

MANUAL HANDLING

INFORMATION BOOKLET

MOVING PATIENTS



NOVEMBER 2018

Contents

Introduction

Chapter One

Bed Mobility

- Page 7** Bridging to move across the bed
- Page 8** Bridging - abdominal surgery & general medical patients
- Page 9** Repositioning a patient with one weak side
- Page 10** Inserting slide sheets – Unravelling technique
- Page 12** Inserting slide sheets - 30° tilt technique
- Page 14** Removing slide sheets
- Page 15** Sliding your patient up the bed - from the head end
- Page 16** Diagonal slide up the bed
- Page 17** One-handed slide up the bed
- Page 18** Moving from lying down to sitting on the edge of the bed
- Page 20** Moving from lying down to sitting - hip arthroplasty patients
- Page 21** Moving from sitting on the edge of the bed to lying down
- Page 22** Moving from sitting to lying down - upper limb weakness
- Page 23** Horizontal transfer
- Page 26** Horizontal transfer - 2-stage manoeuvre

Chapter Two

Hoisting/Assisting a fallen person

- Page 30** Inserting a hoist sling (flow chart)
- Page 31** Inserting a hoist sling using slide sheets
- Page 32** Inserting a hoist sling - 30° tilt
- Page 33** 3 ways to remove a hoist sling
- Page 35** Encore/Sara Plus active hoist
- Page 36** Assisting a person up from the floor following a fall

Contents

Chapter Three

Sliding Board Transfers

Page 40 Chair to wheelchair

Page 41 Wheelchair to bed

Chapter Four

Sit to Stand

Page 43 Assistance of 1 carer

Page 44 Assistance of 2 carers

Chapter Five

Other Equipment

Page 46 Ergokneeler™ Sitting/kneeling positions

Page 48 Ergokneeler™ Used with floor level bed

Page 49 Hoverjack™ Manoeuvring patient onto equipment

Page 51 Hoverjack™ Inflation of device & horizontal transfer

Page 53 Hoverjack™ Alternative method of disembarkation

Page 54 Hoverjack™ Plus-size patients

Page 55 Hoverjack™ Cleaning, deflating & storage

This is a working document and does not
exclusively cover all manoeuvres which take
place in our Trust

Introduction

This booklet provides information regarding current best practice relating to manual handling transfers in out Trust.

The flow diagrams should be used as a guide only as some transfers are specific to conditions e.g. stroke or amputation. However, it is important to note that everyone is an individual and staff and patient capabilities will fluctuate.

All patient handling activities **must** be documented in the Manual Handling Risk Assessment and Core Care Plan.

Please note:

Instructions contained within blue boxes directly refer to the illustrations accompanying them and weights given in stones are approximate.

DISCLAIMER

The information contained within this document should **not** be used in isolation. It should be used in conjunction with Gloucestershire Hospitals NHS Foundation Trust's Manual Handling Policy and Training Programme

Departmental Keyworker

All staff have a responsibility to attend regular mandatory Manual Handling training and to safely use the equipment provided

Our Trust's Manual Handling Policy states that all staff in all departments have access to at least one departmental Manual Handling Keyworker

The **Manual Handling Keyworker** in your area is:

.....

The five main factors to consider before undertaking a manual handling task are:

T – Task

I – Individual

L – Load

E – Environment

O – Other Factors

Chapter One

Bed mobility



Bridging to move across the bed

Ask your patient to bend their knees (or gently bend their knees for them) so that their feet are flat on the bed



Hold your patient's weak foot (if applicable) on the bed to stop it slipping and support their weak knee (if applicable) in an upright position



Ask your patient to lift their bottom up and across, away from the edge of the bed

(If your patient is unable to carry out this manoeuvre consider alternatives i.e. slide sheet)



Ask your patient to move their feet and shoulders in line with the rest of their body



Repeat this procedure until your patient is correctly positioned

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Bridging to move across the bed for abdominal surgery and general medical patients

Ask your patient to bend their knees (or bend their knees for them) so that their feet are flat on the bed



Hold your patient's feet on the bed to stop them slipping



Ask your patient to lift their bottom up and across, away from the edge of the bed

(If your patient is unable to carry out this manoeuvre, consider alternatives i.e. slide sheet)



Ask your patient to move their feet and shoulders into line



Repeat procedure until your patient is correctly positioned

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Repositioning a patient with one weak side

Move your patient across the bed, towards their unaffected side by bridging/using slide sheets (another staff member may be required). This then leaves room for your patient to be re-positioned



Carer to stand to their patient's affected side



Your patient's affected arm is to be placed carefully across their chest whilst supporting the arm at the elbow. Encourage your patient to use their other hand to support their elbow.

