People Handling Instructor Course

QQI Level 6

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# Risk Assessment

Prior to moving a person, it is important to stop and think and to carry out an assessment. To assist us in carrying out this assessment we use our T.I.L.E acronym.

T stands for the Task. We need to plan how we are going to carry out the move. We need to determine whether mechanical assistance needs to be used and whether the client can assist in the move themselves.

I stands for Individual. This includes you and your assistant if you have one. You need check that you and your partner are capable of carrying out the move. Ideally you should select a person of equal height and lifting capabilities.

Decide on the patient handling method,

• Discuss the procedures and steps, particularly important when working with an unfamiliar partner or you are a different size than your partner.

• Identify a leader, and

• Decide on counting method.

The most comand is: Ready-Steady-“Action” e.g. Ready- Steady-Sit.

L stands for Load. This is your client.

Assess their suitability for the move. Their mobility, humour and cognitive ability.

Tell your client what you are planning to do.

Attain their consent.

Conduct a pre-handling check when getting a patient out of bed.

Encourage your patient to assist with the task, whenever possible.

Reduce surface contact area by having the patient:

Cross their arms over their chest, and bend or teepee their knees (as appropriate).

E stands for environment, and equipment

Before moving a patient or equipment make sure to:

• Have all the equipment and supplies for patient care close at hand,

• Setup your equipment to the right height.

• Remove any obstacles, furniture, equipment, and items on the floor that might be in your way,

• Ensure that brakes are secured or released (as appropriate),

• Ensure that the sliding sheet is positioned properly (see section on Equipment Setup for more details),

Check that equipment is operating appropriately.

Adjust the bed height to knuckle height of smallest person.



# Principles of safe Moving

There many methods for moving people and many variations on howe these moves are performed. However for each of these moves we apply the exact same principles.

* Assess using T.I.L.E
* Close to the Load,
* Broad stable base feet in direction of travel
* Bend knee (s)
* Firm palm grip/ Arms in line with trunk
* Look forward to align the spine
* Move smoothly using power of the legs.

# Weight shift for power

Use the weight shift procedures described here to transfer the force of the load from your back and shoulders to the stronger muscles of your legs.

There are two different stances:

Side by side – feet are side-by-side, slightly greater than shoulder width apart, and slightly turned out.



Performing the weight shift

Utilize good posture throughout the weight shift,

Place all your body weight over one foot, slightly bending your knees and keeping your upper body in an upright facing forward position.

Generate power by shifting your weight to the other foot while keeping your arms in close to your torso. The timing of your movement is critical – if you move the hips first before your hands, you are at risk for injury to your shoulders or arms.



# Pushing/Pulling of beds, hoists, stretchers etc.

To push or pull a bed, hoist or stretcher we apply the principles of safe manual handling:

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,

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.

## Pushing

Bend back knee to go forward. Weight shift from your back to front leg.

|  |  |
| --- | --- |
| **Start** | **Finish** |
|  |  |

## Pulling

Bend front knee. Weight shift from your front leg to your back leg.

|  |  |
| --- | --- |
| **Start** | **Finish** |
|  |  |

# Sitting the Patient up in Bed

(The preferred option for sitting a patient up in a bed is to use a profiling 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 feet in direction of travel (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)

# Turning a patient to the edge of the bed

Assess using TILE

* Task (Turning a patient)
* Individual (Ready, steady turn, get them brace the clientto 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 client’s feet)

Broad stable base feet in direction of travel (Other foot out from the clients hip, one toe pointed to the client’s 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)

# 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 clients hip, one toe pointed to the clients 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)

# 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, sit on sit)

• Environment (chair correctly placed, enugh 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 (Shoulder and hip)

Look forward to align the spine (at each other)

Move smoothly using the power of the legs. (Shift weight from front to back)

# Rolling a Patient

This is a very common task with a patient. It could be used for personal care, changing linen or to insert sliding sheets.

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)

***Inserting Full Slide Sheets***

Use two full size slide sheets back to back with handles facing away.

With patient rolled onto the side place the slide sheets behind them on bed covering all exposed area.

Push unused sheets under patient as much as possible so that when they are rolled onto back the 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. In the case of tall patients, the small slide sheet could be used under the heels.

# Sliding the 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)

***Removing Slide Sheets***

Carer bends knees and put hand under the bottom slide sheet towards the opposite bottom corner of the bed. Grip the 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.

# 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, is walking frame required?)

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)***Trolley/ bed Transfer***

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.

***Hoist***

Check that hoist is charged and working correctly before hoisting the patient.

Select the correct sling for the task to be performed and ensure that it is in good condition.

Use at least two carers who are experienced in hoist operation.

Hoists are for lifting patients and not transporting long distances.

Sufficient space is required to operate the hoist.

Insert the sling. If the patient is on the floor or on a bed, assist them to roll over. If they are on a bed, raise it to an acceptable height so you can roll and insert the sling under them.

Insert the sling alongside the patient’s back and as far under as possible. It is important the bottom edge of the sling is as far as possible under the hip.

Bunch the sling slightly before moving the patient on to their back, then ease the patient the other way to pull the sling through.

Ensure that the leg slats are under the patient’s thighs. Care should be taken if they have a urinary catheter in situ.

If the patient cannot roll, two flat slide sheets can be concertinaed and eased into position under them and the hoist sling slid between the two slide sheets.

Once the sling is in place, check that the lower edge of the back of the sling is under the patient’s hips. If the sling is of the correct size, the crown of the patient’s head should be on the sling, if a high-back sling is being used. Follow manufacturers’ instructions for each sling type used.

Attach the leg and chest attachments to the hoist’s spread bar. Some attachments are passed through each other and crossed before they are attached to the spread bar.

Hoist the patient up a small distance, then check the sling attachments are secure, before continuing with the full hoisting action.

If using a sling hoist, do not have the hoist brakes on when hoisting, except when hoisting a patient on a sloped surface. The hoist will balance and find its own centre of gravity when the brakes are off. Do not hoist patients from an angle. This may cause the hoist to tilt, especially if the patient’s weight is close to the hoist’s limit.

Raise the patient for clearance, not to the hoist’s height capacity unless necessary (the patient may find it more fearful if raised to the highest position).

Avoid jerky movements.

Observe the patient at all times while hoisting and provide encouragement and reassurance. Some patients may become distressed and staff should ease anxieties by talking to them and keeping close while they are in the hoist.

Manoeuvre the hoist and patient to the desired position, then lower .

Once the patient is in position, unhook or unclip the attachments and move the hoist away from them. Then remove the sling.

Ensure the patient is comfortable and has the nurse call system close by.

Remove the hoist to its storage place.

Ensure the hoist is clean and on charge.

Use of Standing Device

Patient must have sufficient cognitive ability to follow instructions

Patient must be able to weight bear and should have good upper body strength.

Brakes should be applied.

Apply the sling around the back and under the shoulder blades bringing the ends up under the arms. Hook the clips on to the lifting arm.

Place the feet of the patient on the foot rest move the Lift as close as possible to the patient until his knee pads are exactly even with patients knees.

When starting the lifting procedures hold the sling so that it stays in the right position under the patients shoulder blades and arms. With the other hand start theremote control.

**Bed to Chair with Banana Board**

**Two carers. Banana board placed between bed and chair. Chair should be slightly lower than bed. Patient can assist in moving themselves across by leaning on outside arm rest. Ensure that they do not slide forward off the board.**

**Further references**

http://www.youtube.com/watch?v=cF13gs7MwCY&feature=related

Handling of People, 6th Edition. Edited by Jacqui Smith, Published by Backcare.