People Handling Instructor Course

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Basic Housekeeping Rules

- ✓ **Phones**
- ✓ **Health & Safety**
- ✓ **Schedule and breaks**
- ✓ **Participation**
- ✓ **Assessment**

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Course Aim

The aim of this course is to provide you with the knowledge, skills and attitude to be able to move people correctly.

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Road map

Unit 1 –Introduction to People Moving

Unit 2 – Risk Assessment

Unit 3 – Mechanical Equipment

Unit 4 – Infection Prevention & Control

Unit 5 – Safe People Moving

Unit 6 – Planning and design of People Handling Training

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Unit 1 Introduction to People Moving

The aim of this module is to provide you with an understanding of what People Handling is and why it is a major issue.

At the end of this module, you will be able to:

- Explain what People Moving is
- List relevant legislation,
- Explain the manual handling of loads regulations,
- List the HSE's principles underpinning People Moving
- Explain the implications of not complying with legislation requirements.

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People Moving

What is People Moving?

Examples?

Why?

".

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Examples of People Moving?

- Pushing/ Pulling beds, hoists,
- Turning in bed, moving up the bed,
- Lying to sitting,
- Transferring from bed to chair, sitting to standing,
- Walking,
- Bed to bed transfers,
- Lifting (only in emergency situations)

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Anyone Hurt?

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Adverse Incidents

- All accidents, incidents, near misses must be reported, and managed in accordance with the HSE.
- Incident Management Framework, 2018.
- Use National Incident Report Form (NIRF).

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Health & Safety Authority

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Managing People Handling

- Manual Handling Policy
- Consultation
- Risk Assessment
- Implement controls/training/Supervision

HEALTH AND SAFETY AUTHORITY

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HSE's People Handling Policy

The HSE operates a "Minimal Handling Policy".
Where manual handling cannot be avoided reduce risk through RA
Assessment of the needs of service users
Safest way of undertaking tasks
Suitable aids and equipment
Principles of ergonomics in planning & design and procurement
Risk assess to manage risk in uncontrolled environments

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Principles of People Moving

Consultation with the service user and family is a key principle
Balanced approach between needs of service users and staff safety
Each service user who needs assistance will be individually assessed
Particular attention should be paid where English is not primary Language
Independence of the service user will be encouraged at all times.
Multi-disciplinary risk assessment may be required to address issues
Complex risk assessments should demonstrate balanced decision making
Should be clinical reasoning and where possible, evidence based

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Avoid/ Reduce?

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Other Related Legislation

General Application Regulations, 2007:
- Use of Work Equipment.
- Sensitive Risk Groups.
- Protection of Pregnant, Post Natal Employees.

Human Rights Commission Act, 2005
Disability Act, 2005

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Case Study

- Healthcare Assistant walking past a patients room,
- Hears a cry for assistance,
- Resident asks to be assisted to the bathroom,
- Halfway across the floor she collapses,
- Healthcare assistant fell as well injuring her shoulder,
- **What would you like to know in deciding on compensation?**
- Was she familiar with the patient and MH plan?
- No. Care Plan states history of falling, walk with two people.
- Was assistance available?
- Yes. Other care assistants were at the nurses desk 30m away.
- **Compensation?**
- No. Should have consulted care plan and sought assistance.

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White V Mid Western HB High Court
Absence of training or mechanical aids

- Hospital attendant was lifting 14 stone patient,
- Patient slipped and plaintiff used her full weight to prevent him falling on the floor,
- The plaintiff suffered an injury to her shoulder,
- Plaintiff had not been trained or instructed in proper lifting procedures,
- Judge noted that, in the absence of a hoist.
- He awarded € 79,882.80

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Recap

- How can you move people by hand?
- What are common people handling injuries?
- What are the consequences of manual moving injuries?
- State the % of injuries due to people moving?
- What legislation or regulations are relevant to People Moving?
- What are the Implications for noncompliance?

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Unit 2 Risk Assessment

The aim of this unit is to provide you with the knowledge skills and attitude to perform People Handling risk assessments.