NB If using slide sheets, you may be able to slide your patient onto their side, otherwise complete the following procedure



Ask your patient to bend their knee(s) or bend their knee(s) for them so that their feet are flat on the bed. You may need to support the affected leg to stop it slipping



Encourage your patient to turn their head towards you



Place your hands on your patient's unaffected hip and shoulder blade and roll the patient towards you (onto their affected side)



Place a pillow behind your patient's back for support



Position as shown on positioning chart



NB Do **not** place anything in your patient's affected hand or under the sole of their affected foot

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting Slide Sheets (unravelling technique - two carers)

This technique is to be used for those patients who cannot be rolled



Raise the bed to a comfortable height

Place two slide sheets together ensuring the handles (if present) are facing inwards

Loosely fold the slide sheets all of the way to the end



Both carers to stand either side of the bed facing the head end, level with their patient's shoulders

Insert the slide sheets underneath the pillow, ensuring the slide sheets are fold-side down

NB Plus-size slide sheets must be used for plus-size patients

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting Slide Sheets (unravelling technique - two carers) cont'd



Both carers to place the hand nearest to the bed under the fold of the slide sheet, with their palm facing upwards



Carers unravel the slide sheets one side at a time, using a see-saw action

This process is repeated as the carers step backwards towards the foot of the bed, using weight transfer /leg strength, **not** arm strength

NB Should any resistance be felt, carers should make a fist with their other hand and press down into the mattress, close to their patient, creating a gap and enabling the slide sheets to be unravelled

If the slide sheet length is insufficient to reach your patient's heels, an additional slide sheet **must** be used under their feet in order to prevent friction damage

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting Slide Sheets (30° tilt technique - two carers)

Raise the bed to a comfortable height

Place two slide sheets together ensuring any handles on slide sheets are facing inwards

Loosely roll the long length of the slide sheets two-thirds of the way to the end

NB Plus-size slide sheets must be used for plus-size patients



Ask your patient to look towards the side you propose to tilt them, then place your patient's arm across their chest, as if they are trying to reach the side of the bed they are being tilted towards

Carer 1 to bend their patient's knee. Carer 2 places their hands carefully on your patient's shoulder and hip. Carer 2 instructs i.e. Ready? Steady, roll

Roll your patient into a 30° tilt. Carer 1 inserts the slide sheets under the full length of your patient (& pillow), roll-side down



Carers to ease your patient back into a supine position

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting Slide Sheets (30° tilt technique - two carers) cont'd



Carer 2 places their hands, palm-side up, underneath the rolled slide sheets and uses their fingers to unravel them towards the edge of the bed



Once fully unravelled, your patient will be in the centre of the slide sheets and ready for the next manoeuvre

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Removing slide sheets (one carer)



Carer to thread their hand beneath the bottom slide sheet and under their patient's ankles

Grasp the furthest corner of the bottom slide sheet and pull it back on itself towards the edge of the bed, then keep pulling along the bed, towards your patient's head ,until you reach your patient's pelvic region

Carer repeats the above technique at the top of the bed, this time threading their hand under their patient's neck in order to reach the corner of the slide sheet

Once both corners have been pulled back on themselves, the carer pulls the slide sheet out from under their patient's pelvic area



Repeat the whole procedure to remove the top slide sheet and finally reset your patient's bed height to the lowest level

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Sliding your patient up the bed:- from the head end (two carers)

Raise the bed to a comfortable height

Insert slide sheets (see pg 10 - 13)

Move your patient's bed slightly away from the wall so that both carers are able to stand at the head end



Remove the headboard, if necessary, and stow it safely at the foot end of the bed

Both carers grip the **top** slide sheet with palms facing upwards, as close to their patient's shoulders as possible



Carer 1 to give instruction i.e. Ready? Steady, slide/move/pull

During this manoeuvre, both carers must aim to keep their hands in contact with the bed

As the carers slide their patient up the bed, they should transfer their weight from their front leg onto their back leg

Once you have finished, remove the slide sheets (see pg. 14) and reset your patient's bed height to its lowest level

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Diagonal Slide up the bed

NB This manoeuvre is to be used if staff cannot access the head end of their patient's bed



Raise the bed to a comfortable height

Insert slide sheets (see pg. 10 - 13)

Carers to stand facing their diagonally opposite corners, feet hip-width apart and with 70% of their weight on their bent front leg

Both carers to grip the top slide sheet, at their patient's chest height, with palms facing upwards



Carer 1 to give instruction i.e. Ready? Steady, slide

Rather than pulling their patient up the bed, carers are to use their lower body strength to perform a weight transfer from their front leg to their back leg. Carers may need to adjust their feet position, moving backwards towards the head end and repeat the manoeuvre until their patient is correctly positioned

Do not expect to move your patient up the bed in one go or the likelihood is that you will **twist!** The action of pulling in opposite directions means your patient will slide up the bed

Once finished, remove slide sheets (see pg. 14) & reset your patient's bed height to the lowest level

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Sliding your patient up the bed (one-handed technique - two carers)

NB. SEE INSERTING SLIDING SHEETS Pg. 10 - 13

Both carers to stand level with their patient's shoulder and facing the foot of the bed, which is set at a comfortable height



Both carers should grip the top slide sheet (at their patient's chest height), with palms facing upwards and as close to their patient's body as possible



Carer 1 to give instruction, i.e. "Ready? Steady, slide/move/pull."

