1. Introduction

Purpose of the Safer Handling Policy


The purpose of this policy is to:

- Encourage the establishment of a safe and ergonomically sound working environment for patient movement and manual handling systems, based on a programme of risk assessment.
- Provide guidance for safe patient movement and manual handling of loads in the workplace based on the use of safer handling principles.
- Establish a programme of training, coaching, supervision and education for all employees and volunteers involved in manual handling tasks.
- Establish a system for monitoring both practice and progress.
- Assist managers to include appropriate improvements to manual handling systems in their annual health & safety plan.

Definitions

For the purpose of this policy the following definitions will apply:

- Manual handling – ‘Any transporting or supporting of a load by one or more workers, including lifting, putting down, pushing, pulling, carrying or moving a load.
- Load – ‘Something e.g. Equipment or plant, or somebody e.g. patient, which/who needs to be supported, carried or moved.
- Hazard – ‘Something with the potential to cause harm.’
- Risk – ‘The likelihood of a hazard causing harm.’
- Reasonably Practicable – ‘Weighing up the level of risk to employees against the cost of reducing it in terms of resources, staff, time and effort.’
- Ergonomics – ‘The means by which the working environment and working practices are altered to more suitably match the individual, thus reducing risk of injury.’
- Injury – ‘Any harm to the body.’
General

With regard to patient handling the Royal College of Nursing issued a general statement regarding what is meant by a safer handling policy:

‘The manual lifting of patients is eliminated in all but exceptional or life threatening situations. Patients are encouraged to assist in their own transfers and handling aids must be used wherever they can help to reduce risk, if this is not contrary to patients needs.’ Royal College of Nursing (1996). Manual Handling Assessments in Hospitals and the Community, An RCN Guide. RCN: London.

2. Policy Statement and Systems

2.1 Policy Statement

In compliance with the Manual Handling Operations Regulations 1992, Primrose Hospice will, so far as is reasonably practicable, avoid the need for staff to undertake any manual handling operations at work that involve the risk of injury. Where hazardous manual handling operations cannot be avoided, the employing organisation will carry out a risk assessment and reduce the risk of injury so far as is reasonably practicable.

2.2 Moving and Handling Systems

- Primrose Day Hospice has introduced an ergonomic manual handling training system called DILIGENT. This is a cascade system that necessitates the training of Ergo-coaches who are responsible link in people in each area of work. The Ergo-coaches are responsible for the on-going coaching and supervision of approximately 15 work colleagues with the support of the Manual Handling Team and their manager.

- The Ergo-coaches attend a 5-day course that will be referred to as ‘training.’ They are then responsible for passing their knowledge and skills on to their team. This will be referred to as ‘coaching and supervision.’

3. Responsibility/Accountability

Ultimate responsibility lies with:

- Responsible Person/Chairman

Operational responsibility lies with:

- Registered Manager/Nurse Manager
4. Management Responsibilities

It is the responsibility of all managers to implement all aspects of the manual handling strategy, incorporating the following key elements:

- Ensuring that written risk assessments are completed for all manual handling tasks.
- Carrying out a risk assessment for any member of staff or volunteer who may be at an increased risk of injury as a result of carrying out MH tasks e.g. during pregnancy.
- Working closely with Occupational Health to carry out risk assessments for staff who are returning to work after a period of sickness as a result of musculo-skeletal injury.
- Implementing all reasonable improvements identified by risk assessments.
- Ensuring that all staff and volunteers receive manual handling training appropriate to their needs.
- Where appropriate, carrying out monthly equipment checks to ensure that servicing and LOLER stickers are up to date and to check for defects. This should be kept in a folder and accessible in a clinical area. Any defects found should be reported to the Ergo-coach.
- Carrying out an annual audit of manual handling activities.

Managers should give consideration to and assessment made of:

- Training, coaching and supervision and continual education for all staff.
- Epidemiology – staff sickness absence, incident and accident reporting.

In order to ensure the success of the strategy, it is most important that all managers give their full commitment to manual handling matters in order to communicate the high priority afforded to manual handling in the employing organisation, and the recognition of its importance in the provision of quality health care to patients.

