

Moving & Handling Level 2 Workbook

For patient contact staff, to provide an update to practical skills knowledge. If upon completing this workbook, you feel that you still require a face-to-face training session, please complete the relevant section of the sign off form.



Moving and handling level 2 update:

- Additional Legislation
- Sit to stand
- ReTurn and Sara Steady transfers
- Patient Turning
- Use of Slide sheets
- Lateral transfers
- Hoist Transfers
- Use of wheelchairs
- Transferring and Transporting patients
- Emergency handling equipment

Who this workbook is for:

This workbook has been designed to cover the 2-year update, for all patient contact staff.

Level 1 eLearning and Level 2 e-Assessment needs to be completed.

Introduction

Bedfordshire Hospitals NHS Foundation Trust is committed to meeting its responsibilities to ensure safe practice in accordance with; The Health & Safety at Work Act 1974, The Manual Handling Operations Regulations 1992 amended 2002, Lifting Operations & Lifting Equipment Regulations 1998, Provision & Use of Work Equipment Regulations 1998 and the Human Rights Act 1998.

Further information can also be found on the Health and Safety Executive web page and the Moving and Handling Policy, which can be found on the intranet pages. Other manual handling information may be obtained from Trade Unions and your own professional registered body.

The Manual Handling Regulations 1992 define manual handling as lifting, lowering, pushing, pulling, moving or carrying a load.

Level 2-workbook completion is for clinical based staff and those assisting with patient handling activities. Alongside this, staff completing the workbook must also complete the level 1 Manual handling eLearning and the Level 2 e-Assessment titled “LDH – Moving and Handling eAssessment (Level 2) (E-learning)”

If you feel that you require a face-to-face training session, please complete the relevant section of the sign off form.



Level 1

- All clinical/ non clinical staff required to complete via eLearning or workbook

Level 2 Workbook

- All patient facing clinical staff that regularly participates in moving and handling activities with patients. Classroom practical session can be provided upon completion if required.

Level 2

- Clinical based/ registered staff that do not regularly participate in manual handling activities with patients, but require level 2 theory

Please read all sections.

Additional Legislation for Level 2

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

These Regulations (often abbreviated to LOLER) place duties on people and companies who own, operate or have control over lifting equipment. This includes all businesses and organisations whose employees use lifting equipment, whether owned by them or not. In most cases, lifting equipment is also work equipment so the Provision and Use of Work Equipment Regulations (PUWER) will also apply (including inspection and maintenance). All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner.

LOLER also requires that all equipment used for lifting be fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination'. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and the relevant enforcing authority.

In a Healthcare environment, LOLER regulations apply to any hoist transfers, including mobile hoists, ceiling track hoists, standing hoists and bathing hoists.

To ensure compliance with the regulations, the following processes are in place:

- A trained person must complete daily inspection checklist for all lifting equipment.
- Pre-use inspection of all lifting equipment, including slings, must be carried out.
- The Clinical Engineering department manages Servicing and maintenance.
- Service dates are clearly marked on each hoist.
- Training is provided on Trust Induction and in Manual Handling update training.

Additional information around hoist transfers is provided in the hoist transfer section of this workbook.

Standard Operating Procedures for Manual Handling

Core Handling Skills 01 :Sit To Stand

Equipment:	Chair with arms, walking aids if required, suitable footwear.
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No of Staff:	1 or 2
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Assess:	Cognition, Limb strength, Core strength, Balance
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Mobility Level:	0,1
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- ✚ Assess the patient for standing - check their care plan and consult colleagues.
- ✚ Ascertain whether the patient has some function in the knee joint. For example, ask them if they are able to pick their foot up or move their leg to test for knee strength.
- ✚ Explain to the patient what is required
- ✚ Ask the patient to move forward in the chair by shuffling to the front of the chair.
- ✚ Explain that they will need to push up from the chair arms and keep their head up.
- ✚ Ensure the patient's feet are flat on the floor, slightly apart, usually hip width, and with one foot slightly in front of the other.
- ✚ Stand to one side of the patient facing the same way, in the lunge position, with both feet facing the same way. Ensure postural safety with flexed knees.
- ✚ Place one hand on the patient's back, at lumbar level.
- ✚ Place your other hand gently on the patient's near shoulder for reassurance
- ✚ Ask the patient to position their hands on the chair arms.
- ✚ Advise the patient to push up from the chair arms and rise to a standing position on the prompt '**Ready, Steady, Stand**'.
- ✚ As the patient stands, transfer your weight from your back foot to the front foot then bring the back leg forward so you are standing at the side of the patient.
- ✚ Assess whether the patient requires continued support whilst walking, from either a walking aid, or from you.
- ✚ Ensure appropriate hand hold is used if supporting a patient to walk.