During this manoeuvre, both carers must aim to keep their hands in contact with the bed

Both carers stand with one foot in front of the other, feet hip-width apart and with weight going through the front leg



As the carers slide their patient back, they transfer their weight onto their back leg and avoid pulling their patient up the bed using their arm/upper body strength

Carers adjust their feet position, moving back towards the head end and repeat the procedure until their patient is correctly positioned

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Moving from lying down to sitting on the edge of the bed

NB Ensure the bed is at the lowest appropriate level for your patient



With the carer standing at the head end of the bed and maintaining eye contact with their patient, carer to raise the backrest, using the bed controls, to approx. 45°



Carer remains standing at the head end, maintains eye contact with their patient and then lowers the knee brace using the bed controls



Carer to encourage their patient to roll onto their side, bending the leg nearest to the side of the bed they will exit from and then use their outside arm to push themselves up to a sitting position

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Moving from lying down to sitting on the edge of the bed cont'd



As your patient pushes themselves up from the bed, encourage them to lower their legs over the side of the bed



Once your patient has lowered their legs over the side of the bed, encourage them to sit up straight. Ask your patient to move their bottom slightly towards the edge of the bed, using their hands to maintain balance

Ensure your patient has on appropriate footwear and that their feet are firmly on the floor before proceeding to stand



The Carer must then face their patient with one leg in front of the other and with feet hip-width apart (to maintain a stable position)

The Carer then gently places their right hand in front of their patient's right shoulder to support their patient (or vice versa, if standing on the other side of the bed)

With their left hand, the carer will use the height adjustment button to raise the bed whilst asking their patient to steady themselves with their hands on the bed and looking straight ahead. The patient must then take their own weight through their knees until they are standing

NB only provide an aid e.g. Zimmer frame once your patient is standing

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Moving from lying down to sitting on the edge of the bed (hip arthroplasty patients)



Bring your patient's backrest up to approx. 45°

Assist your patient to bridge to one side of the bed (see page 7)



Ask your patient to slide their feet over the edge of the bed. They may need help with their operated leg, initially



Guide your patient with using their arms to assist themselves into a sitting position as they lower their legs over the edge of the bed

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Moving from sitting on the edge of the bed to lying down

The carer should stand with their feet hip-width apart, facing their patient and level with their patient's head

With the back rest raised to approx. 45°, ask your patient to place their elbow and hand onto the bed to help lower them down



Request that your patient moves their legs onto the bed one at a time - your patient may need some assistance with this

NB Ensure that hip patients do **not** cross their legs

Assist your patient to roll onto their back (this may require 2 carers)

Move your patient across the bed by asking them to bridge (see pg.7) or by using slide sheets

Once your patient is in the centre of their bed, position them appropriately. If they wish to lie on their side, see pg. 9

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Moving from sitting on the edge of the bed to lying down (with an upper limb weakness)

Carer to stand with their feet hip-width apart, facing their patient and level with their patient's head

Carer to bring the back rest up to approx. 45° using the bed controls

Ask your patient to support their weak arm at the elbow and the top half of their body against the backrest



Carer to ask their patient to move their legs onto the bed one at a time (they may require assistance with this)

NB Ensure hip patients do not cross their legs

Carer to assist their patient to roll onto their back by rolling their upper body back first, then assist with their legs as necessary (this may require two carers)

Move your patient across to the centre of the bed asking them to bridge or by using slide sheets

Once your patient is in the centre of their bed, position them appropriately. If they wish to lie on their side, see pg. 9

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Horizontal transfer :- 4 carers 2 slide sheets Patslide

NB If your patient's airway is compromised, a 5th carer will be required to maintain their airway throughout the task



Raise your patient's bed/trolley to a height suitable for the staff involved in the manoeuvre

Ask your patient to look towards the side you wish to tilt them e.g. Left & extend their Left hand comfortably out to the side. Place your patient's Right arm across their chest, as if they are trying to reach the side of the bed they are being tilted towards

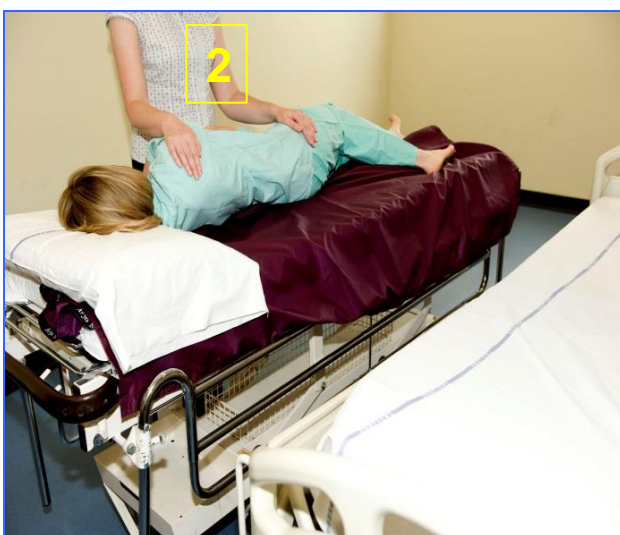
Carer 1 to bend your patient's Right knee (unless they can do this themselves)

Carer 2 to place their hands carefully on your patient's Right shoulder and Right knee

Carer 2 to instruct i.e. "Ready? Steady, roll" and bring the patient to a 30° tilt

