulling/turning to avoid twisting (Figs: 1-4)



Fig: 1



Fig: 2



Fig: 3



Fig: 4

## Method 4: Stand, exchange seat and sit

Suitable for those who can stand and sit, but are unable to turn. Where the individual needs support to stand while the chairs are exchanged another carer will be needed since it is not safe to move chairs while supporting an individual.

### Preparation

1. Assess if 1, 2 or 3 carers are needed and which one will give the instructions.
2. Ensure the surface to be transferred to is positioned within easy reach.
3. If the individual is sitting on a wheelchair or commode ensure that the brakes are on until they are safely standing.
4. Remove/swing back footplates and armrests as appropriate.

### Providing assistance to transfer

1. Assist the individual to stand (refer to guideline C1: Assisting an individual to stand).
2. Encourage the individual to support themselves once standing if able (a rail or equivalent may facilitate this), alternatively 1 or 2 carers may support the individual, whilst another carer exchanges the seats.
3. Assist the individual to sit down taking care that the brakes of wheeled chairs are on (refer to guideline C3: Assisting an individual to sit).

### Warning

- Ensure that the correct method is being used according to the individual's capabilities
- Do not lift most or all of the individual's weight
- Do not use the drag lift or holds that anchor you to the individual
- Lifting belts/slings are not recommended for general use.
- Do not stand in front of an individual to help them to stand unless a risk assessment has been undertaken to show that this is appropriate and training has been provided by a therapist or appropriately qualified person. Those teaching such techniques must write down procedures to follow and ensure that those who will perform them are competent to do so. Records must be kept to show this has been done.
- Do not manually support an individual and at the same time adjust clothes etc.
- Ensure that seats cannot move during the transfer

## Guideline E2: Transferring an individual between beds, trolleys or tables

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks consider the following guidance before assisting an individual to move.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual shuffle across the bed/trolley e.g. with the assistance of a sliding board or slide sheet.
<b>Ergonomics</b>	Ensure there is suitable equipment and enough space for the carers. Adjustable height beds/trolleys should be used. Equipment to assist includes mechanised transfer aids such as 'Airpal', full length slide boards e.g. 'Patslide', low friction rollers/sheets some of which are available with handles.
<b>Communication</b>	Where appropriate check how the individual wishes to be assisted and consult their handling plan. Try to involve them and check their comfort throughout. Good leadership and teamwork are needed to ensure coordinated movements.
<b>Safety</b>	Ensure that the individual cannot fall between the two surfaces. Brakes must be applied so that the surfaces will not move. Slide boards should be secure so they cannot move throughout the transfer. Check floors for slipping hazards e.g. spills. Consider the individual capability of staff and match height where possible. Trolleys/beds/tables all have slightly differing operating instructions therefore manufacturer's instructions must be referred to.

### Preparation (3, 4 or more carers may be needed)

1. The individual's size and weight should be assessed and an appropriate number of carers involved.
2. Identify who will be the team leader to give instructions.
3. Ensure all attachments are secure and not likely to cause injury e.g. catheter bags.
4. Check the brakes are on the bed/trolley that the individual is on and adjust it to a comfortable working height.
5. Position the bed/trolley and any other equipment required close to hand.

### Performing the transfer

1. 2 staff roll the individual onto their side facing away from the direction they will be moving towards (refer to guideline D3: Assisting an individual to roll or turn)
2. 2 other staff position the transfer aids e.g. Patslide, low friction sheet, long handled slide sheet, behind the individual and roll them back partly onto it.
3. Position the second bed/trolley close alongside and apply brakes. If possible this should be slightly lower (5cms) than the surface the individual is on (Fig: 1)
4. Slide the individual across in stages taking care not to overreach.
5. Remove sliding equipment and ensure individual's comfort.



Fig: 1

### Warning

- Avoid overreaching across the bed/trolley to assist with the transfer.