Standard Operating Procedures for Manual Handling

Core Handling Skills 02 :ReTurn Transfers

Equipment:	ReTurn 7500i (150kg max user weight) ReTurn 7600 (205kg max user weight) Bariatric
No of Staff:	2-3
Assess:	Cognition, Limb strength, Core strength, Balance Ensure that the ReTurn fits beneath chair/bed/commode/wheelchair Safety check equipment before use
Mobility Level:	1, 2

The ReTurn will function both as a standing support for the user and as a transfer assistive device for short distances, for example, bed to chair, wheelchair or commode.

- ✚ Check care plan for updated assessment.
- ✚ Explain to the patient what is required.
- ✚ 1 caregiver to operate ReTurn, 1-2 caregivers to assist patient to stand.
- ✚ Ask the patient to lift their feet and place them on the ReTurn base plate markings.
- ✚ Adjust height of lower leg support pads.
- ✚ Roll the base plate under the bed/chair/wheelchair/commode, so that the lower legs are supported by the lower-leg supports.
- ✚ When the ReTurn is in the correct position, lock the brakes.
- ✚ Caregiver 1 should ensure one foot is on the base plate to provide counterweight.
- ✚ Caregiver 2 now asks the patient to lean forward (**SOP CHS01 Sit to Stand**) and firmly grasp the rising ladder, ensure one hand on the lumbar area of the patient and one hand on the patients shoulder throughout the whole process.
- ✚ Once the patient is in a stable standing position, Caregiver 1 should unlock the brakes and commence transfer. Transfers should be of short distance only. Caregiver 2 maintains support of the patient at all times.
- ✚ Ensure that the patient is positioned as close to the destination chair/bed/wheelchair/commode as possible. Caregiver 1 to lock the brakes on.
- ✚ Caregiver 2 will instruct the patient using the commands "**Ready-Steady-Sit**", and support the patient into a seated position.
- ✚ Patient should be instructed to shuffle their bottom backwards into a safe position.
- ✚ If seated on a bed, ensure that the bed is lowered to a safe height before removing the ReTurn.
- ✚ Once patient is safely positioned, Caregiver 1 should unlock the brakes, instruct the patient to lift their feet, and then remove the ReTurn.

Clean all transfer aids before and after use.
 Report any defects found to clinical engineering department.

Standard Operating Procedures for Manual Handling

Core Handling Skills 03 :Sara Steady transfers

Equipment: Sara Steady (182kg max user weight)

No of Staff: 1 - 2

Assess: Cognition, Limb strength, Core strength, Balance
 Ensure that the Sara Steady fits around/beneath chair/bed/toilet/wheelchair
 Safety check equipment before use

Mobility Level: 1,2,3

The Sara Steady will function both as a transfer assistive device for short distances, for example, bed to chair, wheelchair or commode and also for longer transfers from bed to toilet. It may not be used to transfer patients off ward.

- ✚ Check care plan for updated assessment.
- ✚ Explain to the patient what is required.
- ✚ Pivot the two seat halves up.
- ✚ Open the legs of the Sara Steady if required using the foot pedal.
- ✚ Approach the patient and ask the patient to raise their legs on to the foot plate, position the Sara Steady with their lower legs comfortable against the support pad.
- ✚ Lock the brakes on both wheels.
- ✚ Ask the patient to shuffle forward and to grasp the crossbar.
- ✚ Move to the side of the patient to give support (**SOP CHS01 Sit to Stand**).
- ✚ Instruct the patient to stand on “**Ready-Steady-Stand**”
- ✚ When the patient is standing pivot the seat halves back down in to position.
- ✚ Ask the patient to sit down on the seat; the patient’s legs should stay in contact with the support pad.
- ✚ Release the brakes and transfer the patient to the chair/bed/toilet/wheelchair.
- ✚ Apply the brakes on the Sara Steady.
- ✚ Instruct the patient to stand on “**Ready-Steady-Stand**” giving assistance if required (**SOP CHS01 Sit to Stand**).
- ✚ Pivot the two seat halves up.
- ✚ Ask the patient to sit down whilst holding on to the crossbar. Use “**Ready-Steady-Sit**”
- ✚ If seated on a bed, ensure that the bed is lowered to a safe height before removing the Sara Steady.
- ✚ When the patient is safely in a good position remove the Sara Steady.

A second Caregiver may be required to support the patient whilst in the Sara Steady, dependant on assessment of core strength and balance.

Clean all transfer aids before and after use.

Report any defects found to clinical engineering department.

Standard Operating Procedures for Manual Handling

Core Handling Skills 04 :Turning patient onto side

Equipment:	None
No of Staff:	2
Assess:	Contraindications (e.g. hip replacement, knee issues, arthritis, pain)
Mobility Level:	2, 3, 4, 5

This procedure should only be used if a patient is unable to roll themselves. Encourage independent movement wherever possible.

