

MOVING AND HANDLING



PRE-SESSION READING PACK

**Clinical Skills
Third Year Medical Students
2005 - 2006**

THIS IS A PRACTICAL SESSION
STUDENTS ARE REQUESTED TO WEAR
APPROPRIATE CLOTHING.
ALL STUDENTS SHOULD WEAR
TROUSERS AND FLAT SHOES.

CURRENT LEGISLATION

Health and Safety at Work Act 1974

Employers' responsibilities - has a duty as far as is reasonably practical to ensure the health and welfare at work of all employees.

To provide training

To act on reported issues regarding handling equipment

To provide equipment and to ensure it is in safe working order

Employees' responsibilities - to act in such a manner that will not endanger themselves or those around them i.e. wear appropriate clothing, use equipment in accordance with manufacturers instructions.

To report any faulty equipment and check equipment regularly

Manual Handling Operations Regulations 1992

- Sets out a hierarchy of measures for safety during manual handling:
 - **Avoid** hazardous manual handling operations so far as is reasonably practicable
 - Make a suitable and sufficient **assessment** of any hazardous manual handling operations that cannot be avoided

- **Reduce** the risk of injury from those operations so far as is reasonably practicable
- Requires the use of assessment to determine the risk of injury and point the way to remedial action.
- Assessments should take account of:
 - Task
 - Individual
 - Load
 - Environment
 - or
 - Environment
 - Load
 - Individual
 - Other**
 - Task
- Following the assessment the primary objective is to reduce the risk of injury by use of measures such as:
 - Eliminating the need for manual handling altogether
 - Redesign the task
 - Using appropriate mechanical aids
 - Reducing the load
 - Using an ergonomic approach 'fitting the job to the person'
 - Improving the environment
- Employees must make full and proper use of any system of work provided for use by their employer.
- Effective training has an important part to play in reducing the risk of manual handling injury.

Ensure the student is fit to practice and adopts the walk stance position when involved in moving and handling.

Feet shoulder width apart, knees bent with one foot in front of the other.

Understand what constitutes a LOAD.

Weight Distribution

	Men	Women
Full Height	10kg (22lb) 5kg (13lb)	7kg (15lb) 3.5kg (8lb)
Shoulder Height	20kg (44lb) 10kg (22lb)	13.5kg (30lb) 7kg (15lb)
Elbow Height	25kg (55lb) 15kg (33lb)	16.6kg (36lb) 10kg (22lb)
Knuckle Height	20kg (44lb) 10kg (22lb)	13.5kg (30lb) 7kg (15lb)
Mid lower Height	10kg (22lb) 5kg (11lb)	7kg (15lb) 3.5kg (8lb)

The guide to the handling of patients (1999)

UKCC Practitioner-client relationships and the prevention of abuse

Section 13

Physical abuse is any physical contact that harms clients or is likely to cause them unnecessary and avoidable pain and distress.