## Guideline E3: Moving and supporting an individual's limb/s

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before moving or supporting an individual's limb/s.**

<b>Self help</b>	Can the activity be avoided i.e. can the individual move their limb/s independently? It may be possible to encourage the individual to use a stronger limb to move a weaker one.
<b>Ergonomics</b>	Use adjustable height beds, chairs if available. Consider using equipment to move or support a limb/s e.g. a leg raiser for those with arm strength, a powered leg raiser for those unable to lift their own legs. A handling sling under the legs reduces the distance carers have to reach down to lift legs. Limb supports should be used where limbs require support for longer periods e.g. plastering, bandaging. For very heavy limbs a hoist should be considered. If kneeling is unavoidable kneeling mats, kneeling stools or wipeable pillows will be needed.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan for instructions.
<b>Safety</b>	Assess the environment and prepare an area so that there is sufficient space to adopt suitable working postures, check it is clear and free from obstructions. Avoid prolonged holding and sustained postures by varying tasks.

### Preparation

1. Check the handling plan for specific instructions e.g. method for dressing, bandaging, how to deal with painful areas, movements that trigger or inhibit spasm, the number of carers required.
2. Ensure that there is sufficient space and that the individual is at a suitable height for the carer to work in safe postures.
3. Position the individual and any equipment so that the carer/s can work safely.

### Providing assistance

1. Position close to the limb/s e.g. on the near side of the bed/chair and where necessary place a knee on the bed to position close.
2. Use open palm holds to move and position limb/s.
3. Avoid gripping holds.
4. Avoid lifting limbs wherever possible and by sliding or rolling them instead.
5. Vary working positions, change tasks or take rest breaks if the activity involves sustained postures.

### Warning

- Lifting legs from near floor level is potentially hazardous and should be avoided where possible.
- Do not try to support an individual's limb and at the same time apply dressings or adjust garments.
- Avoid supporting limbs for extended periods.

# Guideline E4: Assisting an individual to dress

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before you assist an individual to dress.**

<b>Self help</b>	Encourage independence where possible e.g. offer guidance on which limb to place into garments first. An OT may be able to teach new skills but practise may involve a considerable amount of time.
<b>Ergonomics</b>	An OT may be able to provide aids to assist independent dressing e.g. dressing stick or pick up stick to help those with limited reach, button hooks, sock/stocking/tights aid, and compression stockings aid. They can advise on how to adapt clothing e.g. replace buttons with Velcro or poppers. Loose clothes and elasticated waistbands may be easier than tight fitting clothes. Slip on shoes or Velcro fastenings are alternatives to laces. Front opening bras for women and boxer shorts may be easier to manage. Adjustable height surfaces may prevent carers needing to adopt stressful postures.
<b>Communication</b>	How we dress says a lot about our personality and for most it is important to be able to choose our own clothes and dress in our preferred manner for as long as possible. If assistance is needed offer it tactfully and sensitively and offer choices where possible.
<b>Safety</b>	Check for painful areas and any limits in the individual's range of movement. Ensure that the room is warm enough.

## Preparation

1. Check the handling plan for specific instructions e.g. how to deal with painful areas, movements that trigger or inhibit spasm, preferred routine.
2. Enlist the help of other carers if needed and collect any clothing/equipment required.
3. Ensure there is sufficient space and that the individual is at a suitable height.
4. Prepare clothing e.g. lay it out in the sequence it will be used, undo buttons, pull sleeves through and place within reach.
5. Take any steps necessary to ensure the individual's dignity, privacy and comfort.

## Providing assistance

1. Check that the individual is warm and comfortable with appropriate support.
2. Incontinence pads and special pants are usually easier to deal with when an individual is lying down. This makes washing and drying the individual easier too.
3. Avoid lifting both legs from a bed/table to position clothes/pads. Roll limbs individually instead.
4. Change positions to deal with different items of clothing to avoid poor postures. It is usually easier to assist with trousers/pants whilst the individual is lying and can roll from side to side or 'bridge' (bend the knees and dig the feet into the bed/table to lift the hips) and for them to sit on the edge of the bed/table to assist with shirts/tops.