- ✚ Adjust the bed to an appropriate working height.
- ✚ One handler either side of the patient.
- ✚ Utilise bed rails where appropriate.
- ✚ Ask the patient to move their arm away from them so they won't lie on it when rolled.
- ✚ Patient to cross the other arm over to their shoulder in the direction they are being rolled and face direction of roll.
- ✚ Ask the patient or bend the patients' knee, place their foot flat on the bed.
- ✚ Place one hand on the patients shoulder and one on the hip, handler to take a safe and stable posture and roll the patient towards their colleague.
- ✚ Receiving handler to take over supporting the patient by holding the shoulder and hip.
- ✚ If patient is being turned into the 35° tilt position, pillows should be inserted as required, and patient should be supported back down.

This procedure can be used to change pads, administer personal care, check pressure areas, or as part of another transfer, for example to insert slide sheets, transfer sheets or a hoist sling.

Standard Operating Procedures for Manual Handling

Core Handling Skills 05a :Repositioning with Slide sheets, Rolling Method

Equipment:	Standard Tubular Sliding Sheet.
No of Staff:	2-4
Assess:	Cognition, Contraindications to rolling
Mobility Level:	2, 3, 4, 5

If rolling is contraindicated, do not proceed, use SOP CHS05b.

- ✚ Adjust the bed to appropriate working height
- ✚ Handler's to stand on both sides of the bed
- ✚ Ask the patient to turn their head towards the direction they are being rolled, move their arm away from them to prevent them from laying on it when rolled.
- ✚ Roll the patient on to their side, as described in **SOP CHS04**.
- ✚ Insert the slide sheet behind the patient; ensure that the edge of the slide sheet is on the edge of the bed. Excess material should be bunched up close to the patient.
- ✚ Roll the patient on to their back
- ✚ Roll the patient in the other direction, as described in **SOP CHS04**.
- ✚ Pull the slide sheet out from behind the patient pulling it to the edge of the bed.
- ✚ Ensure the pillow is on top of the slide sheet.
- ✚ Ensure that full length coverage is achieved, including heels. If not, an additional slide sheet will be required to prevent skin damage.
- ✚ To reposition the patient, both handlers should hold the top layer of the tubular sheet; stand in an asymmetric stance; on the command of "**Ready-Steady-Slide**" slide the patient slowly up the bed.
- ✚ Do not remove the slide sheet until the patient is correctly and comfortably positioned.

To remove the slide sheet roll the patient on to their side, tuck the slide sheet behind the patient, roll the patient back on their other side and remove the slide sheet.

Standard Operating Procedures for Manual Handling

Core Handling Skills 05b :Repositioning with Slide Sheets, Fold-down Method

Equipment:	Standard Tubular Sliding Sheet.
No of Staff:	2-4
Assess:	Cognition, level of injury, medical access requirement (e.g. intubation/sedation)
Mobility Level:	3,4,5

To be used where rolling of patient is contraindicated.

- ✚ Adjust the bed to appropriate working height
- ✚ Handler's to stand on both sides of the bed
- ✚ Slide sheet should be folded from end to end, in folds 15-20cm in size.
- ✚ Top unfolded end of slide sheet should face away from patient. Bulk of folds should be underneath.
- ✚ Insert the slide from head or foot end, depending on assessment of safest option. Insert slide sheet beneath bed sheet.
- ✚ Handlers to face end of bed that insertion is starting from.
- ✚ Hand furthest from bed holds top unfolded end of slide sheet and the bed sheet.
- ✚ Hand nearest to bed held face up, reach beneath slide sheets and hold folded bunch of slide sheet.
- ✚ Both handlers to pull one fold of slide sheet open beneath bed sheet on **"Ready-Steady-Pull"**.
- ✚ Repeat this process until slide sheet is fully unfolded.
- ✚ To reduce effort, the bed sheet can be pulled tight at certain points. (shoulder, flank, hip)
- ✚ Ensure that full length coverage is achieved, including heels. If not, an additional slide sheet will be required to prevent skin damage.
- ✚ To reposition the patient, both handlers should hold the top layer of the tubular sheet and the bed sheet; stand in an asymmetric stance; on the command of **"Ready-Steady-Slide"** slide the patient slowly up the bed.
- ✚ Do not remove the slide sheet until the patient is correctly and comfortably positioned.
- ✚ Remove the slide sheet by folding one corner diagonally underneath, and slowly pulling flat along the bed in the desired removal direction. Exercise caution on removal.