Carer 1 inserts the slide sheets (see pg. 12) under their patient and the pillow

Plus-size slide sheets **must** be used with plus-size patients



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

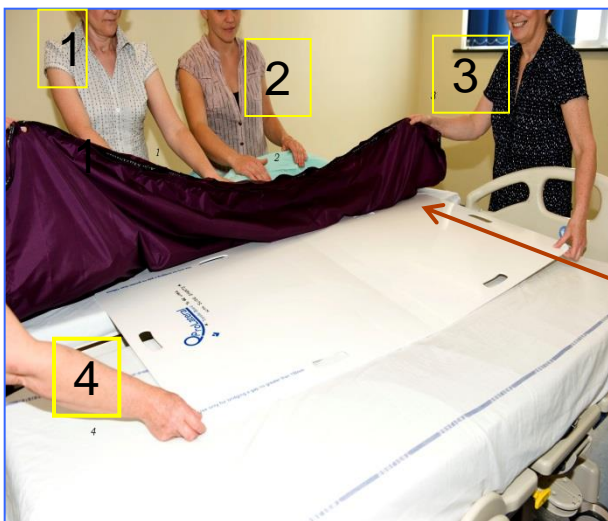
Horizontal transfer :- 4 carers cont'd 2 slide sheets Patslide



Carer 1 to stand level with their patient's shoulder. Carer 2 to stand at hip level assisting patient to maintain the 30° tilt

Carer 3 to stand at foot-end of the bed and carer 4 to stand at head-end of bed

Carers 3 and 4 guide the bed to meet the trolley, ensuring **all** brakes on both bed and trolley are secured



Carers 3 and 4 insert the Patslide underneath the two slide sheets and halfway under their patient's body

Position the receiving bed slightly lower so gravity will assist the manoeuvre

The Patslide should form a bridge between the two surfaces.

If the Patslide is shorter than your patient, it must be positioned under your patient's **feet**

Carers 3 and 4 move to stand at the side of the receiving bed, opposite carers 1 and 2

NB If the Patslide is not long enough to have your patient's whole body along its length, it must be positioned under the patient's feet to ensure they come across smoothly

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Horizontal transfer :- 4 carers cont'd 2 slide sheets Patslide

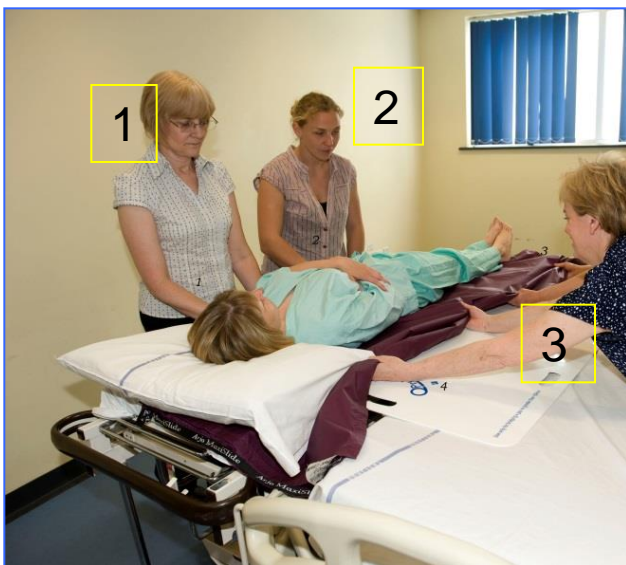
Ask your patient to move their arms so that their elbows are off the bed



Carer 1 to place their hand on their patient's shoulder and Carer 2 to place their hand on their patient's hip (in cases of hip injury/suspected fracture, the carer's hand should be placed just below or above the hip)

Assist/slide your patient's feet on to the Patslide and all carers should adopt a stable base by placing one foot in front of the other, keeping the knees relaxed and loose

Carers 1 and 2 have 70% of their weight on their back leg ready to push their patient and Carers 3 and 4 have 70% of their weight on their front leg ready to pull, with palms up, using the weight transfer technique



Carers 3 and 4 reach across with both hands and palms facing upwards, taking a firm grip on **both** slide sheets

Carer 3 must hold the **pillow** in addition to slide sheets. Carer 3 will coordinate the manoeuvre using verbal commands i.e. "Ready? Steady, slide". Carers 1 and 2 push as Carers 3 and 4 pull

NB Once the transfer has been completed, remove the Patslide and slide sheets (bottom slide sheet first) then return your patient's bed to its lowest level

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Horizontal Transfer :- 2-Stage Manoeuvre

Used when the distance between carers is too wide to comfortably reach the patient

NB If the airway is compromised, a 5th carer will be required to maintain the airway throughout the task



Raise the bed to a comfortable height for the staff involved

Insert slide sheets under the full length of your patient and their pillow (see pg. 12)

Plus-size slide sheets **must** be used with plus-size patients



Carers 3 & 4 guide the new bed to meet their patient's current bed, secure brakes on both beds and use the Patslide to form a bridge between the two surfaces with the receiving bed slightly lower in height

NB Patslide to be positioned under your patient's feet

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Horizontal Transfer – 2 Stage Manoeuvre Cont'd

Carers 3 & 4 stand at the side of the receiving bed, opposite carers 1 & 2

Carers 1 and 2 have 70% of their weight on their back leg ready to push their patient and carers 3 and 4 have 70% of their weight on the front leg ready to pull their patient, using weight transfer



Carers 1 & 2 drape both slide sheets over their patient

Carer 1 to place their hand on their patient's hip & knee and Carer 2 to place their hand on their patient's shoulder and hip (in cases of hip injury/suspected fracture, the carer's hand should be placed just below or above the hip)

NB Remember to assist your patient's feet on to the Patslide!



Carer 3 will coordinate the manoeuvre using verbal commands i.e. "Ready? Steady, slide".