On completion of this module you will be able to:

- Explain what Risk Assessment and ergonomics are,
- Explain the people handling risk assessment process,
- Identify issues which may impact on the process,
- Describe a range of controls to avoid and reduce the risk of injury.

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Explanations

What is Risk Assessment?

Hazard/ Risk Factors?

Controls?

What Ergonomics is
Fitting the task to the person

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Types of PH Risk Assessments

Generic ward/department risk assessment.
Risk assessments on the general situation on a ward or department
Task specific risk assessment.
Risk assessments carried out on specific people Handling tasks
Individual patient handling risk assessment
Completed on each service user on admission/ referral,
Reviewed every four months or
When initial assessment is no longer valid.
Dynamic Risk Assessment
Carried out on the spot by employees prior to task.

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Risk Assessment Process

QUALTEC TRAINING & CONSULTING

HEALTH AND SAFETY AUTHORITY

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Risk Assessment Process

QUALTEC TRAINING & CONSULTING

- Step 1. Observe and describe the Process.
- Step 2. Collect data.
- Step 3. Identify risk factors.
- Step 4. Develop Solutions.
- Step 5. Review.

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Risk Factors

QUALTEC TRAINING & CONSULTING

Task
What movements and body postures put pressure on the back?

Individual
What characteristics of a person make them more at risk?

Load
What characteristics of the load increase the risk?

Environment
What aspects of the environment will increase the risk?

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Task

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Individual (You!)

- .

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Load (Service Users)

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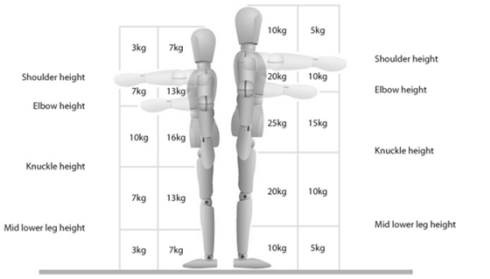
Lifting Guidelines



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Environment

Confines of space,

Furniture,

Different floor levels,

Temperature,

Slippy floors

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Other Factors

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Principles for PH Risk Assessment

- Balanced decision making,
- Infection control,
- Challenging behaviour,
- Critical medical emergencies,
- Complex clinical issues,
- Human rights,
- Fluctuating mobility level of the person.

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Management of bariatric service users

- Local guidelines or SOP should be in place
- Risk should be reduced to as low as is reasonable possible
- Dignity and safety must not be compromised
- Safety of carers must not be compromised
- Good planning involving consultation with stakeholders
- Provision of suitable aids and equipment

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Patient Falls in confined space

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Full Body Lift Case Study

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Patient Non Weightbearing in cast

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Recap

- What is risk assessment?
- What is ergonomics?
- What does T.I.L.E stand for?
- What are the steps to completing a People Moving Risk Assessment
- What are the principles for People Moving Risk Assessment?

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Completion of People Handling Risk Assessment and Handling Plan

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Aim & Outcomes

The aim of this module is to provide you with the knowledge, skills and attitude to complete a People Handling Risk Assessment and plan

On completion of this module, you will be able to

- Explain what a People Handling Risk Assessment is
- Explain why it is important to complete one.
- State when it should be completed
- Complete a People Handling Risk Assessment and Handling Plan

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Explanations

What a People Moving Risk Assessment is

A risk assessment carried out on a service user to clarify safe methods of handling each service user, develop a handling care plan

Why?

When?

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People Handling Risk Assessment Process

Step 1 Observe the patient and describe them, their situation and setting

Step 2 Collect data and provide as much information on the patient and the task as possible.

Step 3 Identify risk factors using the template provided.

Provide details on any risk factors identified.

Step 4 Develop Patient Handling Plan using the form provided.

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Step 1. Observe and describe the person

Observe and describe the patient, person or service user

Briefly describe the patient.

Outline their situation or setting.

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Step 2 Collect data

Provide as much data or information as possible on the patient/ service user

In box A indicate if they are independent or not.

Service users independent during admission may become dependent due to surgery, deterioration etc

In Box B include detail patient data such as weight, BMI (if known) and height

Specialist equipment may be required if the service users weight exceeds the safe working load of any equipment. Please detail.