Standard Operating Procedures for Manual Handling

Core Handling Skills 06 :Standard Lateral Transfer using Red Slide Sheet

Equipment:	Transfer Board, Patient specific Red tubular slide sheet
No of Staff:	4+ dependent on assessment of need.
Assess:	Patient ability, contraindications
Mobility Level:	3,4,5 (patients of level 2 may also require this method)

- ✚ Assess the patient for mobility. Only use a transfer board if patient is unable to transfer using other methods.
- ✚ The Patient needs to be lying on their back in supine position in the middle of the bed/trolley
- ✚ Raise the bed or trolley to an appropriate working height
- ✚ Handlers to stand either side of the bed/trolley
- ✚ Insert a tubular slide sheet using the rolling technique. (See SOP CHS04).
- ✚ Slide the patient to the edge of the bed/trolley using the slide sheet.
- ✚ Roll the patient back towards the middle of the bed using the slide sheet.
- ✚ Handlers on the receiving side to place the transfer board one third under the patient, one third to bridge the gap and one third on receiving surface.
- ✚ Ensure transfer board is positioned to fully support patient's head.
- ✚ Move the receiving surface close to the bed or trolley and adjust to appropriate height. Approx 3cm lower is acceptable.
- ✚ Ensure the brakes are locked on.
- ✚ One handler to go to the foot of the patient, one to the head of the patient, and the other 2 on the Side of the patient's bed.
- ✚ On the command '**Ready Steady Slide**', the handlers at head and foot end should hold onto the slide sheets and pull the slide sheet towards the receiving surface. At the same time, the handlers to the patient's side should hold onto both layers of the slide sheet to assist. Move patient halfway across on this first move.
- ✚ The handlers who were pushing initially now move round to the receiving bed. Head and foot end handlers remain in place.
- ✚ On the command '**Ready Steady Slide**', the handlers on the receiving bed should hold both layers of the slide sheet and slide the patient onto the receiving bed. At the same time, the handlers at head and foot end will assist, holding onto the slide sheet.
- ✚ Remove the transfer board and empty bed.
- ✚ The slide sheet can be used to reposition the patient on the receiving surface. Once patient is in a safe position, the slide sheet must be removed.

Standard Operating Procedures for Manual Handling

Core Handling Skills 07 :Lateral Transfer using Blue Transfer Sheet

Equipment:	Transfer Board, Patient specific transfer sheet, Transfer Handles
No of Staff:	3+ dependant on assessment of need.
Assess:	Patient ability, contraindications
Mobility Level:	3,4,5 (patients of level 2 may also require this method)

Note: If head support is required or desired, minimum number of staff will increase to 4.

- ✚ Assess the patient for mobility. Only use a transfer board if patient is unable to transfer using other methods.
- ✚ The Patient needs to be lying on their back in supine position in the middle of the bed/trolley
- ✚ Raise the bed or trolley to an appropriate working height
- ✚ Handlers to stand either side of the bed/trolley
- ✚ Insert a transfer sheet using the rolling technique. **(See SOP CHS04).**
- ✚ Slide the patient to the edge of the bed/trolley using the transfer sheet.
- ✚ Roll the patient back towards the middle of the bed using the transfer sheet.
- ✚ Handlers on the receiving side to place the transfer board one third under the patient, one third to bridge the gap and one third on receiving surface.
- ✚ Ensure transfer board is positioned to fully support patient's head.
- ✚ Move the receiving surface close to the bed or trolley and adjust to appropriate height. Approx 3-5cm lower is acceptable.
- ✚ Ensure the brakes are locked on.
- ✚ One handler to go to the foot of the patient and the other 2 on the receiving side. Head support requirements will increase the number of handlers to 4.
- ✚ Using the extension handles, the receiving handlers start with their weight on the front foot and transfer their weight onto the back foot by stepping back and pull the patient in a coordinated move on the command '**Ready Steady Slide**'. Move patient halfway across on this first move.
- ✚ Repeat the move until the patient is in the correct position on the receiving bed.
- ✚ Remove the transfer board and empty bed.
- ✚ Remove transfer sheet if not required for procedure. Transfer sheet can be left in situ for most surgical procedures, unless surface tilting is required.