Carers 1 and 2 push their patient towards carers 3 & 4, transferring their weight from their back legs onto their front legs and finish pushing before over-reaching

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Horizontal Transfer – 2 Stage Manoeuvre Cont'd



Carers 3 & 4 have 70% of their weight on their front leg ready to pull both slide sheets with a “palms up” action, using weight transfer, once their patient is close enough for them to comfortably reach



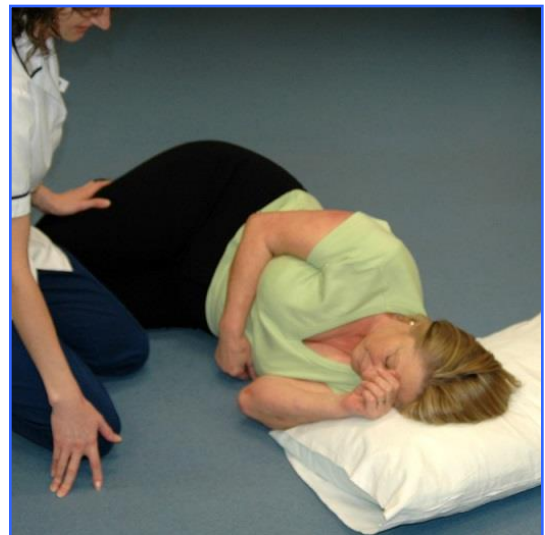
Carers 1 & 2 will have let go and carers 3 & 4 will pull their patient towards them by transferring their weight from their front legs to their back legs

NB Once the transfer has been completed, remove the Patslide and slide sheets then return your patient's bed to its lowest level

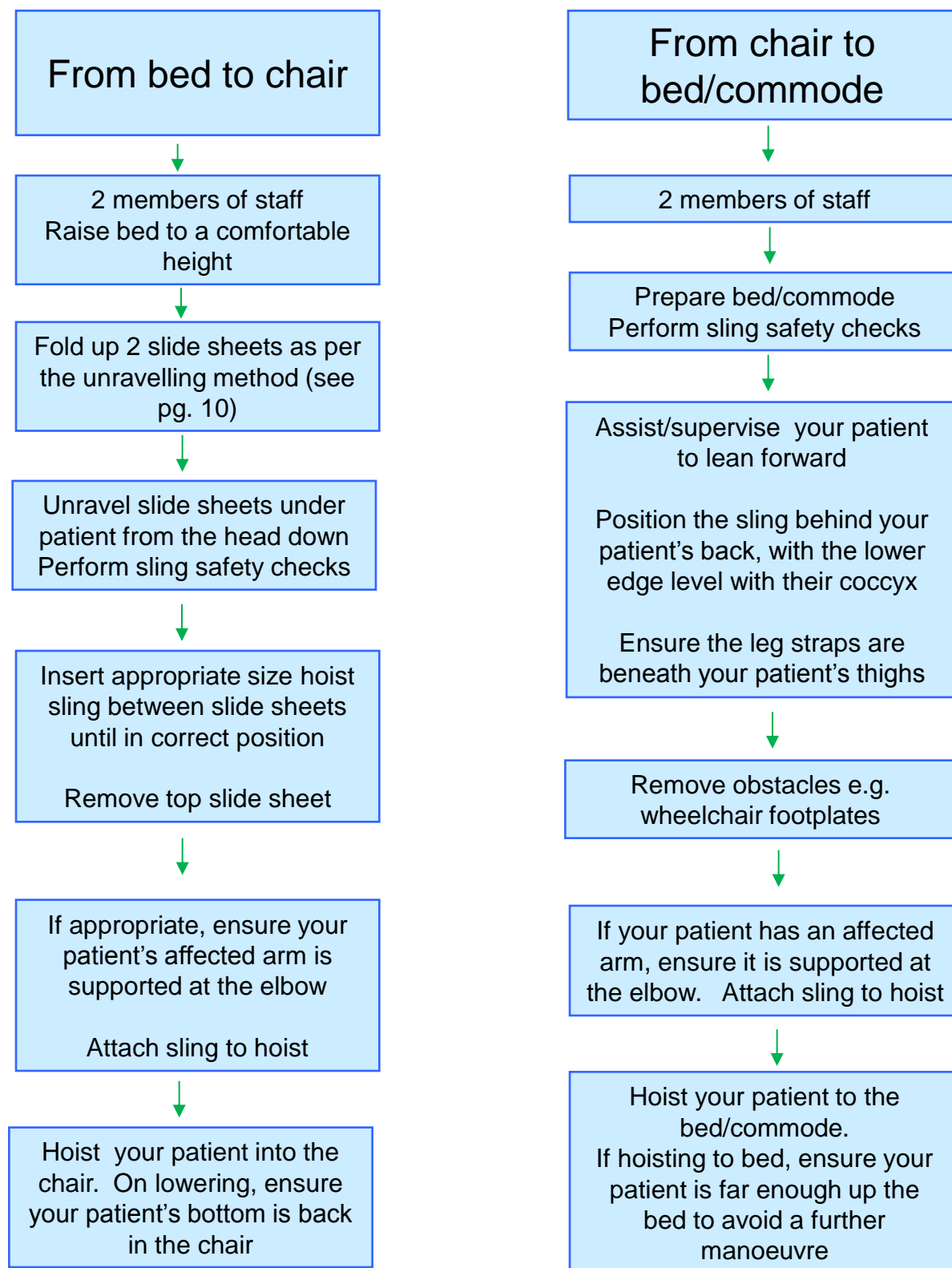
YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Chapter two

