

# MOVING & HANDLING GUIDANCE FOR STAFF

## Procedure 1a) Rolling and turning

**Caution** Firstly consider can the patient self turn using a bed stick, lever or grab rail should a turning bed be used if the patient is very heavy or difficult to turn.

1a. Bed brought to carer's hip level. Patient's head is turning towards the intended direction. Patient's farthest arm is crossed across the chest or moved out of the way. Patient's nearside arm is either crossed over the chest. Patient's farthest knee is bent or crossed over near leg (as long as there are no hip defects). Carer stands in a walk stance holding patient's shoulder and hip. By transferring body weight from the front leg to back leg the patient is turned towards the Carer. A second Carer may either be on the same side and assist by holding at the hip and just below the knee or be on the opposite side and assist by gently guiding the patient towards the other Carer.

## Procedure 1b) Turning a client using a side device

**Caution:** Avoid turning heavy patients; use a turning frame bed instead. Minimum two handlers (unless risk assessment denotes otherwise). Careful not to over pull or leave patient unsupervised and at risk of slipping off the bed

1b This can be done using a large wide tube or two flat slide sheets on top of each other. Remember to have the handles on the outside of the slides. Roll slide tube in half so open ends are top and bottom of the bed or Roll flat sheets up half way lengthwise. Position slide under patient by rolling (as procedure 1) so it extends as a minimum from above shoulders to mid thigh. Prepare the patient for turning as procedure 1. Handlers are on opposite sides of the bed. Adjust bed to hip height where possible. Both handlers are in a walk stance. Handler on the opposite side to the intended direction holds the top layer of the slide close to the patient's hip and shoulder girdle and once the second handler is ready she pulls the slide in stages towards her hips whilst transferring weight to back foot towards her body. The handler on the side of the intended direction holds patient at their hip and shoulder and gently guides the direction as the slide is pulled. The movement should always be done in stages. For a person who is more rigid two handlers may need to be on the same side with slides extending to the patient's feet and possible a third handler directing the turn by holding the patient at hip and shoulder level.

**\*Remove all slides by pulling the underneath layer in a diagonal direction away from the patient.**

## Procedure 2 To move supine patient up or down the bed using a fabric slide

**Caution:** Check the patient is not too heavy if so use a hoist and do not over pull.

Patient is rolled onto either two full-length flat slide sheets with handles or an extended length Phil E Slide of appropriate width and foot roller. The slides **must** extend from **under** the pillow to under the heels. The bed should be adjusted to hip height and slack in the slide must be taken up prior to all movements. If available use a bed tilt to help with all manoeuvres (if tolerated by the patient).

**2a.** If a patient can bend their knees, position heels off the slide and ask them to push up the bed. (Handles on the slides are not necessary for this move and a long tube slide could be used). Patients can also sit on a slide and self shuffle or use hand blocks to assist pushing themselves up the bed. The blocks are placed under any dependent part of the body.

**2b.** If the patient is very small and there is access at the head of the bed, one Carer can pull the top layer of the slide and move the patient whilst transferring weight from front to back leg. Care must be taken not to pull the slide using arm strength.

**2c.** Using two handlers position slide under patient's total body length as above ensuring there is a handle by the patient's hip and one by the

patient's shoulder. Attach a pull strap to the hip level handle on the top slide layer. Both handlers stand level with the patient's head and adopt a walk stance (outer leg forwards) facing the foot of the bed level. Grasp pull strap in outer arm keeping arm in a fixed position close to the body. Inner arm holds the shoulder level handle. Weight is onto front leg. Take up all slack. On the commands "ready, steady, go" both handlers move the patient up the bed a few inches transferring weight to back leg. Remove slide" The reverse movements done to move a person down the bed facing head of the bed and holding the hip level handle in the inner arm.

### 2d. Sideways slide

An alternative method is for two handlers to face each other with legs apart and bent knees. Each holds the upper layer of the slide at hip and shoulder level having taken up the slack. The bed must be at hip height and the handlers must be similar height. The move up or down is done by transferring weight from one leg to the other in a sideways movement. This is useful when there are no handles on the slides. Take care to move in small stages.

### 2e. Combined movements in a bed

For combined movements for example a move up, down or across the bed and a turn then use the two full-length flat slide sheets and continue above. If a tubular slide has been used to turn it will need to be repositioned to facilitate a move up the bed.