## Warning

- Do not try to support an individual's weight and at the same time adjust garments
- Avoid fixed postures especially prolonged stooping

# Guideline E5:

## Assisting an individual with toileting

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before assisting an individual with toileting.**

<b>Self help</b>	It is important to maintain an individual's privacy and dignity during toileting activities wherever possible. Many can use the toilet independently if suitable equipment or adaptations are made? An OT may be able to advise on adapted clothing to assist undressing/dressing as well as the ergonomic factors listed below.
<b>Ergonomics</b>	If an individual is experiencing difficulties accessing a toilet it is advisable to consult an OT since there are so many issues to consider including access to the room and transferring on/off the toilet. Special equipment may provide the solution e.g. mobile sanichair, raised toilet seat, riser toilet seat, handrails, automatic toilet, transfer boards. Certain features of wheelchairs can help with toilet transfers e.g. removable armrests to gain access to clothing, fit slings, transfers, wheelchair cushions can be cut out at the front to allow use of a hand held urinal, wheelchair footrests that can retract/be removed to provide more space. If simpler solutions cannot be found adaptations to the building may be necessary.
<b>Communication</b>	Personal hygiene is very important to all of us and people can be very distressed and feel humiliated when they need assistance to manage toileting activities. Check how the individual wishes to be assisted with tact and sensitivity and consult their handling plan
<b>Safety</b>	Check the environment for hazards e.g. water spillage, obstacles and tripping hazards such as pedestal mats. Ensure the individual does not pull on fittings such as toilet roll holders. If necessary arrange for an assessment for grab rails. Ensure that there is sufficient space and good lighting. Avoid fixed postures especially prolonged stooping and twisting.

### Preparation

1. Check the handling plan for specific instructions e.g. which transfer method is to be used, individual preferences, equipment required.
2. Prepare the toilet area so it is suitable for the individual's abilities e.g. remove mats/obstacles to create sufficient access for the individual and space for carers.
3. Lay within easy reach any items that maybe required e.g. pads.
4. Ensure the individual's dignity, privacy, comfort and warmth.

## Providing assistance

1. Follow instructions in the individual's handling plan to transfer to/from the toilet (refer to guideline E1: Assisting an individual to transfer from one seat to another).
2. Ask or assist the individual to undress as stated in the handling plan (refer to guideline E4: Assisting an individual to dress).
3. Where the toilet does not allow space for safe transfers a transfer can be made onto a mobile sanichair outside the toilet where there is more space.
4. Independent cleansing should be encouraged. This may be helped by the provision of an adapted toilet seat allowing better access, long handled aids, automatic bidet systems etc.
5. For a more dependant person the safest option may be a hoist. The sling used will need to be appropriate for the individual's abilities, some will be able to use a toileting sling that allows normal clothes to be removed and replaced whilst the individual is supported in the sling. For those who require the support of a full body sling clothes will either need to be adapted so that they can be removed and replaced when the individual is sitting in the sling or removed on a bed or changing table before the sling is fitted.
6. When using a bedpan it may be possible for the individual to raise themselves if an overhead lifting pole or hand blocks are provided. Alternatively the bedpan can be introduced by rolling the individual from side to side. If this is not possible a hoist should be used.
7. Male or female urinals may be used in lying positions.
8. Where people are too frail for any of the above methods or are unconscious incontinence pads will be required. For guidance on changing these and soiled bed linen see Guideline D3 –Assisting an individual to roll or turn)

## Warning

- Do not try to support an individual's weight and at the same time adjust garments or clean
- Do not manually lift an individual from a wheelchair to a toilet or sanichair. If the individual is unable to weight bear a transfer board or suitable hoist and sling should be used
- When using mobile sanichairs over toilets check there is no risk of entrapment
- Care should be taken to provide supports when an individual is sitting on a bedpan since the individual may feel unbalanced

# Guideline E6: Assisting an individual to bathe/wash/shower

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following before you assist an individual to bathe/wash/shower.**