Hoisting and assisting a fallen person



Inserting a hoist sling prior to transferring your patient



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting a hoist sling using slide sheets prior to transferring your patient

This technique is for those patients not suitable for rolling and where the slide sheets are placed beneath patients using the unravelling method (see pg. 10)



Raise the bed to a comfortable height

Insert the appropriately checked & size hoist sling between the slide sheets, from your patient's head, until the shoulder clips are level with your patient's shoulders



Hold the clip and slide sheets firmly to avoid patient movement

Using the scissor technique, pull gently, one carer at a time, down on the leg straps until the sling is level with your patient's coccyx, then gently push the leg straps under your patient's thighs

NB The top slide sheet **must** be removed prior to hoisting your patient

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Inserting a hoist sling using the 30° tilt-technique prior to transferring your patient



Raise the bed to a comfortable height

Carer 1 to tilt patient to 30° (see pg. 12) whilst Carer 2 checks and prepares the sling for use

Position the sling shoulder straps against your patient's shoulders. Check centre of sling is positioned along the centre of your patient's back



Roll remainder of the sling over on itself and up against your patient's back



Push the roll under your patient by pushing down on the mattress



Carers may have to roll their patient slightly to the opposite side in order to unravel the sling

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

3 ways to remove a hoist sling following transfer of your patient

No. 1



Bed to be at a suitable height for the carers

If your patient is unable to roll, both carers can hold a sling leg strap and turn it back on itself

Carers to gently continue to work their way up to the head of their patient

No. 2



Bed to be at a suitable height for the carers

With the back rest up, once the sling is at your patient's waist level, the bed rails can be used by your patient to help them sit forward, enabling the carers to slide the sling out from behind their patient

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

3 ways to remove a hoist sling following transfer of your patient cont'd

No. 3



Bed to be at a suitable height for the carers

If your patient is able to roll them self, roll them onto their side (see pg. 12)

Roll the sling underneath itself and push it under your patient by pushing down on the mattress



Roll your patient onto their back and tilt them slightly the other way

Remove the sling and roll your patient back into a supine position

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Encore/Sara Plus Active Hoist

One or two carers are required

Ensure your patient is in a sitting position

Place the appropriate-sized & safety-checked Encore hoist sling around your patient's waist



Position the hoist in front of your patient. Assist/supervise your patient to place their arms and feet on the supports

Attach the sling to the hoist (a video is available on the Manual Handling webpage)



Agree instruction with your patient i.e. "Ready? Steady, stand". On instruction, encourage your patient to bring their weight forward over their feet

On command, hoist your patient

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES. REFER TO MANUFACTURERS INSTRUCTIONS AND ENSURE COMPETENCE IN USING THIS HOIST

Assisting a person up from the floor following a fall



Come down to the same level as your patient, introduce yourself and assess their capabilities

If you are in any doubt about your patient's capabilities or they are unable to take their weight through their arms and legs, request assistance and use the appropriate manual handling aid e.g. Hoverjack



Assist your patient to come up onto all fours

Ask them to roll onto their side – offer them your upturned palm and ask them to push down on your hand whilst rolling to the side



Support your patient to steady themselves with their arms and bring their hips up so that they are on all fours

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Assisting a patient from the floor following a fall cont'd



Bring in a static chair (or request one is brought to your patient)



Ask your patient to place their hands on the chair and hold on to the arms/seat with both hands



Ask your patient to lift one leg until their foot is able to rest flat on the floor

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Assisting a patient from the floor following a fall cont'd

Assist your patient to raise themselves up and put weight through their legs

Bring another chair in behind your patient so that they may sit down without having to fully stand or turn around



Allow your patient to rest before attempting to transfer them again

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Chapter three

Sliding (banana) board transfers



Sliding board transfers :- Chair to Wheelchair

NB Position the two chairs opposite each other so as to afford the most stable and supportive transfer for your patient. Remove or reposition the wheelchair footplates and ensure your patient has clothing covering the lower half of their body



Ask your patient to use the chair arms to lean over to one side and lift their opposite hip

Place one end of the sliding board under your patient's bottom & thigh, with the other end on the wheelchair

Ask your patient to place their palm on the board, ensuring they do not trap their fingers underneath it



Ask your patient to slide their bottom across the board - it is acceptable for them to pause/rest in the middle of the board

Ask them to keep turning their feet as the move towards the wheelchair



Once your patient is sat in the wheelchair, ask them to lift the hip which is on the board so you can slide the board out from underneath them

Ask your patient to shuffle their bottom back in the chair

Replace or reposition the footplates so they are comfortable for your patient

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Sliding board transfers :- Wheelchair to bed

Position the chair alongside the bed & so your patient is transferring to their **unaffected side**, if appropriate. Remove or reposition the wheelchair footplates, remove the side of the wheelchair & ensure your patient has clothing covering the lower half of their body

Your patient's bed and chair ought be the same height, however, some patients may find it easier to transfer to a bed which is slightly lower e.g. Sidhil Innov8 iQ bed

If appropriate, ensure your patient's unaffected foot is flat on the floor, directly under their knees



Assist/supervise your patient to lean away from the bed (affected side) and place the sliding board under their bottom and thigh