## Procedure 3 Lying to Sitting

**Caution:** Use a profiling bed, a mattress variator or hoist if the patient is unable to sit up independently or is unable to maintain a sitting posture unsupported. Using a powered backrest or a turndisc can facilitate movement to the edge of the bed in conjunction with a slide under the feet. Use a rope ladder or bed stick to encourage independent sitting. Seek O.T Advice

Using a Handling Sling (only if patient is in half lying – a short term solution). **Caution – only use if patient has head control and sitting balance and can flex head and shoulders and if safe working load of the bed will not be exceeded by the tree people.**

Adjust bed to hip height. Place handling sling around patient's scapulae. Both handles should be facing the head of the bed in a walk stance (outer leg forwards). Hold the sling handle taut with inner arm. The patient is asked to put their chin on chest and assist the movement forwards. The handles shift their weight from front to back leg and the patient sits forwards. Use with caution.

## Procedure 4 Sitting to the bed edge

Prior to procedure 3 a large flexible turndisc could be placed by rolling under the client's buttocks. Once in sitting patient can be guided round to the edge of the bed on the disc. A slide under the feet can facilitate this move but must be placed after the patient has sat up.

### 4a Lying to sitting via rolling

The patient must roll onto the side of the intended movement. The bed must be raised to prevent the Carer stooping. The patient's legs are slid off the side of the bed and the patient is asked to use their elbow and hand to lever up to a sitting position. The Carer can assist with a hand under the patient's shoulder and on their hip. The handler must have their feet apart and transfer weight from side to side as the patient sits.

## Procedure 5 Assisted sitting to standing & transfers

**Caution – Ensure patient can weight bear and footwear is on properly. Ensure surfaces are stable and distances appropriate. Check chair height is not too low and chair is secure. A handling belt may help with grip but avoid if patient has a distended abdomen, shortage of breath, Osteoporosis or Aneurysm. Encourage self-standing when possible.**

Consider Swivel Turners and standing hoists, riser chairs and sliding boards.

**5a.** Patient comes to the front of the seat so feet are flat on the flow hip distance apart one slightly in front, hands positioned on armrests or on bed surface, and leaning forwards nose over toes.

Patient pushes forwards to a stand. Any walking aids are grasped once in standing. Rocking forwards and back can help provide momentum. Using a powered bed or chair can assist to raise a patient to a stand.

**5b.** A handler can assist a stand by standing on the weaker side of a patient and holding a handling belt or at waist level with their inner arm. The other hand can assist on the belt or in front of a patient's shoulder. A second handler can repeat the process from the other side and the handler's arms will cross over behind the patient. The handler can assist the movement by transferring weight from back leg to front leg as the patient stands. The outer leg is forwards.

**5c.** If there are no arm rests a palmar grasp with unlinked thumbs can be used but this is a last resort. Once up a palmar grasp with unlinked thumbs can be used to guide a patient to their destination. The second arm remains round the patient's waist. The handler must remain close to provide stability.

**5d.** Patients should be asked to reach down for the arm rests on a chair and lean forwards and lower themselves into the seat. The handlers must remain in a walk stance through out the move and transfer weight onto back leg and lower with the patient.

**5e.** If standing from a bed a handler can sit next to the patient using the above procedure and stand together.

## Procedure 6 Toilet Transfers

As for procedure 5, but patients must be able to support themselves as clothing is arranged.

## Procedure 7 Using a sliding board

**Caution:** Patients must have a good sitting balance, upper limb strength and understanding. They must have no tissue viability concerns. Levels must be even and secure. Assisted transfers must be will coordinated and handlers back up right.

**7a.** The patient comes to the front of the seat and the board is placed under the buttock via rocking nearest to the destination. The seats must be secured and if possible arm rests removed. The patient reaches across to a stable point on the receiving surface and slides themselves across the board. A turndisc under the feet can assist.

**7b.** Handler can assist by placing a handling belt round the patient's waist. The Carer assists the slide from behind the patient transferring her weight from side to side. This can only be done on a low-backed chair.

## Procedure 8 A falling or fallen person

If a patient starts to fall whilst you are assisting them to walk you cannot stop the fall or catch the patient. Take a step back, take your hands round to their back and as they fall bend your knees and lower with the patient. If you find a person who has fallen, carry out a first aid check and call 999 for assistance. If necessary and qualified to do so carry out first aid procedures.

## Procedure 9 Using a hoist

**Caution:** Should this patient be moved on a hoist, should an overhead hoist be installed? – Contact O.T

Follow manufacturers guidelines and always do a pre use check on equipment. Indicate type and size of hoist and which loops should be used. Indicate how the procedure should be arranged to minimize movement on the hoist especially turning.