<b>Self help</b>	Most of us enjoy a soak in the bath and if it becomes difficult or impossible an OT can often suggest equipment to overcome the problem. Some people prefer to shower and there is a range of equipment that can assist if this too becomes difficult. Find out about person's normal routine and encourage them to continue this providing support where needed. If neither of these options is possible the individual may be able to strip wash independently.
<b>Ergonomics</b>	There is a wide range of bathing equipment available including bath boards/seats, adjustable height baths, flat access showers, grab rails, shower trolleys etc. Long handled aids are available to assist washing e.g. sponges. With so much equipment available it is best to consult an OT before purchasing expensive items.
<b>Communication</b>	Check how the individual wishes to be assisted and consult their handling plan. It can be embarrassing to be undressed in front of others so always explain why you are undressing someone and only uncover the part of their body you are washing at the time.
<b>Safety</b>	Lifting people in and out of a bath is a high risk activity and should be avoided by using appropriate equipment or assisting the individual to have a strip wash or shower. Check floors for hazards e.g. water, slippery bath mats. Avoid fixed postures e.g. stooping.

## Preparation

1. Check handling plan for preferred bathing options since there are so many variations in individual capability, cultural requirements, bathroom designs etc.
2. Enlist the help of other carers if necessary and collect any equipment required e.g. towels, clothing, kneeling cushions, protective clothing etc.
3. Ensure the individual's dignity, privacy, comfort and warmth.

## Providing assistance

1. Follow instructions in the handling plan for transferring in/out the bath/shower/bed.
2. Ask or assist the individual to undress as stated in the handling plan (refer to guideline E4: Assisting an individual to dress).
3. Adjust the height of equipment where possible to a comfortable working level.
4. Position kneeling cushions if required e.g. to kneel at the side of the bath.
5. Follow guidance given in the individual's care plan to bathe/shower/wash.
6. Use staff rotation and work scheduling to avoid concentration of activity.

## Warning

- Do not lift or support anyone other than a baby/small child getting in/out of a bath since there is a high risk of injury when the individual and/or equipment may be wet and slippery.

# Guideline E7: Assisting an individual to eat and/or drink

**Remember - carers are twice as likely as people in most other professions to injure their backs through moving and handling activities. To help minimise these risks always consider the following guidance before you assist an individual to eat or drink.**

<b>Self help</b>	Eating a good diet is essential to everyone's health and sitting down to a meal with family or friends provides an opportunity to socialise and contributes to psychological wellbeing. If the task of eating becomes very messy personal dignity is at stake and the diner may choose to restrict what they eat or choose to eat alone. It is therefore essential to support this vital activity as much as possible. An OT can advise on adapted cutlery, crockery to assist people to eat independently and maintain dignity.
<b>Ergonomics</b>	Well designed seating and tables at appropriate heights will help people to feed themselves. Postural strain for carers who assist people to eat/drink can be reduced by appropriate positioning and the use of front support chairs, adjustable height tables etc.
<b>Communication</b>	Always check how the individual wishes to be assisted and consult their handling plan. Some conditions may make it difficult for people to say that they may not like the food offered so getting to know the individual and recording their preferences is very important. Some may need regular prompts and encouragement to eat e.g. by placing the cutlery in their hand.
<b>Safety</b>	Allow sufficient time for the individual to eat their meal, if they have coordination or swallowing difficulties this can make the process of eating prolonged. Avoid prolonged fixed postures especially leaning forward and twisting.

## Preparation

1. Check individual care plans for guidance on eating and drinking.
2. Check any specific guidance from therapists e.g. speech and language therapists, OTs or physiotherapists.
3. Ensure that correct seating, table and other equipment is available e.g. adapted cutlery, crockery, pillows/cushions (to provide support where necessary).
4. Take any necessary steps to ensure the individual's dignity e.g. protect clothing.

## Providing assistance

1. Where necessary adjust seating and table heights to comfortable levels and position pillows/cushions to provide appropriate support.
2. Position the chair close and obliquely to minimise twisting. It may be possible to sit at the corner of a table or opposite the individual to help reduce twisting.
3. Establish a pace that gives the individual time to chew and swallow and creates short rest pauses.
4. For lengthy periods of assistance arrange for colleagues to take over to prevent the build up of strain.
5. Use staff rotation and work scheduling to avoid concentration of activity.