**Appendix E**

**PATIENT HANDLING.**

Patient handling techniques vary and should always take into account the individual, the patient’s needs and their condition. Staff must adhere to their manual handling practical training and follow a safe system of work.

Safe patient handling techniques

The following patient handling techniques have been deemed appropriate and safe;-

* Supine lateral transfers using a lateral transfer board and slide sheets using a two/three stage move;
* Turning/rolling a patient with a slide sheet and or hoist and sling;
* Sliding patient up/down the bed with staff standing sideways at 45 degree angle to the patient and transfer weight from front to back foot
* Encourage the patient to help themselves with/without aids;
* Palm to palm/fist grasp, sit to stand, supported walking and stand to sit with 1 or 2 handlers with/out handling belt;
* Assisting a patient to reposition themselves in a chair;
* Buttock shuffle with/without assistance; ( caution needed if the patient has pressure damage or lesions)
* Use of hoists with appropriate hoist sling;
* Use of stand aids with appropriate slings and straps;
* Use the electric profiling bed to maximize mechanical assistance with patients’ mobility whilst in bed;
* Use slide sheets to assist the mobility of patient in bed;
* Use of appropriate aids to assist patients in/out bath/shower/toilet etc.;
* Verbally prompting the patient to get up from floor with minimumassistance

(provided the patient is able);

* Hoisting patients from the floor if the patient unable to get up themselves or with minimum of assistance;
* HoverMatt and HoverJack from floor to bed including bariatric patient handling;
* Sliding patient to floor prior to resuscitation if arrested in a chair at least 3 staff to carry this task out;
* Administer basic life support on the floor if the patient has arrested on the floor;
* Using a slide sheet/ hoists sling to evacuate a fallen patient from a confined space;

Clear and accurate communication is vital to reduce the risk of staff and patient injuries-

Ready

Steady

Turn Slide Stand Roll Push Pull

**Falls from hoisting Equipment**

Some examples of these incidents are:

* Whilst being hoisted a patient fell to the floor through an aperture in the patient sling. This aperture resulted from an incompatibility of the sling and the spreader bar.
* The sling was an inappropriate size for the patient’s weight and body size
* Slings being laundered/washed by methods not in accordance with the manufacturer’s instructions which has produced weaknesses in the slings and their mounting systems, leading to subsequent failure in use
* Single-use slings were laundered with reusable slings. Single-use slings are not manufactured to be laundered and reused. Patients being lifted in these slings could be put at increased risk
* A LOLER inspection revealed a hoist electric actuator had exceeded its manufacturer’s cyclic design life. The hoist was kept in service following the inspection without the actuator being changed, which subsequently failed in use.

The manual handling mobility assessment in the patients Nursing Assessment Record and Care Planning Document must be used within all in patient areas, and must be completed by a competent member of the multidisciplinary team within 6 hours of admission, or transfer from another ward.

**HANDLING BABIES AND CHILDREN WITH COMPLEX NEEDS.**

Children and young people with complex health needs, and particularly those with physical disability, may be at greater risk of injury from poor handling techniques.

Each child or young person will have specific handling needs and these will undoubtedly change as they develop and grow.

All staff who care for children, and particularly those children with complex needs, have a duty of care to each child and his/her carers which includes safe handling for the child or young person and themselves.

A Mobility Risk Assessment and Care Plan must then be created and implemented as part of the child’s care plan. All staff involved in the care of individual children should be aware of the need to review and update the mobility risk assessment / care plan as changes occur. It is important that any changes are reported to trained staff immediately so that these changes can be addressed and documented.

If additional information or advice is required then contact the Manual Handling Advisor on Bleep 1013.

Any child who uses a specifically designed sling and brings it into hospital must have it inspected by the staff prior to it being used. If it is deemed that the sling is in poor condition then it must not be used. Contact the Manual Handling Advisor on Bleep 1013 for further advice.

**Patient Falls**

Patients who are at risk from falls must have a falls assessment completed, once this has been completed then an action plan can be put in place to help safe guard the patient. Staff are strongly discouraged from the natural tendency to try and catch a falling patient especially a patient who is falling forwards and away from them, unless they are satisfied beyond all doubt that it would be wholly safe to do so. Wherever it is possible staff should gently re-direct the patient towards a chair or the bed. Staff should always attempt to protect the patient’s head from trauma as far as is reasonably practicable to do so.

Staff should not attempt to support the weight of a falling patient.

Potential Hazards to the handler.

* The person may fall onto the handler.
* The person may grab the handler.
* At some stage during the move the handler will be taking the majority of the person’s weight.
* The handler could lose their balance.

The Trust would never expect a staff member to compromise their own safety under any circumstances.

Attempts may be made to protect the patient's head **BUT THIS MUST NOT COMPROMISE THE SAFETY OF THE STAFF MEMBER(S).**

**On NO ACCOUNT should any member of staff lift a patient off the floor.**

**The Fallen Patient**

The fallen patient should be assessed for injuries prior to any moving and handling taking place. There are times when the person should be left on the floor, providing they are not in any immediate danger.

If the patient has fallen in a confined space, then the furniture should be moved to gain better access, if this is possible, if this is not possible, then the patient should be evacuated by being slid from the area on a slide sheet, hoist sling or HoverMatt which is stored on Spire ward. If possible try to encourage the patient to get up from the floor independently with verbal instructions.

Complete a Datix as per Trust policy.

