MOVING AND HANDLING PEOPLE

BY

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MOVING AND HANDLING

COUNTING THE COST

HSE statistics show that 227,000 people injured their back in 2009. Musculoskeletal injury remains the highest cause of injury in the workplace. In 2009, 53% of injury’s reported were musculoskeletal. This statistic shows that steps still need to be taken to reduce this number. Accident and injury at work can be avoided if proper risk assessment is carried out, and recommendations followed.

YOU ARE AT RISK OF BACK INJURY!

A nursing environment can be physically demanding. Often you will work with unpredictable, confused, and heavy patients. These predisposing factors make a nurse's moving and handling task fall into a high risk category. It is important to learn how to use correct lifting techniques, how to properly risk assess, and how to exercise to keep your back healthy.
WHAT IS MANUAL HANDLING?

Manual Handling is defined as:

“The transportation or supporting of a load (including lifting, putting down, pushing, pulling, carrying or moving) by hand or bodily force”. HSE

WORKING UNDER THE LAW

The law states that employers must ensure the health, safety and welfare at work employees. Employees must work in a safe manner taking reasonable care of both self and others. (Health & Safety at Work (NI) Order (1978).

Everyone has a “duty of care” in the workplace. Some of these duties include:

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SOME INJURY’S YOU MAY SUSTAIN WHEN MOVING AND HANDLING

Prolapsed Disc: Latter stage of a herniated disc, when the contents of the disc spill out and press on the spinal nerve. The most common form is lumbar disc herniation.

Sprain: An injury to ligaments that are stretched beyond normal capability and so tear. Ligaments are tough fibrous tissue that connect bone to bone to form a joint.

Muscular Strain: An injury to muscle in which the muscle tears as a result of over-stretching. Repetitive strain injury can be caused by repetitive tasks, forceful exertion or awkward positions

Hernia: Protusion of an organ through the wall of the cavity that normally contains it. There are many different types of hernia, but the most common is inguinal hernia.

Fracture A break in the continuity of the bone as a result of stress or high impact

REPORTING INJURY
In the event of accident or injury occurring in the work place, an accident/ incident form must be completed and in certain cases RIDDOR should be informed.

R.I.D.D.O.R (reporting injury, disease or dangerous occurrence) is the centralised incident contact centre managed through the HSE. You have a legal obligation to report any injury that leads to more than three days off work or a hospital admission for over 24 hours. This is usually carried out by your line manager or the person in charge.

Contact RIDDOR
Email: riddor@natbrit.com
Internet: www.riddor.gov.uk
Tel: 0845 300 9923 Fax: 0845 399 9924
SPINAL ANATOMY

The 33 bones which make up the spine are called the vertebrae. 24 of these are articulating, and 9 of these are fused. The vertebrae allows for free movement such as standing upright, bending forward or sideways, rotating, and leaning back. The vertebrae is divided into five parts: 7 cervical, 12 thoracic, 5 lumbar, 5 sacral (fused) and 4 coccyx (fused). The lumbar part of the spine is most likely to get injured as it is the main weight bearing part of the spine.

Between each vertebrae is an intervertebral disc. The intervertebral discs have a strong outer fibrous layer and a soft jelly-like inner layer. The discs make up one fourth of the spinal column’s length. A lot of demands are made on the discs during the day, as they act as shock absorbers for the spinal column. When you are standing or lying the pressure inside the disc is equalised. Many back pain sufferers will find it uncomfortable to sit for long periods as the pressure inside the disc increases when sitting.
THE LEVER PRINCIPLE

Holding loads away from the body creates a lever effect on the spine, which in turn increases the load capacity which is placed on the spine, particularly in the lumbar region. The effort required by the back muscles increases according to how far the load is held away from the body.

It is possible to prevent leverage and decrease loading on the spine by keeping loads close to the body. When you use short levers the weight will feel lighter and there will be less tension in the arms, shoulder and back. In other words, bring the object close to you when you are handling or lifting.