Standard Operating Procedures for Manual Handling

Core Handling Skills 08 :Air assisted Lateral Transfer

Equipment:	Transfer Board, Air Transfer Mattress (AirPal/AirPod/HoverMatt), and Air supply unit.
No of Staff:	3+ depending on assessment of need.
Assess:	Patient ability, contraindications
Mobility Level:	3,4,5

- ✚ Assess the patient for mobility. Only use air transfer mattress if patient is unable to transfer using other methods.
- ✚ The Patient needs to be lying on their back in supine position in the middle of the bed/trolley
- ✚ Raise the bed or trolley to an appropriate working height
- ✚ Handler's to stand either side of the bed/trolley
- ✚ Insert air transfer mattress using the rolling technique (See **SOP CHS04**).
- ✚ Attach air supply unit to air transfer mattress.
- ✚ Move the receiving surface close to the bed or trolley and adjust to appropriate height. Surfaces should be level.
- ✚ Insert the transfer board to bridge any gap between the beds.
- ✚ Ensure the brakes are locked on.
- ✚ Inflate air transfer mattress, leave air supply connected and running throughout.
- ✚ One handler to go to the foot of the patient, two handlers positioned ready to push across.
- ✚ Push the air transfer mattress halfway across on "**Ready-Steady-Slide**".
- ✚ Two handlers move to the receiving surface, and pull the air transfer mattress the rest of the way across.
- ✚ Ensure correct patient position on receiving surface.
- ✚ Turn off and disconnect the air supply unit.
- ✚ Once the air transfer mattress has deflated it can be removed using the rolling technique. (See **SOP CHS04**).

Air transfer mattresses can be left in situ for most surgical procedures, unless tilting is required. Always risk assess before leaving an air transfer mattress in situ.

Standard Operating Procedures for Manual Handling

Core Handling Skills 09a :Fitting a Hoist sling in bed

Equipment:	Hoist Sling, Slide Sheet
No of Staff:	2, 3 depending on risk assessment of patient
Assess:	Contraindications, patient compliance and comprehension
Mobility Level:	3, 4, 5 Note patients of mobility levels 4 and 5 may need specialist seating.

Ensure hoist is ready and fully checked before fitting sling to patient.

- ✚ Adjust the bed to a suitable working height.
- ✚ Roll the patient on to their side (**see SOP CHS04**)
- ✚ Safety check the sling prior to fitting. If any faults found, discard and issue a new sling.
- ✚ Ensure you have the right size sling and it is compatible with the hoist
- ✚ Fold the sling in half with the label on the outside.
- ✚ Ensure the bottom edge of the sling lined up just below the base of the spine (coccyx) and the sling is centred behind the patient.
- ✚ The lower side of the sling is folded up and the top layer of the sling is rolled towards the patient's spine.
- ✚ The patient is rolled to the other side and the sling is unfolded
- ✚ Lay the patient on their back.
- ✚ Bend the left leg and fit the leg strap under the patient's thigh ensure it is flat and comfortable for the patient.
- ✚ Bend the right leg and secure the leg strap, loop the leg strap in through the dignity loop of the left leg strap.
- ✚ Cross the loops.
- ✚ Place a folded slide sheet under the patient's heels.
- ✚ Put the patient in to a seated position using the bed controls raising the legs first then the backrest.
- ✚ Lower the bed until the bed bleeps if using the main control, or until the bed stops if using the patient's controller.

Proceed to SOP CHS10a Hoisting from bed once all steps above complete.

Standard Operating Procedures for Manual Handling

Core Handling Skills 09b :Fitting a Hoist sling in chair/wheelchair

Equipment:	Hoist Sling
No of Staff:	2, 3 depending on risk assessment of patient
Assess:	Contraindications, patient compliance and comprehension
Mobility Level:	3, 4, 5 Note patients of mobility levels 4 and 5 may need specialist seating.

Ensure hoist is ready and fully checked before fitting sling to patient.

- ✚ Safety check the sling prior to fitting. If any faults found, discard and issue a new sling.
- ✚ Ensure you have the right size sling and it is compatible with the hoist
- ✚ Ask or assist the patient to lean slightly forwards.
- ✚ Slide the sling down behind the patient, label facing away from patient.
- ✚ Ensure the bottom edge of the sling comes down all the way to the base of the spine (coccyx), and the sling is centred behind the patient.
- ✚ Ask or assist the patient to raise their left leg slightly, and fit the leg strap under the patient's thigh ensure it is flat and comfortable for the patient.
- ✚ Repeat process for the right leg, and secure the leg strap, loop the leg strap in through the dignity loop of the left leg strap.
- ✚ Cross the loops.
- ✚ Ensure that the sling is in the correct position, and that the patient is comfortable before proceeding.

Proceed to SOP CHS10b Hoisting from a chair/wheelchair once all steps above complete.

Standard Operating Procedures for Manual Handling

Core Handling Skills 10a :Hoist Transfer from bed to chair/wheelchair

Equipment:	Hoist, Sling, Slide Sheet
No of Staff:	2, 3 depending on risk assessment of patient
Assess:	Contraindications, compliance, level of understanding.
Mobility Level:	3,4,5. Note patients of mobility levels 4 and 5 may need specialist seating.

Ensure checks have been carried out on the hoist and do not proceed if the hoist fails any checks this should then be reported to Clinical Engineering immediately.