Place the other end of the board onto the bed

NB A second carer may be required to position the board and hold it during this transfer



Ask your patient to place their hand on the board

Assist/supervise your patient to lean slightly forwards so most of their weight goes through the foot and upper limbs to aid the transfer

Assist/supervise your patient to transfer their weight. A number of attempts may be required before the patient is safely on their bed, only then remove the board
Assist/supervise the patient to move their bottom back onto the bed

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Chapter four

Sit to stand



Sit to stand:- one carer

Ensure your patient has on appropriate footwear i.e. shoes, slippers or the non-slip socks provided by our Hospital



Encourage/assist/supervise your patient to the edge of the chair by walking their bottom forward so that their feet are flat on the floor and their knees are over their toes

Stand to your patient's affected side (if appropriate), facing forwards

Place the arm closest to your patient across their back and down to their opposite hip with your other hand in the front of their shoulder



If the chair has arms, ask your patient to use them to aid the stand

Agree instruction e.g. "Ready? Steady, stand". To gain some momentum, ask your patient to rock forwards on the "ready " and "steady" commands

Your patient must look forwards, keeping their chin up throughout the manoeuvre

NB Only once the stand is complete and your patient is balanced should they be given a stand aid e.g. Zimmer frame

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Sit to stand:- two carers



Encourage/assist/supervise your patient to the edge of the chair by walking their bottom forward so that their feet are flat on the floor and their knees are over their toes

Assist/supervise your patient to place their hands on the arms of the chair



Carers to stand on either side of their patient and place their hands as demonstrated on pg. 43

Do **not** pull on your patient's arms

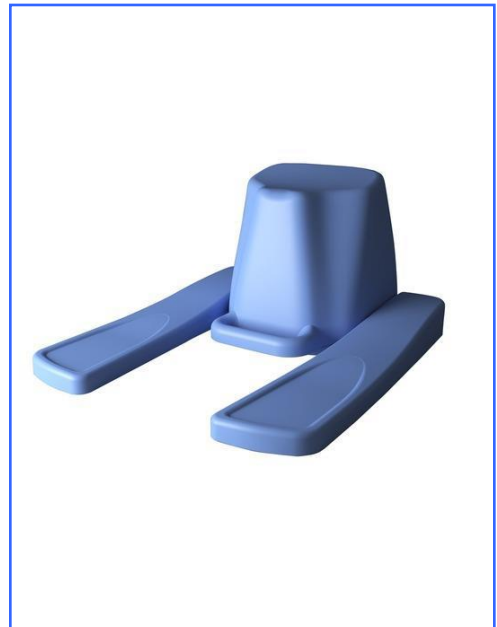
If one carer is taller than the other, the taller carer must put their arm diagonally across their patient's back first, as they will then have greater control

Agree instruction e.g. "Ready? Steady, stand". On instruction encourage your patient to look forwards, rock their weight forward over their feet and to come up on the "stand" command

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Chapter 5

Other Equipment



ErgoKneeler™

The ErgoKneeler™ provides comfort, support and ease of movement across a range of low working positions for staff who undertake tasks at a low working height

It reduces static postures by allowing the user to change their position easily whilst carrying out their task

The following photos depict the range of positions offered by the ErgoKneeler™

Full kneeling



Sitting



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

ErgoKneeler™ cont'd

Half kneeling (alternate legs)



Using ErgoKneeler™ as a kneeling pad



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

ErgoKneeler™ cont'd

ErgoKneelers can be used when treating a patient who is low down e.g. on a floor level bed

The crash mat must be folded in half and the ErgoKneeler™ placed flat on the floor in a position which enables the carer to comfortably reach their patient without twisting



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™

To be used in situations where patients are unable to get themselves up from the floor e.g. collapses, slips/trips/falls and assisting patients back into their floor-level beds **SWL: 500kg (78 stone)**

4 CARERS (MINIMUM) ARE REQUIRED TO USE THE HOVERJACK

SPINAL BOARD MUST BE USED WITH PATIENTS EXPERIENCING THORACIC, CERVICAL OR LUMBAR FRACTURES

WARNING:

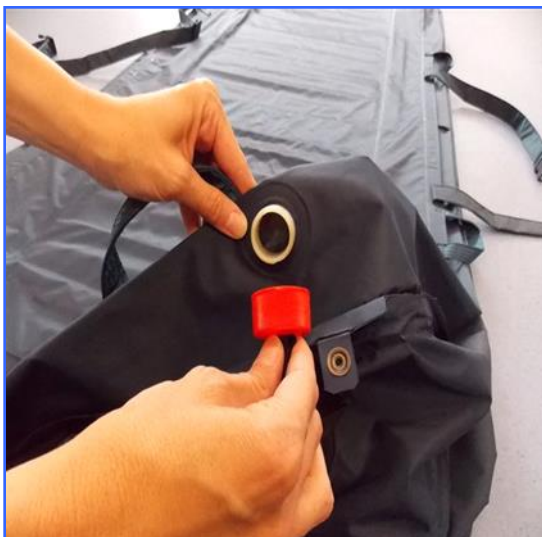
Your patient must always be attended to, with carers posted both sides, when the Hoverjack is used and inflated

Patients **MUST** be centred on the Hoverjack with their head & shoulders fully supported