In Box C. Indicate if they are on any Medication relevant to moving and handling?:

e.g. sedation, pain or anti spasmodic medication

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Step 3 Identify Risk Factors

In **Box D** indicate any issues in relation to communication, comprehension or behaviour.

In **Box E**. answer whether the Patient has a History of Falls. If yes, explain.

In **Box F** indicate whether there are environmental constraints.

In **Box G** indicate whether there are any issues with Carers Ability and/or Experience.

In **Box H** indicate patient's mobility. Is assistance required to mobilise?

In B**ox I** indicate if there are any physical limitations. If yes specify what they are

In **Box J** Indicate whether further assistance is required to complete this risk assessment.

In **Box K**, based on the above information categorise the Risk Level as High, Medium or Low

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Step 4 Develop Solutions

In this section complete a handling plan for the safe movement of the service user.

Indicate whether there any special considerations about this service user? Note any i.e., poor eyesight, deaf etc.

List out the everyday activities to be carried out with the client i.e repositioning, Sitting forwards, sitting to standing, walking, up and down the stairs, toileting , bathing or showering, transport and other Activities

Outline the number of carers, equipment and service user actions required. Note any relevant comments.

If a hoist is needs specify the type, name/model and sling type and size required.

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Completing the Handling Plan

- People Handling **Risk Level** (High,Medium, Low)
- **Special Considerations** (poor eyesight, deaf etc.)
- **Activities** (i.e. Lying to sitting)
- If **not independent**, indicate how many carers are required.
- **Equipment** (hoist, whealchair, etc.)
- **Service User Action**
- Appropriate method of **Transport**

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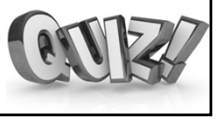
Recap

- What is a People Moving Risk assessment?
- What data needs to be collected?
- What risk factors need to be identified?
- What is a People Handling Plan



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Patient Handling Equipment

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Patient Handling Equipment

What PH equipment is?
Equipment used to avoid or reduce patient handling.

Examples?

Why (benefits)?

How?
Based on Risk Assessment by competent persons,
Ensure that it is the correct one for the job,
Inspected & maintained.

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Trolleys

Hazards/ Risk Factors **Controls/ Solutions**

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Hoists

What?
Equipment to lift and transfer patients
Types: Full body hoists, Standing hoists, ceiling hois

Why?
To avoid lifting a patient. Safer for the patient and ca

How?

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Hoists

Hazards/Risk factors

- Faulty equipment
- Slings not attached correctly
- Wrong sized sling

Controls/ Solutions

- Check condition of hoist & slings
- Check attachments before moving
- Consult the care plan

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Slings

What?
Hoist accessory

Why?
How?

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Transfering a Patient with a Hoist

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Profile beds

What?
Beds that can be raised, and the top section can tilt forward

Why?
To reduce the effort moving the client and reduce stooping

How?

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Profile beds Risk Assessment

Hazards/ Risk Factors

- Brakes not on
- Bed too low

Controls/ Solutions

- Adjust to the right height
- Ensure that brakes are on

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Profiling Bed Operation

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Sliding Sheets

Hazards/ Risk Factors

- Slippy!
- Infection

Controls/ Solutions

- Put away safely afterwards
- One set per patient
- Keep off ground
- Train staff

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Enablers

What?
Devices and equipment to enable people moving
e.gs include sliding sheets, banana Board, Turntables, walking belts
Why?
To reduce manual handling
How?
Equipment should be selected by an OT (Occupational Therapist)
Staff should be trained in their use

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Banana Board

What?
Patient Handling enabler

Why?
To allow a patient to slide from sitting to sitting (bed to wheelchair)

How?
Ensure 1/3 under patient, 1/3 on the dentination, curved inwards.
Adopt a board stable base to support patient
Get patient to move themselves (slide) on the board

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Turntables

What?
Moving, transferring and handling aids

Why?
To assist a patient turn

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Walking Frames/ Rollators

What?
Walking aids

Why?
To support a patient walking

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PAT Slide

Hazards/ Risk Factors

Brakes not on

Height of beds

Hard surfaces

Controls/ Solutions

- Train staff
- Minimise bed height difference
- Cover hard surfaces i.e. headboard

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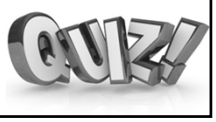
Recap

- What equipment do we have available?
- What are the benefits of Mechanical Equipment (ME)?
- What are employees responsibilities in relation to ME?