Salisbury NHS Foundation Trust has an Emergency Transfer Trolley which is situated in the Emergency Department of the hospital. The trolley is equipped with scoop and blocks for the immobilisation of a patient with a suspected spinal cord injury. The HoverMatt and the HoverJack are stored on Spire ward and when it is required in hours or out of hours contact the porters via bleep 1313.

The PDF relates to the Trust Fall Flow Chart and directs staff in how to deal with a fall in a clinical and non-clinical environment.

[http://intranet/website/staff/policies/humanresources/collectiveagreements/appendix_c31.gif](http://intranet/website/staff/policies/humanresources/collectiveagreements/appendix_c21.pdf)

Unsafe patient handling techniques

Staff must use their professional knowledge and judgement to assess the situation and make a balanced decision taking into account the best interests of the patient and their own health and safety.

This Trust, in accordance with the Health and Safety Executive and the Manual Handling Operations Regulations 1992, will enforce a **ZERO TOLERANCE** on the following **controversial** patient handling techniques:

1. **Poles and Canvas\***

2. **Orthodox lift top and tail\***

3. **Neck Hold / Pivot Transfer / Bear Hug Transfer\***

4. **Dead man’s lift\***

5. **Manually lifting a patient from the floor prior / post resuscitation**

**without appropriate clinical assessment\***

6. **Drag lift\***

7. **Using bed Sheets as transfer aids**

8. **Australian Lift / Glide\***

9. **Using '1-2-3' as a command**

10.**Through Arm Lift / Slide \***

Any member of staff found to be practising any of the above manoeuvres marked \* or modified versions, having attended a manual handling Corporate Trust Induction,

ward/departmental update/Keyworker Trainers Course and a Keyworkers Update may be subject to disciplinary action, since this is an example of **PHYSICAL ABUSE** as per clause 13 NMC: Practitioner-Client Relationships and the Prevention of Abuse.

On no account should any member of staff manually lift patients as common practice. If staff are faced with an unforeseeable or emergency event (fire, drowning) and have no other option but to manually lift the person as the last resort, this must be documented on Datix and detailed with the procedure and the reason for the handling of the person.

**Controversial Techniques**

Manual handling training will be provided for all employees to ensure that where it is not practicable to eliminate manual handling, safe practice is used. Controversial or dangerous techniques must NOT be used by staff other than in emergency or life threatening situations, or the assessment identifies that no other reasonably practicable alternative or technique is available.

There are a number of ‘traditional’ techniques which are now considered unsafe, and which must no longer be used. Legally it is the Manual Handling Operations Regulations, 1992 –made under the Health and Safety at Work Act 1974 – which govern all manual handling activities, and to which reference should be made; under Regulation 5 the provisions does not preclude well-intentioned improvisation in an emergency, for example during efforts to rescue a casualty, fight a fire or contain a dangerous spillage, but such efforts should be reasonable, proportionate and justified.

The important publication here is Manual Handling; Manual Handling Operations Regulations 1992 Guidance on regulations L23 (Health and Safety Executive, 1992). All unsafe / high risk moves have either caused injuries to NHS and Private sector patients, handlers, or both, and, as a consequence, have featured in court cases. They are no longer considered to be good practice and must not be used for general patient handling.

To protect staff and ensure the safety of the patient during handling, the specific handling assessment is to be undertaken for all patients who require assistance to mobilise.

Any technique that compromises an individual’s posture, involves repetitive or sustained twisting, stretching or stooping or involves taking most or all of the patient’s weight, is considered controversial.

• The Drag Lift: - This includes any way of handling the patient in which the handler places a hand or an arm under the patient’s axilla (armpit), whether the patient is being moved up the bed, sat up in the bed, being assisted from sitting to standing, or being assisted to change from one seated position to another – and regardless of whether the handler is facing or behind the patient, or whether there is more than one handler.

• The Orthodox Lift: - a two-person lift, in which the handlers place one arm around the patient’s back, and the other under the patient’s thighs. The handlers may clasp each other’s wrists, or they may hold the far side of the patient. Handling slings are sometimes used. In all cases these lifts are dangerous.

• Through Arm: Hammock, top and tail, hump and dump

• Shoulder Lift: Also known as the ‘Australian’ lift-slide, regardless of whether the ‘free’ arm is placed on the bed for ‘support’ or placed around the patient.

• Front Assisted Stand/Pivot Transfers: Auxiliary, bear hug, hug, clinging ivy, rocking lift, elbow lift, belt holds from front, face to face.

• Lifting the body weight of the Patient/Service User

• Attempting to hold the full weight of the falling Patient/ Service User/Client If a patient does fall, there is a significant risk of injury to the carer/handler. If the patient/service user becomes unsteady and is close to a chair / bed, then the carer/handler should guide them into the chair or onto the bed.

The handler should not ‘lower’ the patient/service user as this will involve taking their weight

Controversial techniques are only to be used in exceptional circumstances where a detailed and dynamic risk assessment has been undertaken and if necessary, a case conference convened that has concluded that in very limited and defined situations the use of these techniques is considered acceptable. In all such events the Manual Handling Advisor bleep 1013 is to be informed as soon as possible. All details of the handling plan must be documented clearly and accurately in the patients Nursing Assessment Record and Care Planning Document.

It cannot be over emphasised that all manual handling involves a degree of risk, in particular lifting of patients/service users. If these risks are to be reduced, employees must avoid manual lifts wherever possible. Every lift causes damage; with even the safest lift building the potential for ultimate failure.

Further details on any of these techniques can be found in The Guide to the Handling of People 6th Edition.