Take the Hoverjack out of the lower basket on the trolley

Unroll it and ensure it is the correct way up



Ensure all 4 of the red caps (air outlets) are securely fastened before use

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd



Using the blue disposable transfer sheet supplied with the Hoverjack (or slide sheets if your patient is in a clinical area which uses slide sheets), transfer your patient to the Hoverjack using the horizontal transfer technique (see pg. 23)



Ensure your patient's feet are at the label/red & white cap end of the Hoverjack



It is acceptable to omit the use of a Patslide and roll the Hoverjack/slide sheets in order to position it underneath your patient



Ask your patient to place their arms down by their sides and fasten the two straps loosely across your patient

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd



Plug the compressor into the nearest socket (use the extension cable provided in the top basket, if necessary)

The Standby light will illuminate



Hold the hose securely in position – it does **not** clip or click

You **MUST** start with Valve No.1 (closest to the ground)



With the hose securely in position, press the **brown HOVERJACK** button to send air into the first layer of the Hoverjack

Once the first layer is **fully** inflated (approx 13 seconds), continue inflating the other three layers in the same way

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd



Inflate each layer consecutively, checking the straps across your patient are not too tight, until all four layers are fully inflated

Each fully-inflated layer is supportive enough to perform CPR, should this be required



Perform a horizontal transfer, using a Patslide (see pg. 23)

NB The carers next to the Hoverjack must use their own bodyweight as a brake to keep the Hoverjack stable

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd



Should your patient recover sufficiently to disembark the Hoverjack without the need of a horizontal transfer, they must be able to sit up and swing their legs round to the side

Remove the transfer sheet and ensure the Hoverjack layers are deflated in descending numerical order to a height suitable for your patient to stand from

NB If your patient sits up but does not feel balanced enough to stand, assist them to lie back down, then re-inflate the Hoverjack to its full height and proceed with a horizontal transfer using the Patslide, after reinserting the transfer sheet/slide sheets



You must **NOT** allow your patient to disembark the Hoverjack from the foot end or the Hoverjack will tilt and they will slide off onto the floor!

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd

The Hoverjack can also be used for our plus-size patients (SWL 500kg/78 stone)

Two **plus-size** slide sheets **must** be used with our plus-size patients instead of the blue disposable transfer sheet which accompanies the Hoverjack in the top basket of yellow/grey trolley

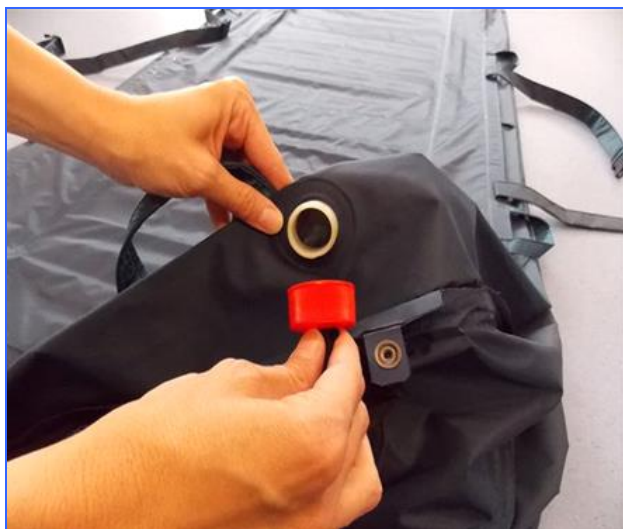
Carers must **avoid** using a deep pillow with their plus-size patient lying flat on the Hoverjack in order to avoid occlusion of their airway



YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES

Hoverjack™ cont'd

Once your patient has been safely transferred, the Hoverjack must be cleaned as per Trust policy, deflated and packed away



To deflate the Hoverjack, gently unscrew the red cap from layer number 4 (top layer). The air contained within is under extremely high pressure so keep a firm hold of the red cap

Pressing the non-return air valves of the air inlets for a few seconds prior to unscrewing the red caps will lessen the force of the air exiting the outlets



Once the Hoverjack is fully deflated, bring the straps into the centre and fold the Hoverjack in half lengthways, then roll/fold the Hoverjack towards the valves end, thus expelling any remaining air

Ensure the red caps are re-secured so the Hoverjack is ready for subsequent use and place it in the bottom basket

Dispose of the transfer sheet (if used), replace the compressor and extension cable (if used) in the top basket

Return the Hoverjack to the Equipment Library via Porters

YOU MUST CARRY OUT YOUR OWN RISK ASSESSMENT BEFORE COMMENCING THIS MANOEUVRE. REFER TO THE MANUAL HANDLING CORE CARE PLAN AS VARIATIONS MAY BE DEPENDENT ON AN INDIVIDUAL'S CAPABILITIES.

Manual Handling Team



Wendy Moran: Lead Manual Handling Advisor
wendy.moran@nhs.net

Sylvia Jellyman: Deputy Manual Handling Advisor
sylvia.jellyman@nhs.net

Caroline Agg: Senior Manual Handling Advisor
caroline.agg@nhs.net

Carole Rossiter: Assistant Manual Handling Advisor
carole.rossiter@nhs.net

Kate Evans: Admin & Clerical Support
kate.evans9@nhs.net

Team email: ghn-tr.ghftmanual.handlingteam@nhs.net

Telephone: Beacon House, GRH x6924
College Baths, CGH x3598