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Unit 4 Infection Prevention & Control

The aim of this module is to provide you with the knowledge, skills and attitude to Prevention and Control Infections.

At the end learners will be able to:

- Explain what infection control is,
- Explain why hand hygiene is the most important to prevent infections,
- List PPE available,
- List the steps to Donning and Doffing PPE.

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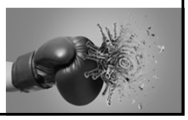
Explanations

What is Infection prevention and control?

Infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection.

Why?

To protect patients & ourselves from infection and cross contamination.



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Standard Precautions:

What are Standard Precautions?

These precautions apply to the care of all patients regardless of their diagnosis or presumed infection status.

Why?

1 in 10 patients have some sort of infection.

What are Transmission Based Precautions (TBPs)?

TBPs are extra precautions and are categorised according to the route of transmission of the infectious agent such as contact, airborne and droplet.

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Principles of infection control

- Wash your hands.
- Avoid direct contact with wounds and fluids.
- Cover your mouth/nose during any treatment.
- If splashed with fluids wash thoroughly & seek medical advice.
- Wash any contaminated clothes thoroughly with bleach.
- Dispose of gloves, bandages, dressing safely.
- Wash used instruments, such as scissors with warm water.

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Effectiveness of Hand Hygiene

Hand hygiene is the simplest, most effective measure for preventing infections.

Hand Hygiene Products

- Soap with water can physically remove a certain level of microbes,
- However, antiseptic agents are necessary to kill microorganisms,
- Alcohol-based preparations have more rapid action than products containing other antiseptics,
- Must use approved products.

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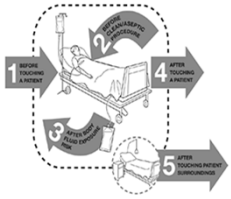
Your 5 Moments for Hand Hygiene

When is hand hygiene is required?

1. Before touching a patient,
2. Before clean/aseptic procedures,
3. After body fluid exposure/risk,
4. After touching a patient,
5. After touching patient surroundings.



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Use of Hand Gel

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Hand-washing technique with soap and water

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Personal Protective Protection (PPE)

Types?

- **Gloves** (Latex, Nitryl)
- **Clothing** (gowns/ aprons)
- **Face/ Eye protection:** (visor/goggles/face shield)

Risk of splashes to eyes of blood/body fluids, respiratory secretions.

PPE used is based on risk assessment on type of activity.

PPE is generally single use only.

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Donning & Doffing PPE

How to put on and remove PPE?

Donning

1. Decontaminate hands
2. Put on disposable apron/gown
3. Put on mask (Fit check)
4. Put on goggles if required
5. Put on gloves

Doffing

1. Remove Gloves
2. Decontaminate Hands
3. Remove goggles
4. Remove apron/ gown (Avoid touching front)
5. Remove mask
6. Discard all mask etc as healthcare risk waste
7. Decontaminate Hands

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Removing contaminated gloves

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Recap

- What is Infection Control?
- Why is hand hygiene important?
- What are the different types of PPE?
- What are the steps to Donning and Doffing PPE?
- What is the rationale for preventing self-contamination when removing PPE?
- Why is hand hygiene required after removing PPE?
- Why so gloves do not replace the need for hand hygiene?

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Unit 5 Safe People Moving

The aim of this module is to provide you with a set of principles for safe moving of people.

On completion of this module you will be able to:

- List the principles of People Moving
- Explain how to complete a Dynamic Risk Assessment
- Move a patient safely.