Proceed from SOP CHS09a.

- + Carer no.1 Position the hoist spreader bar over the patients abdomen, Carer no. 2 hold the spreader bar to prevent it from swivelling round. **(The brakes must not be on when hoisting).**
- + Loop the sling on to the spreader bar, attach the legs loops first, attach the shoulder loops **(check the care plan for correct loop positions).**
- + Raise the patient up sufficiently to ensure they are clear of the bed and transfer over as short a distance as necessary.
- + Carer no. 2 uses the slide sheet to slide the legs to the edge of the bed while Carer no. 1 moves the hoist out from under the bed and towards the chair.
- + The legs on the hoist need to be opened and guided towards the chair.
- + Carer no. 2 guides the patient and tilts the chair slightly as the patient is lowered into the chair.
- + Once the patient is seated in a good position, the sling loops can be disconnected from the hoist. Remove the hoist from in front of the patient.
- + Remove leg straps from beneath patient's legs. Ask patient to raise leg, or give minimal assistance if required.
- + Ask/assist the patient to lean slightly forwards in the chair to allow the sling to be slid out from behind them. Ensure they are in a comfortable, safe position.

Slings should not be left in place beneath a patient in a chair, unless a full comprehensive risk assessment has been documented and discussed.

Standard Operating Procedures for Manual Handling

Core Handling Skills 10b :Hoist Transfer from chair/wheelchair to bed

Equipment:	Hoist, Sling, Slide Sheet
No of Staff:	2, 3 depending on risk assessment of patient
Assess:	Contraindications, compliance, level of understanding.
Mobility Level:	3,4,5. Note patients of mobility levels 4 and 5 may need specialist seating.

Ensure checks have been carried out on the hoist and do not proceed if the hoist fails any checks this should then be reported to **Clinical Engineering** immediately.

Proceed from GAP 09b.

- ✚ Lower the bed until the bed beeps if using the main control, or until the bed stops if using the patient's controller.
- ✚ Set the bed position to a seated position with a slight leg raise.
- ✚ Place a folded slide sheet at the foot end of the bed, to support patient heels once on bed.
- ✚ Carer no.1 Position the hoist spreader bar over the patient's lap, Carer no. 2 hold the spreader bar to prevent it from swivelling round. **(The brakes must not be on when hoisting)**.
- ✚ Loop the sling on to the spreader bar, attach the legs loops first, attach the shoulder loops **(check the care plan for correct loop positions)**.
- ✚ Raise the patient up sufficiently to ensure they are clear of the chair and transfer over as short a distance as necessary.
- ✚ Carer no.1 moves the hoist away from the chair, closing the hoist legs once able. Carer no.2 supports the patient whilst transferring.
- ✚ Carer no.1 guides the hoist under the bed, ensuring the patient is correctly positioned. Carer no.2 supports the patient whilst transferring.
- ✚ Carer no. 2 uses the slide sheet to slide the legs on to the bed while Carer no. 1 moves the hoist under the bed.
- ✚ Carer no.1 lowers the hoist whilst Carer no.2 guides the patient in the sling into the correct position on the bed.
- ✚ Continue lowering until the sling loops are loose, disconnect from hoist and remove hoist.
- ✚ Remove leg straps from beneath patient's legs. Ask patient to raise leg, or give minimal assistance if required.
- ✚ Remove sling from behind patient using the rolling method **(See GAP 04)**.
- ✚ Ensure patient is comfortable and correctly positioned.

Slings should not be left in place beneath a patient in a bed, unless a full comprehensive risk assessment has been documented and discussed.

Standard Operating Procedures for Manual Handling

Core Handling Skills 11: Floor on to Chair (Backward chaining)

Equipment:	2 Chairs, Sara Stedy, Pillow if needed.
No of Staff:	2-3
Assess:	Cognition, evident changes in mobility, level of injury, environment, contraindications.
Mobility Level:	0, 1, 2

This is for a patient who has fallen and has been assessed and therefore has no evident serious injuries.

- ✚ Instruct the patient to lie in the recovery position
- ✚ Instruct the patient to bring their knees up towards their chest
- ✚ Ask the patient to use their arms to raise their body off the floor into a side sitting position
- ✚ To get up from here ask the patient to have their hands shoulder width apart lean their weight forward on to their arms and lift their bottom up and over their knees, they should now be in a four point kneeling position
- ✚ Carer no. 1 Bring the chair forward in front of the patient
- ✚ Carer no. 2 to position 2nd chair behind the patient slightly tipped forward
- ✚ Ask them to move close to the chair in front and place their forearms on the chair
- ✚ Ask them to bring their stronger leg up first
- ✚ Ask them to lean their weight forward over the chair and push up using their strong leg, carer no 2 bring the tilted chair behind the patients bottom
- ✚ Slowly lower the chair as the patient sits on the seat.
- ✚ It is advisable to use the Sara Stedy to return the patient back to bed.

