



# Moving and Positioning Procedures

## Adult Social Care: Care and Support

The procedures apply to all staff in Central Bedfordshire's Reablement Service, CBC residential and day services who are involved in moving and positioning of people.

### Roles and Responsibilities

The relevant Team Managers and Reablement Coordinators are responsible for ensuring procedures are followed and implemented into practice and for ensuring that staff follow them.

Occupational Therapists /Physiotherapists and Moving and Handling trainers are responsible for assessing moving and positioning. Where equipment/technique has been recommended, a moving and positioning risk assessment must be completed. They are also responsible for sharing this information with the person/ care provider/informal carer and for demonstrating techniques specific to the person / environment/ situation.

All staff involved in moving and positioning of people in a residential setting and the community are responsible for familiarising themselves with the procedures and ensure that they are following them in practice.

They are also responsible for ensuring that relevant information is shared with colleagues / managers to ensure that safe practice is carried out.

### Principles and Standards

People who require staff to assist them with moving and positioning, a risk assessment and moving and handling plan must be carried out and a copy must be provided for all staff, informal carers, and the person involved to follow.

The paperwork must be completed so it is easy to read, understand and follow especially where a staff members first language may not be English. It must also be readily accessible in the care plan for staff providing care and support.

Wherever possible, instructions for using equipment should be provided in both written and pictorial format, with the permission of the person using the service, where their image is included. This is to minimise the risks of equipment either not being used or being used incorrectly.

All staff should follow the persons moving and positioning assessment produced by the appropriate qualified member of staff. Therapists should be requested to review any moving and handling assessments and plans (for reablement and SUSL). In day centres and residential establishments where the move and handling trainer has concerns or further advice required, they should contact the Therapy services for further assessment as they have the professional expertise regarding safe and legal practice.

Where a staff member is found not to be following the moving and handling instructions this should be raised with them without delay.

Any concerns regarding the safeguarding / well-being of a person or staff member should be raised using the relevant procedures e.g., safeguarding/whistleblowing.

This also includes incidents where the person's moving and positioning assessment identifies that only one member of staff is required but a member of staff/ agency worker insists that they will only carry out the instructions with two members of staff.

Concerns about a staff member or care agency staff not following the persons moving and positioning assessment can be raised by anyone who witness's poor / inappropriate / unsafe practice. Concerns can be raised by contacting the Reablement Team Manager, Central Bedfordshire Council's Adult Safeguarding Team.

Any concerns that Central Bedfordshire Council staff are found not to be following the 'Persons Moving and Positioning Assessment' in practice should be raised with the relevant manager/ senior and appropriate action taken including action under the council's Disciplinary Procedures.

## **TILEO**

There is no such thing as a completely safe manual handling activity, although working within prescribed guidelines will reduce the risk of injury and the need for a more detailed assessment. Prior to any handling activity employees are to undertake a dynamic (visual, real time) assessment and, consideration must be given to the TILEO approach as follows:

- Task
- Individual Capability
- Load
- Environment
- Others "Handling Aids and Equipment"

### **Task**

Assessing the task, this step should involve an examination of what the manual handling process involves on a basic logistical level, including the positioning of the load, the distance that needs to be travelled and the number of people needed to carry it out. Consideration should be given to whether the lifter will need to stoop down or twist at the waste at any point, as well as making sure that those involved will have adequate opportunity to rest and recover.

### **Individual**

This step requires managers to think about the personal capabilities of those involved in the work, including their age, preexisting health conditions, the equipment they possess and whether or not they require specialist training. Some tasks may require a person with a specific level of strength, while others may not be suitable for certain individuals due to prior injuries they may have sustained.

### **Load**

Some loads are more difficult to transport than others for reasons that go beyond whether or not they are heavy. As such, it is worth taking the time to think about whether the object in question has an unusual shape. Whether it is difficult to grasp, whether it obscures the carrier's view when

they hold it or whether its contents are likely to shift around during transit, which can affect balance.

## Environment/Equipment

The environment can also play a role in making a manual handling task more difficult. This is especially the case if space is restricted, if the ground is uneven or slippery, if the lighting or ventilation is poor, and if the environment is exposed to weather and the elements. As such, taking these factors into account should also be a key part of the risk assessment process.

**Remember** avoidance should always be your first course of action. So, before commencing any assessment of risk, ask can it be avoided. If it is possible to avoid, then do so.

Where it is not avoidable, following these steps will minimise any risk of injury.