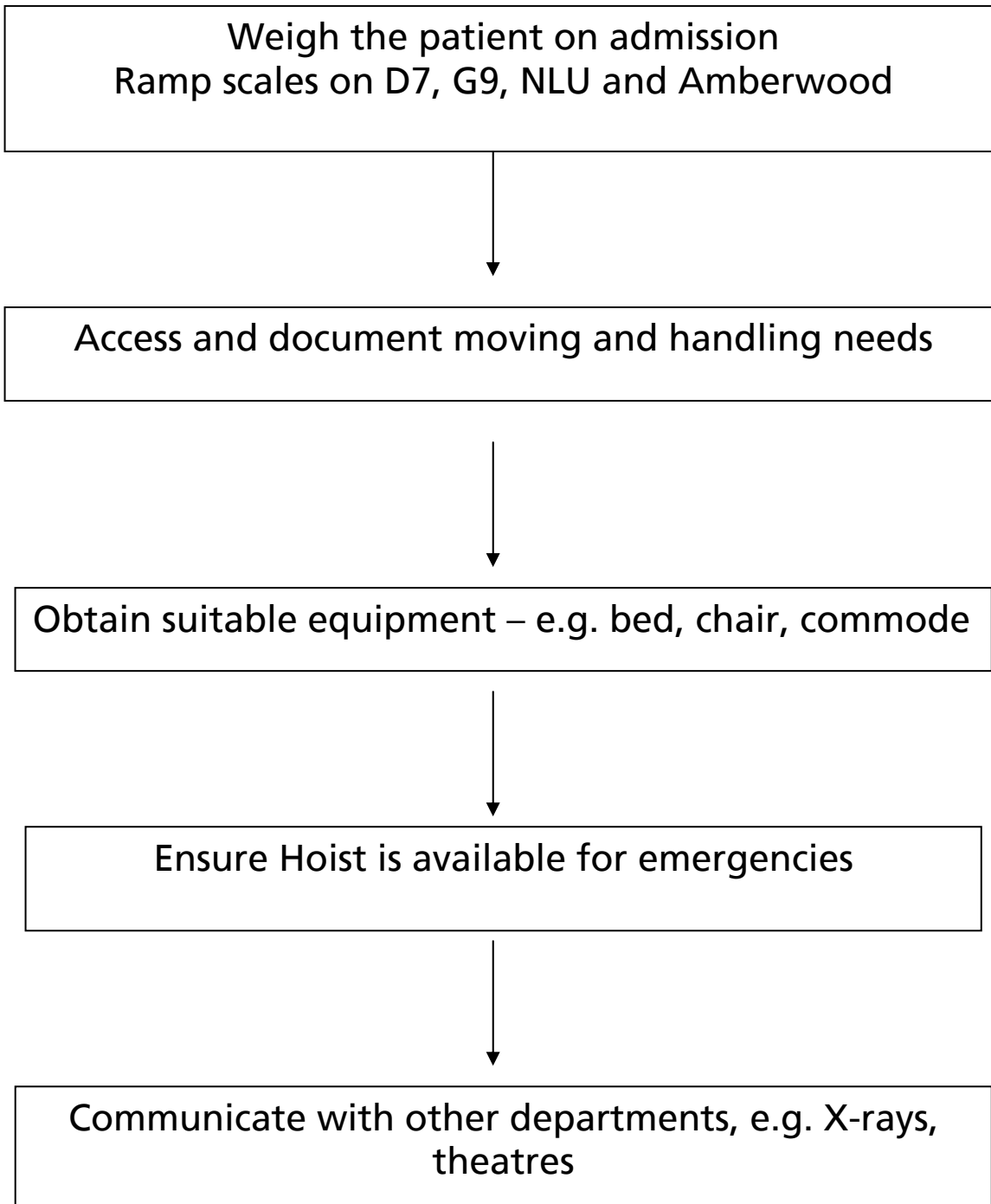
Examples include handling the client in a rough manner, giving medication inappropriately; poor application of manual handling techniques or unreasonable physical restraint.

Physical abuse may cause psychological harm.

Southampton University Hospitals NHS Trust
Procedure for the Safe Care and Handling of Heavy Patients,
August 2002

- For patients over 20 stone

Pathway of procedures



PATIENT MOVING AND HANDLING ASSESSMENT

This Assessment is for basic information only.

Each patient should have a moving and handling assessment completed on admission or as their condition alters significantly, or on a weekly basis.

NB: NO MOVING AND TASK IS RISK FREE

STAFF MUST ASSESS THE RISKS AT THE TIME OF EACH INDIVIDUAL MANOEUVRE

Patients Name:.....
 Date of Birth:.....
 Height/Build:.....
 Hospital Number:.....
 Ward:.....

Date	Weight (Kg)	
	Estimated	Actual

Assessment of Patient Ability – please date appropriate column:

Manoeuvre	Indep.	Super	With Help of 1	With Help of 2	With Help of 2+	Aids/ Equip	Hoist	Night time
Mobilising / walking								
Sitting forwards in bed								
Moving up the bed								
Altering position in bed								
Getting out of bed								
Getting into bed								
Sitting to standing								
Transfer bed to chair								
Bating/showering								
Toiletting in bed								

PHYSICAL FACTORS:
(eg drains, infusions, history of falls)

COMMUNICATIONS/COMPREHENSION:-

FULLY CO-OPERATIVE

UNPREDICTABLE

CONFUSED

UNABLE TO CO-OPERATE

Assessing Nurse's Signature and PRINTED NAME

Counter Signature Date:

ACTION PLAN TO MINIMISE RISK

EVERY MOVING AND HANDLING TASK IS DIFFERENT AND STAFF MUST BE ASSESS THE RISK INVOLVED AT THE TIME OF EACH MANOEUVRE

This Action Plan should be used as a guide to staff on how the patient can be moved/handled safely with a minimal risk to everyone concerned

Manoeuvre	List the equipment and techniques to be used	Initials and date
Mobilising/walking		
Sitting Forwards in bed		
Moving up the bed		
Altering the position in bed		
Getting out bed		
Getting in to bed		
Sitting to standing		
Transfer Bed-Chair		
Transfer Chair-Chair		
Bathing/Showering		
Toileting in bed		

Additional INFORMATION AND COMMENTS (e.g. Care Plan Number)

Consider appropriate use of cot sides.

Southampton University Hospitals NHS Trust Adverse Event Report Form

A.E.R. report No:

To be completed by the member of staff who either causes or is notified of the risk event. If case settles in BLOCK CAPITAL LETTERS and tick the appropriate boxes. Refer to general guidelines for advice on completion of form. Completion of this form does not imply a claim admission or liability of any kind to any person, whether or not an event or incident has occurred. This report in any circumstances needs to be filled.

SECTION 1
Name & Address of person involved or injured) Postcode

Male Female Date of birth Staff Job Title

Incident Date Incident Date Reported Date

Directorate Site (e.g. SGH, RSH, PAB)

Department Location

SECTION 2
Person involved/ injured in event

Employee (Y)	<input type="checkbox"/>	Attending Nurse	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>
Employee (N)	<input type="checkbox"/>	Attending Doctor	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Health Staff	<input type="checkbox"/>	PHN	<input type="checkbox"/>	Industrial & Facilities	<input type="checkbox"/>
Inpatient	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Security/Health & Safety	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	Other Care Provider/Staff	<input type="checkbox"/>	Clinical	<input type="checkbox"/>
Day Patient	<input type="checkbox"/>	Witness	<input type="checkbox"/>	Medical Equipment	<input type="checkbox"/>
Private Patient	<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Occ. Health	<input type="checkbox"/>
Student	<input type="checkbox"/>	Admin & Clerical	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Attending A&E	<input type="checkbox"/>	Other Non-Care Staff	<input type="checkbox"/>		<input type="checkbox"/>

Details of other involved persons

Name	<input type="text"/>
Address	<input type="text"/>
Agency Staff	<input type="checkbox"/>
Contractor	<input type="checkbox"/>

SECTION 3 – Description of what happened – **BUT ONLY provide details – avoid additional information on a separate sheet)**

The actual event and the immediate outcome

Event recorded in patient medical records? Yes No

SECTION 4 – Contributory Factors (e.g. equipment failure, human error, etc. – see guidelines)

SECTION 5 – Considered severity of adverse event

Identified person responsible for investigation, treatment, advice, counselling? Provide Details.	<input type="checkbox"/>
Major harm/loss over 12h-48h	<input type="checkbox"/>
Moderate harm/loss over 24-50h	<input type="checkbox"/>
Minor harm/damage/loss over 0-24h	<input type="checkbox"/>
Insignificant harm/damage/loss over 0-24h	<input type="checkbox"/>
Potential Harm/loss Nil	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

Did injured person receive any of the following:
 treatment, advice, counselling? Provide Details.
 None First Aid Decontam Compliment Potential
 A&E Occ. Health Claim Potential?

SECTION 6 – Details of member of staff completing form

Signature Name (Print in full) Job title:
 Directorate: Department:

SECTION 7 – This section **MUST BE COMPLETED** in full by Dept. Manager, SOH or Consultant and **MUST** be finally reviewed by CSM

Manager's comments and actions to be taken to reduce risk

Completed by: Position: Date:

SECTION 8 – Check front of book, does RIDDOR Form F2500 apply? Yes No

SECTION 9

Top copy to be sent to Lead Risk Manager
 Yes/No copy to be retained by directorate

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- * H&S, Fire, Estates & Facilities – H&S Manager
- * Security – Security Manager
- * Clinical Partner – Trust Risk Manager
- * Medical Equipment – M&E Manager
- * Occ. Health – H&S Manager

SECTION 10 – For Office Use Only. QA Coding – To be completed by Lead Risk Manager.

Name: Reviewed by: Date:

* Please refer to specific guidelines re event details

This is a Quality Assurance document – NOT to be placed in Patient's Medical Records