Use of wheelchairs



1. Assess/ask how much help (if any) the patient will require getting into and out of the chair. In-patients should all have a Manual Handling risk assessment form, which indicates how they should be moved and what they are capable of doing.
2. Make sure the wheelchair is in good working condition i.e. brakes work, tyres have sufficient air, foot rests swing properly and can be fixed in place, and that there are 2 handles on the back of the chair. Make sure the wheelchair is correctly opened and the seat is in the correct position.
3. Assess the weight of the patient, especially in relation to your own health and strength, (individual capability). If your assessment determines that to move this patient is outside your own individual capability, do not attempt to move the patient, ask for assistance.
4. Ensure Patient communication: to await instructions, not to get out of the chair before advised to and not to stand on the footrest.
5. Ensure that the chair is next to /as close as possible to the patient, that both brakes are on and the footrests are pushed out of the way.
6. Hold the chair steady at the back, whilst the patient sits down. The assessment at stage 1 will indicate whether you need assistance at this point.
7. Bending your knees **as opposed to your back** bend down and secure the footrests in place with the patient's feet resting against the plastic heel stops.
8. Make sure the patient is comfortable and their hands and any clothing/rugs etc. are resting securely on the inside of the wheelchair
9. Take the brakes off!
10. When pushing or turning the chair, ensure that you are as close to the chair as possible. Do not push at arm's length! Even if you are going slightly uphill.
11. Use lifts instead of slopes wherever possible.
12. For doors that open towards you, stop and put on the brakes. Open and secure the door – most have a magnetic catch and then push the wheel chair through, having first assessed the area you are walking into for obstructions, wet floors etc. Release doors after you especially if they are fire or ward doors.
13. Stop at any time if you feel that the patient is unstable in the chair or pushing becomes too strenuous!
14. Never tip the wheel chair forwards or backwards. If you are going over kerbs or small bumps in the doorframe, turn the wheelchair around and pull over backwards without tipping the chair, again make an assessment as at stage 3.

15. Aim for a steady, smooth move.
16. When you arrive at the destination do all the above in reverse!
17. Any incident/near miss, unavailability of wheelchairs must be reported via the Trust reporting system.
18. Should the wheelchair require basic repairs i.e. inflation of tyres, please contact and report to the Porters on bleep 552.

When pushing a wheelchair keep your elbows relaxed and tucked in while pushing close to the load.



Transferring/ transporting the patient around the hospital

Staff/porters who are transferring patients around the hospital on beds should consider:

Does the patient need to be on the bed, can they be transferred by wheelchair?

When transferring the patient on the bed, the bed should be raised at waist height level for ease of movement.

Staff pushing the bed should be using sufficient effort to move the bed with ease but not fast that it poses a risk of injury to others.

Ensure the footbrake positions are in correct position for travelling along corridors, and steering around corners.

Assessment should be made when moving a bariatric bed and patient concerning how many staff are required to push the bed (more than 2 members of staff). Arjo Citadel+ beds are electrically powered, and should only be operated by competent staff.

Corridors and access areas should be free of clutter to ensure smooth transportation of beds or trolleys, to avoid accident or injury, to patient, staff and visitors.



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For more information on other inter departmental transfers, please refer to the Transfer and Escort of Patients policy

Emergency Handling Equipment

HoverJack

Used for recovery of fallen patient from floor level onto a bed or trolley. If dealing with serious injuries (NOF, spinal etc.) a Ferno scoop or spinal board should be placed prior to use of the HoverJack. Training is provided on the safer handling of the fallen patient study sessions and on request, and guidance for use can be found on the Trust intranet in the Manual Handling pages.



Ferno Scoop Stretcher

Used to stabilize serious injuries; prior to transfer from floor level. This can be lifted from floor level using a Golvo hoist and suitable lift straps, using a HoverJack, or manual lifting in emergencies. We provide training on the safer handling of the fallen patient regularly and on request, guidance for use is found on the Trust intranet in the Manual Handling pages.



Mangar Camel

Inflatable lifting chair to assist a fallen patient from floor level. Not for use with serious/unstable injuries. Training is provided on the safer handling of the fallen patient study sessions and on request, guidance for use can be found on the Trust intranet in the Manual Handling pages.



Evacuation HoverJack

Used for evacuation of an immobile patient down stairs in an emergency situation. Training is provided in Evacuation HoverJack training sessions, and on request. The Manual Handling Team and the Trust Fire officer provide training jointly.



Patient falls:

Individuals over 65 years of age are at a higher risk of falling. A multifactorial falls risk assessment should be completed.