<b>Task – Does the Manual Handling Task Involve:</b>	<ul style="list-style-type: none"><li>• Twisting, stooping, or bending?</li><li>• Lifting?</li><li>• Pushing or pulling?</li><li>• Positioning the load?</li><li>• Repetitive movements?</li><li>• Sudden movement?</li><li>• Insufficient rest period?</li><li>• Team handling?</li><li>• Seated work?</li><li>• Do you need to move the load over a long distance?</li></ul>
<b>Individual – Ask who is Carrying Out the Task? Are They:</b>	<ul style="list-style-type: none"><li>• Pregnant?</li><li>• Disabled?</li><li>• Suffering from a health problem?</li><li>• Is there someone more suitable?</li></ul>
<b>Load – What is Being Moved? Is it:</b>	<ul style="list-style-type: none"><li>• Heavy?</li><li>• Stable?</li><li>• Difficult to grip?</li><li>• Sharp?</li><li>• Hot or cold?</li><li>• Are the contents likely to move?</li><li>• Are there handles?</li><li>• Is the weight evenly distributed?</li></ul>
<b>Environment – Within the Environment, Is or Are There:</b>	<ul style="list-style-type: none"><li>• Space constraints? Insufficient room can lead to unnatural postures.</li><li>• Slippery or wet floors?</li><li>• Uneven floors?</li><li>• Different levels/steps or slopes?</li></ul>

	<ul style="list-style-type: none"> <li>• Extreme conditions?</li> <li>• Trip hazards?</li> <li>• Insufficient lighting?</li> </ul>
<b>Other – Any Other Factors Which Need to be Considered?</b>	<ul style="list-style-type: none"> <li>• Is protective gear (PPE) needed?</li> <li>• Does clothing or PPE hinder movement?</li> <li>• Is correct PPE being used?</li> <li>• Are mechanical aids being used? If so, are they in good working order and appropriate for the task?</li> </ul>

## Techniques to be used in the moving and handling of inanimate objects and people.

### Safe handling principles

- Wide, stable base
- Keep load close
- Maintain natural curves of back
- Soft Knees
- Full, firm grip
- Head up

The manual lifting of people should be avoided, as far as reasonably practicable. When people handling needs are assessed ALL considerations must be made as to how to meet the persons' needs and the safety of staff. The decision must be a balanced one.

Exceptional manual handling may be required in an emergency that could not be foreseen which could be terrorism or a natural disaster. Fire and life-threatening situations for the person such as cardiac arrest are considered foreseeable and must be planned for in terms of manual handling.

Only if appropriate for the person, staff must encourage people to remain as independent as possible and use the following agreed techniques for manual handling of people.

### Exceptional and Life-threatening Situations

The 'Royal College of Nursing' and the 'National Back Exchange' advise that there are only four real emergencies where manually lifting a person may be necessary.


These are when a person is in imminent danger of:

- drowning
- being in an area that is on fire or filling with smoke
- a bomb or a bullet
- a collapsing building or other structure

### Unusual / higher risk handling situations

Predictable but non routine / higher risk situations this may include:

- Emergency evacuation handling

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- Dealing with the falling / fallen person
  - Handling of plus size people
  - Rehabilitation handling
  - Resuscitation

### **Special handling situations**

Some situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. If an individual has a history of falls or collapses, then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan. However, there may be situations where staff have no time to get equipment or plan the move.

Consider your safety and the safety of others around you prior to taking any further action.

### **Cardiac and respiratory arrest**

Managers must ensure that plans are in place for dealing with special handling situations including cardiac and respiratory arrest and must develop local procedures accordingly (a manual handling task specific risk assessment). The Resuscitation Council (UK) has developed “Guidance for safer handling during resuscitation in health settings.” It provides reasonable principles and guidance for dealing with moving and handling in the context of attempted CPR (cardiopulmonary resuscitation). Each care setting will present different situations and challenges. It identifies principles that will minimise the risk to the rescuer as far as is reasonably practicable, based on recommendations on current principles of safer practice.

Further information available on the Resuscitation council UK website. [Guidance for safer handling.pdf \(resus.org.uk\)](https://www.resus.org.uk/guidance-for-safer-handling.pdf)

### **Falling Person**


If an individual falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff. Training may prevent injury arising in such circumstances. Properly positioned, the staff may prevent a fall or allow a controlled slide (if trained to use this technique). Having made the person comfortable, they can determine how to move them safely – often with a mechanical aid.

In the community, if a person falls and is unable to stand independently and is not in danger, non-medically qualified staff should make the person comfortable and seek advice from an appropriate professional. They must stay with the person until necessary assistance/equipment arrives.

### **Rehabilitation Requirements**

In the rehabilitation of individuals, it is advisable that a multi-disciplinary team approach is adopted using Risk Assessment before deciding which handling aids and techniques should be used. To ensure that agreed care plans are implemented through joint working, it is essential for the various organisations to take responsibility for their own acts and omissions.

In a joint statement by the chartered society of physiotherapists, college of occupational therapy, royal college of nursing – partnership in the manual handling of patients (1997). It is stated that there may seem to be a conflict between safer handling policies and the rehabilitation or maintenance need of people, however both health and safety and professional procedures call for therapists to assess people and devise suitable management programmes. Assessment for core treatment plans is not separate from those for the reduction of manual handling risks/hazards and decisions on the methods of moving the person together with treatment plans are from the same decision-making process.



It is recognised by Central Bedfordshire Council that there are different levels of skills and training within various professions and that there may occasionally be individuals who will require different handling to those methods outlined in this document and the Moving and Positioning of People and Inanimate Objects Policy.