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Principles of People Moving

- Risk Assess using TILE
- Stand close to load
- Broad Stable Base, feet in direction of travel
- Look forward to align spine
- Bend Knees
- Firm Palm grip/ Arms in line with trunk
- Move smoothly using the power the legs

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Dynamic People moving Risk Assessment

What?
An on the spot risk assessment on the people moving task

Why?
To identify any hazards and to ensure that everyone understands

How?
Using TILE

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T: Task (The move to be performed)

79

I: Individuals (carers performing the move)

80

L: Load (Client/Patient)

81

E: Environment or Equipment

82

Weight Transfer

What?
Using the transfer of the weight to the carer

Why?
To general power

How?
Adopt a Broad Stable Base: Front to Back or Side to Side
Bend one knee it to opposite to the direction of force
Transfer power forward or back by bending knees

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Weight transfer for Push

Start

Finish

84

Weight transfer for Pull

Start

Finish

85

Pushing/Pulling of beds, hoists etc

- Assess using TILE
- Task (Push or pull)
- Individual (One or two people, command)
- Load (brakes off, sides up etc)
- Environment (leads plugged out, doors open etc.)
- Close to the Load (about arms length from bed, watch ankles and feet!)
- Broad stable base feet in direction of travel
- Bend knee (back knee to go forward
- Firm palm grip/ Arms in line with trunk (Headboard)
- Look forward to align the spine
- Move smoothly using power of the legs.

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Sitting the Patient up in Bed

Assess using TILE
- Task (Sit up)
- Individual (One or two people, command, where to hold)
- Load (Explain how they can assist, arms across chest, tuck chin in, bend knees)
- Environment (Brakes on, bed to right height)

Close to the Load (between shoulder and hip)
Broad stable base (toes pointed towards each opposite corner)
Bend knee (opposite knee to direction of movement)
Firm palm grip/ Arms in line with trunk (on shoulder blade)
Look forward to align the spine
Move smoothly using the power of the legs. (Shift weight)

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Turning a patient to the edge of the bed

Assess using TILE
- Task (Turning a patient)
- Individual (Ready, steady turn, get them brace the client to turn the client's shoulder)
- Load (Explain how they can assist, look forward, turn with the move)
- Environment (Brakes on, bed to right height)

Close to the Load (One foot near the clients' feet)
Broad stable base feet in direction of travel (Other foot out from the client's hip, one toe pointed to the clients' feet, the other to the top of the bed)
Bend knee (Bend knee closest to client's feet)
Firm palm grip/ Arms in line with trunk (on client's feet, don't use the thumb,)
Look forward to align the spine
Move smoothly using the power of the legs. (Shift weight)

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Sit to stand

Assess using TILE
- Task (Standing a patient, standing or sitting)
- Individual (Agee command: Ready, steady stand)
- Load (Check if they are capable, Explain how they can assist, look forward, push off the bed on stand, best foot forward)
- Environment (Brakes on, bed to right height,)

Close to the Load (Sit or stand close to client)
Broad stable base feet in direction of travel (Other foot out from the client's hip, one toe pointed to the client's feet, the other to the top of the bed)
Bend knee (Bend knee under the bed)
Firm palm grip/ Arms in line with trunk (Shoulder and hip)
Look forward to align the spine
Move smoothly using the power of the legs. (Shift weight back to front)

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Stand to Sit

Assess using TILE
- Task (Sitting a patient)
- Individual (Command: Ready, steady sit)
- Load (Explain how they can assist, hold the chair arms, push up)
- Environment (chair correctly placed, enough space)

Close to the Load (Stand close to the client)
Broad stable base feet in direction of travel (one foot behind the chair)
Bend knee (Bend knee furthest away from chair)
Firm palm grip/ Arms in line with trunk (Collar bone and Pelvis)
Look forward to align the spine (at each other)
Move smoothly using the power of the legs. (Shift weight from front to back)

91

Sit up, turn, stand & sit down

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Rolling a Patient

Assess using TILE
- Task (Rolling a patient)
- Individual (Command: Ready, steady roll)
- Load (Explain how they can assist, hand closest to direction of roll beside the head, the other hand across the chest, look in direction of the roll)
- Environment (bed at the right height)