Keep your curves in place! This can be done by looking straight ahead and never stooping, twisting or bending.
HOW GOOD IS YOUR POSTURE?

Correcting posture is a matter of re-education, recognising repetitive stresses and eliminating or minimizing these. Underlying causes of poor posture include: lack of exercise, incorrect body mechanics, prolonged sitting or standing, stress, poor work habits, loss of flexibility. A loss of range of motion or strength, numbness or tingling in the limbs, are all symptoms that are related to poor posture. The parts of the body that can be affected by poor posture are the upper back, neck, lower back, wrist, shoulders, hips and knees. If you are in pain it can prohibit walking gait, comfortable sleeping situations and effective participation in daily activities.

Poor posture can contribute to back pain. As joints bear weight and move abnormally, the body strives to discover paths of lesser resistance. This can overload the muscles and skeleton and lead to discomfort, injury and pain.
GOOD POSTURE - STANDING

Good Sitting Posture
All sitting postures should provide for good spine alignment and normal spinal curves. The head should not be forward and the shoulders should not be rounded forward. It is known that prolonged sitting can lead to new injury or the aggravation of an old injury. Individuals will be at risk when they sit on a very soft seat or deep chair. The seat height must allow the person’s feet to rest comfortably on the floor with knees and hips at right angles. The back of the chair should support the lumbar and thoracic spine. When a chair creates less than a 90-degree angle, the load on the knees, hips and low back become increased.
MANUAL HANDLING PRINCIPLES
The Manual Handling Operations Regulations 1992 (as amended) state the hierarchy of measures are as follows:

✓ AVOID
  o If it is possible do not perform the task. For example, encourage the patient to perform the task under your verbal direction and guidance, and within their capability.

✓ ASSESS
  o If the lift must be performed then it is important to carry out a risk assessment.

✓ REDUCE
  o Reduce the risks to the lowest possible level by planning the lift and, when necessary, using appropriate equipment.

RISK ASSESSMENT

By law a risk assessment must be carried out before any moving and handling task is performed. A risk assessment will identify potential hazards and find a way to reduce them to the lowest possible level. It is important to remember that not all risks can be completely eliminated, but it is possible to make a task safer by implementation of preventative measures.
RISK ASSESSING

Before carrying out any moving or handling, you should assess your risks and look for ways to reduce them to the lowest possible level. Remember to act according to what the assessment says and operate within it. A risk assessment form for moving and handling is a legal document and can be called upon for review by the courts, or by the Nursing and Medical Council.

Assess a patient's cognitive awareness and physical ability. Is the patient able to follow commands and co-operate. Are they able to understand your direction and instruction? Do they have the physical strength and ability to carry out the task? Do you require equipment to help complete the task?

REMEMBER!
People are considered to be an unpredictable load so extra care needs to be taken when carrying out moving and handling tasks. It is important to remember that many moving tasks are frightening for the patient, so reassurance and good communication must be used at all times.
ASSESSING RISK USING T.I.L.E

TASK
- What does the task involve?
- Does it involve twisting, stooping or bending?
- Do you have to cover a far distance?

INDIVIDUAL
- Are the nurses involved in the task physically able to carry out the task?
- Would the task endanger pregnant women?
- Have the nurses or healthcare workers assisting with the task had the necessary training?

LOAD
- How heavy is the patient?
- What shape is the patient – are they contracted, obese, limited flexibility?
- Is the patient able to understand you and co-operate with you?

ENVIRONMENT
- Are you working in a confined space?
- Are there other hindrances such as lockers and tables?
- Is the floor slippery, uneven, or wet?
- Is the lighting good? Night duty can have poor lighting.
- What type of flooring are you working on? Carpets can cause difficulty when manoeuvring a hoist.
EQUIPMENT REGULATIONS

**PUWER – Provision and Use of Work Equipment Regulations (PUWER) 1998.**

These regulations require that the equipment used is both suitable for use and safe to use. Equipment needs to be kept in a good state of repair and only used by people who have received appropriate and adequate training.