This is acceptable if the situations have been risk assessed and that trained staff performs the agreed method of handling. Documentation and agreement by managers must be completed in all these identified situations e.g. It may be a necessary component of assessment for relevant staff who are suitably trained to supervise and prompt individuals on steps or stairs by observing them closely and assisting in accordance with the requirements of the care plan.

This practice, however, necessary on occasions, is not a recommended method of dealing with stairs on a regular and long-term basis.

### **Safe handling of the heavier/ plus size person**

Services need to ensure sufficient resources and control measures are in place where bariatric individuals are cared for, including space, provision of appropriate equipment (hired or bought),

Staffing levels and training. Supervision and support for staff working with bariatric people are essential as staff may be concerned for their own health and safety whilst handling a bariatric individual and this could be reflected in the ways they interact and handle the bariatric person. It is necessary to consider a variety of interventions/ options that includes staff rotation and a flexible protocol which allows staff to assist from other areas for certain tasks when required. Equipment must be accessible at all times, and staff must know how to access and use it.

Sensitivity is required when moving a bariatric person who may be aware of needing more support and assistance in some situations. Staff must not unfairly discriminate in any way. It is essential to involve the person in the decision-making process if they have mental capacity.

### **Controversial Techniques**

Unsafe moving and positioning of people without using proper techniques or equipment can cause musculoskeletal injuries like back injury and chronic back pain. It is essential for health and social care staff to be aware of unsafe moving and handling practices, otherwise known as “unsafe manual handling techniques.”

Each of the following moves are deemed to be higher risk to both the person and the handler. Good practice indicates that these are only used in life threatening, extremely challenging or emergency situations.

#### **The following manual lifts pose a high risk of injury to the person and staff**

<b>The Drag Lift</b>	Lifting or supporting a person under the armpit, the staff using the crook of the elbow. It could be used to lift someone up the bed, support to a standing position or to lift off the floor. This lift puts strain on the person’s shoulders, transfers strain to the lumbar region of the staff members back and could create shear forces damaging to the skin. Additionally, the person is encouraged by this action to be passive, making the staff member do most of the heavy lifting, creating a risk for person and staff member.
<b>The Orthodox /Cradle Lift</b>	A lift where two staff members stand either side of a person and form a cradle with their arms, wrist, and hands to lift and move a person. As the lift is done at

	arm's length there is an immediate risk, and the position puts immense strain on the staff members lumbar region.
<b>Lifting with the person's arms around the staffs neck / Bear hug</b>	A staff member places their arms under the person's shoulders and hands around the back. This is a high-risk transfer, especially if the chair is a low back chair. This relies on the momentum of the staff to get a person to standing position and there is no control over the person's lower back or pelvis if something goes wrong.
<b>Through Arm Lift</b>	A technique used to lift a person from bed or backwards from a bed into a wheelchair. Two staff members face the bottom of the bed sitting behind the person. The staff link arms behind the person's back and under the person's knees or thighs and the person is lifted. This lift is operated at a distance from the staff's spine, putting strain on the spine. The twisting action causes risk of injury to the staff's shoulders.
<b>Walking a Person Linking Arms</b>	A staff member and person linking arms when walking is a high-risk activity as the staff member may take most of the person's body weight and will take all of it if they stumble or fall, resulting in injury to the staff member.
<b>Combined Lift</b>	A lift where one staff member uses a shoulder lift and the other faces the opposite way placing an inner hand under the person's sacrum. Both staff hold a handling sling placed under the person's thighs. This is a high-risk activity and has the same dangers as the drag lift.

Please note that this list is not exhaustive.


There are several alternatives to controversial techniques that can be used to ensure the safety of both the person and staff. These alternatives include:

- Mechanical aids: These are devices that can be used to help move people without putting undue strain on the staff. Examples of mechanical aids include hoists, slide sheets, and transfer boards.
- Assistive technology: There are many types of assistive technology available that can help people with mobility issues. Examples include stairlifts, wheelchair ramps, and mobility scooters.
- Repositioning: Is a technique that involves moving a person into a more comfortable position. This can help prevent pressure sores and other complications associated with immobility.
- Person participation: Encouraging people to participate in their own care can help reduce the need for manual handling. People can be taught how to move themselves safely, or how to use assistive devices.
- It is important to note that these alternatives may not be suitable for all people or situations.

### Conflicts in Moving and Handling

When the person and their family or advocate have been fully involved in the assessment process, a small minority of people may still be reluctant to change existing practices to address the risks identified. In such cases staff should adopt the following procedure:

- Seek immediate advice from their line manager.

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- Outline the benefits/advantages/safety for all parties of the planned technique to the individual and their support/ care worker. Seek alternative methods and/or equipment, if possible, from the nominated professional.

There may be occasions when disputes arise between the assessor and the service provider as to how the manoeuvre might best be managed. In such circumstances the assessor and service provider should meet to discuss the risk assessment of the manoeuvre and the risk assessments of the actual staff involved and seek a resolution based on the assessed needs and reduction of risk to individual and employee.