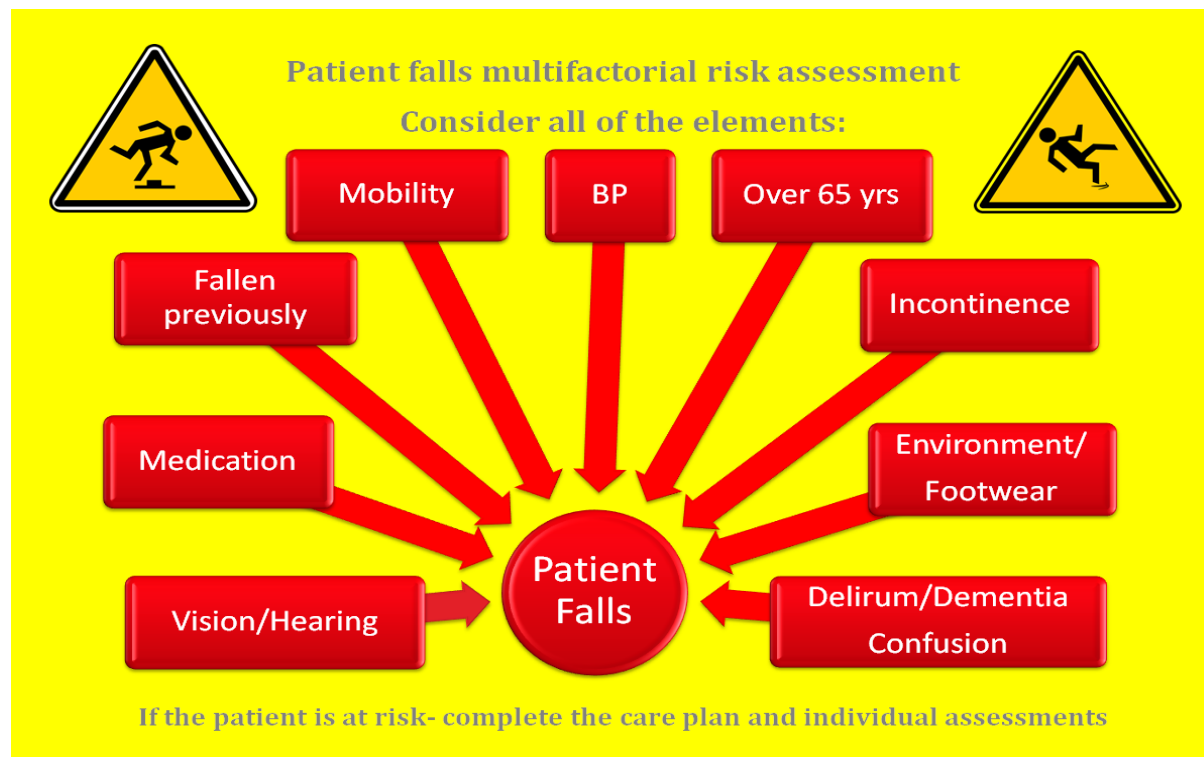
Making patients...

- S**ight (assess and check for glasses)
- A**bility (do they need a mobility aid?)
- F**ootwear (does it fit and is it in use?)
- E**nvironment (clear from hazards)
- R**each (call bells, drinks etc)

...from the risk of falls



- | Other factors to consider | |
|---|--|
| • Avoid night sedation | • Medication review |
| • Cognitive Impairment Screening (including screening for delirium) | • Positioning and observation of patient on ward |
| • Bed rail risk/benefit review | • Falls monitors |
| • Ultra-low bed | • Wanderer alarms |
| • Contenance assessment | • Assessment of osteoporosis risk |
| • Lying and standing BP | • Seek specialist advice if required |



ALL ADULT PATIENTS SHOULD HAVE A LYING & STANDING BP RECORDED WITHIN 24HOURS OF ADMISSION


Checklist

Have you:

Read all of the guidance?	✓
Checked that you have read, understood and are able to apply in your role?	✓

Please complete the following details and return this page to Training and Development and your record can be updated. If you feel that you would like further practical skills training, please identify clearly in the statement below.

I agree I have read the above level 2 refresher and am aware of the required standard to safely practice the range of procedures within my scope of practice and role. I understand the process of risk assessment and will seek support and discuss workplace issues as appropriate.

Full Name (please Print)		
Department		
Topic	Moving & Handling Level 2 practical skills update	
Date Read		
I would like further practical skills training. (circle one option below)		I will contact training and development to book onto a practical skills workshop if I feel it is needed in the future. 
YES Please book me a space on the next available practical skills workshop	Not required	
Signature		

Alternatively, you can email your completed form to:

e-learning@ldh.nhs.uk