Close to the Load (Stand close to the client)
Broad stable base feet in direction of travel (front to back)
Bend knee (Bend knee under the bed)
Firm palm grip/ Arms in line with trunk (Shoulder and hip)
Look forward to align the spine
Move smoothly using the power of the legs. (Shift weight from front to back)

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Inserting Full Slide Sheets

- Use two full size slide sheets back-to-back with handles facing away.
- Roll patient on their side.
- Place the slide sheets behind them on bed covering all exposed area.
- Push unused sheets under patient as much as possible
- Ensure that sheets can be accessed from the opposite side.
- Position the patients hips and shoulders squarely on the slide sheet.
- Ensure head to heel is covered if possible.
- For tall patients, a small slide sheet could be used under heels.

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Sliding a Patient

Assess using TILE
- Task (Sliding a patient)
- Individual (Command: Ready, steady slide)
- Load (Explain how they can assist, arms across chest)
- Environment (bed at the right height, place pillow at the head)

Close to the Load (Stand close to the client)
Broad stable base feet in direction of travel (toes pointed to opposite corners)
Bend knee (Bend knee opposite to direction of slide)
Firm palm grip/ Arms in line with trunk (grip top sheet at shoulder and hip, palms facing down)
Look forward to align the spine
Move smoothly using the power of the legs. (Shift weight from front to back)

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Removing Slide Sheets

- Carer puts hand under knees or the patient
- Grip the bottom sheet and pull-out using weight transfer.
- The sheet should slide along itself.
- Repeat for the upper slide sheet ensuring that it does not rub against the patient.

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Roll and slide

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Assisted Walking

Assess using TILE

- Task (walking a patient)
- Individual (Command: Ready, steady walk)
- Load (Check are the steady and stable, Explain how they can assist)
- Environment & Equipment (Check is path clear, any obstacles, frame?)

Close to the Load (Stand close to the client, to the side or front)
Broad stable base feet in direction of travel (front foot forward)
Bend knee (Bend knee opposite to direction of slide)
Firm palm grip/ Arms in line with trunk (grip collar bone and Pelvis)
Look forward to align the spine (Face in direction of travel on the walk)
Move smoothly using the power of the legs. (Shift weight from front to back)

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Trolley/ bed Transfer using PAT Slide

- Used when patient is being transferred from a bed to a trolley or other bed.
- Roll the patient away from the direction of movement and put in the roller board or PAT slide.
- Pull the two beds as close together as is possible.
- Ensure brakes are in on position.
- Roll patient back on the board and is pushed onto the new bed.
- Roll the patient in order to remove the board.
- Ensure safety at all times that patient does not slip off either bed.
- Slide sheets with extension straps would also be useful here.

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PAT Slides

What?
Patient Transfer Board

Why?
To transfer a patient from lying to lying safely and comfortably

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PAT Slide

101

Ski Sheets

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Unit 6 Planning and design of People Handling Training

The aim of this module is to provide you with the skills to plan and develop an effective training session.

At the end of this module you will be able to:

- Set clear aims and learning outcomes,
- Develop a lesson plan for people moving.

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Lesson planning

What?

- A plan for the delivery of PH course

Why?

- To provide structure and keep you on track

How?

- Aim & learning outcomes,
- Topics and timing,
- Tools & techniques.

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Aims

What?

- What the focus of the unit is

How?

"The aim of this session is to provide you with the knowledge, skills and attitude to……."

Why?

- Provides direction and focus of the course

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Learning Outcomes

What?

- What the learners will be able to do

How?

"At the end of this module learners will be able to... (Use specific action verbs)"

Why?

- Provides structure
- Gives students an expectation on assessments

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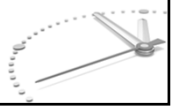
Sample of timing for class

Manual Handling Theory - classroom or on-line (10-15 min recap)

Delivery of Patient Handling Practice:

- Weight Transfer (10min)
- Pushing/ Pulling (15-20min)
- Sitting up a client (15-20min)
- Turning a client (15-20min)
- Standing & Sitting (15-20min)
- Walking (15-20min)
- Roll/ Slide (15-20min)
- Use of hoist (15-20min)

Assessment



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