**LOLER – Lifting Operations and Lifting Equipment Regulations (LOLER) 1998**

These regulations are for any equipment used to lift or lower loads. They require that such equipment (eg, hoists) be checked every six months if lifting people. The regulations include how the equipment is stored and used, and also covers any accessories used with the equipment, such as slings.

HOW TO SAFELY USE EQUIPMENT

Before each use check equipment is in good working order.

- Do not use equipment you have not yet been trained to use.
- Use equipment in its proper use for the appropriate task.
- Store in a safe manner after use.
- Put out of use defected equipment and report if it is unsafe to use.

**If in doubt, do not use!**
USING LIFTING EQUIPMENT (HOIST)

There are many different types of hoists available. Never use a hoist you have not yet received training on. Never use a hoist alone. A hoist is for TRANSFER and not TRANSPORT!

Apply brakes when not in use and not during the lift as the hoist must move to the patient and not have the patient dragged toward the hoist

- Know where the emergency stop is and how to release manually
- Keep charged and check it is working before putting a patient in the hoist.
- Have a visual check of the sling and straps, looking for rips or tears
- Always double check the sling has been properly attached to the hoist by tugging on straps.
- Use the correct size sling for the patient
- Two people should use the hoist – one to look after that patient, and one to work the hoist
- NEVER leave a patient alone in a hoist sling!
- Never take a hoist over a door saddle. It is not to be used as a taxi or an alternative to a wheelchair.
- Always reassure the patient and let them know what you are planning to do.
- Store safely after use and ensure it is charging
GUIDING AND SLOWING FALLS

If a patient falls, do not attempt to stop the fall. Your aim is to slow and guide the fall so it becomes controlled with least injury to self or to the patient. Remember to keep your back in its natural curves without bending. Bend your legs, tighten your stomach, and move to the floor with the patient. Stay as near to the patient as possible to remain within your centre of gravity. Once the patient is on the floor it is possible to devise a way to help safely up into a chair or wheelchair.

NEVER, EVER TRY TO STOP A FALL OR CATCH A PATIENT. YOU COULD SUFFER FROM SEVERE AND PERMANENT INJURY!

EXERCISE PROGRAM

Implementing a fitness program will help prevent types of injuries that occur from poor posture, incorrect body mechanics, muscles imbalance and inflexibility. Exercise can help to improve posture, strengthen core muscles and increase range of motion. Trunk stability will be improved by strengthening the legs, abdominal and lower back muscles. It is also beneficial to reinforce, strengthen and stabilise the upper back, neck and rotator cuff (at shoulder).

Pilates, Yoga and Swimming are all exercises that strengthen core muscles and encourage balance and flexibility.
ABOUT SAFE2CARE

Safe2Care Training Services offers a wide variety of training throughout Northern Ireland. We are approved by HSE NI and are accredited with HABC (awarding body). We strive for excellence and pride ourselves in offering top quality training at an affordable price. Our instructors are Registered Nurses or Paramedics who also hold a teaching qualification. We can offer in-house training throughout the region.

We are constantly adding new courses to our syllabus. Currently on offer we have:
First Aid at Work
Emergency First Aid at Work
12 hour Paediatric First Aid
First Aid for Parents
Moving and Handling of People
Moving and Handling in Childcare
Manual Handling of Objects
Basic Life Support
Immediate Life Support
Conflict Resolution and anger management
Infection Prevention and Control
Care-Planning for nurses
Administration of medications
Understanding Asthma
Dealing with Epilepsy
Infection prevention and Control
Safeguarding Vulnerable Groups
Taking and Recording Observations

We also have launched an on-line learning centre..
Our address is www.the-care-college.co.uk.
A great way to keep up-to-date with training in your own time and from the comfort of home. We offer full web support for anyone registered on our courses.

Find out more on our website:
www.safe2care.co.uk