5. Definition and Responsibilities of Ergo-Coaches

Ergo-coaches are identified link people who have completed the Diligent course in order to deliver manual handling training to colleagues. Ergo-coaches are responsible for the following:

- To coach and supervise staff in the completion of manual handling competencies.
- To record/document all coaching and supervision laid down by the Diligent System.
- To assist in implementing the Primrose Hospice’s system of monitoring and analysing risk assessment and manual handling systems of work.
- To communicate manual handling information from Patient Handling Lead/Trainer to all staff.
- To attend appropriate organisational/local manual handling updates and meetings.
- To liaise with the Patient Handling Lead/Trainer regarding the completion and recording of manual handling updates.
- To assist staff in the compliance of all Organisational manual handling policies and procedures.
Primrose Hospice

6. Responsibilities of individual staff members

All employees must:
- Follow the safe systems of work and laid down procedures identified by manual handling risk assessments.
- Use equipment only as prescribed in manual handling risk assessments.
- Take responsibility for their own coaching and supervision in partnership with their Ergo-coach.
- Be responsible for their own health and safety at work and that of others.
- Be aware of their own limitations.
- Report any changes to either their own capability or that of a patient and request a new risk assessment when necessary.
- Report all untoward incidents/accidents to their manager as soon as possible.
- Report any manual handling risk or failure of system of work.

7. Occupational Health

Primrose Hospice has a contract with the Occupational Health Department at Worcester Royal Hospital. This department is responsible for:

- Pre-employment screening to identify applicants at risk
- On request from the Hospice, assessing employee capabilities, nature of working environment and demands placed upon employees.

Advice may be sought from the occupational Health Department following an injury related to manual handling at work, and prior to the return to work of any employee, whether the injury is related to the back or any other part of the body.

8. Moving and Handling Advice

Advice on manual handling matters may be sought from the Manual Handling Team, the Health & Care Trust’s Health & Safety Officers.

Advice on any moving and handling matter may be sought from any of the Patient Handling Team. This may include advice on coaching and supervision, risk assessments, safer handling principles, handling equipment and suitability to perform any manual handling task.

9. Patient Handling Lead

The Patient Handling Lead is responsible for:
- Devising, implementing and co-ordinating all aspects of manual handling training, coaching and supervision, and manual handling risk assessment document.
- Providing a support and advice system for all Ergo-coaches.
- Acting as a resource/information point.
- Managing and supporting all patient handling trainers.
- Supporting line managers.
- Providing advice and specialist knowledge.
• Maintaining detailed and up to date training, coaching and supervision records.
• Keeping up to date with legislative changes, new trends and new equipment.
• Carrying out periodical checks to ensure that safe systems of work are in place with regard to moving and handling.
• Carrying out periodical audits of manual handling activities required.

10. Patient Handling Trainers

The patient handling trainers are generally responsible for:
• Assisting the Patient Handling Lead with the above.
• Day to day training delivery.
• Coaching and supervision of all Ergo-coaches.

11. Training

Primrose Hospice is committed to ensuring its workforce is confident, competent and capable.

The Training and Development Unit is responsible for all Diligent moving and handling training to Ergo-coaches and any other classroom based training as appropriate. The training will be delivered by members of the Patient Handling Team.

The Patient Handling Team and all Ergo-coaches are jointly responsible for the moving and handling coaching and supervision of all other staff and will update their skills by attending annual refresher training.

All staff who handle patients will receive on-going coaching and supervision in the workplace and will have their competencies checked and signed off by their Ergo-coach on an annual basis. (Other clinicians who do not handle patients and non-clinical staff will complete the e-learning package on line).

According to the requirements of the West Midlands Mandatory Training Passport, new members of staff will be required to provide evidence of their previous attendance at mandatory training so that any individual training needs can be identified.

Bank or agency staff will be required to provide written evidence to demonstrate that they have attended suitable moving and handling training within the last year. They will be given information regarding this policy and any other safe systems of work and procedures. Bank staff will attend a basic moving and handling course and then should subsequently continue to be supervised by the Ergo-coach in the area in which they are working.

The Patient Handling Team will be suitably qualified and competent. Any Training will be delivered according to current best practice and in line with standards set out by National Back Exchange and other professional bodies.

*All non-clinical staff, including administration, fundraising, shops and volunteers with no direct patient contact must undertake a 2 hour practical update every 2 years.*
Volunteers are strongly advised to attend training sessions. If they choose not to attend they will be asked to sign a disclaimer, and depending on their role, the Hospice reserves the right to decide that the risks involved are too high and that volunteer will no longer be able to work for us.

12. Manual Handling Risk Assessment

Non-patient

Effective risk control is based upon good risk assessment. It is imperative that where hazardous manual handling tasks are undertaken, an assessment is carried out to identify the risks. A general or generic risk assessment can help to provide useful information for control measures for safe handling. An assessment must clearly identify the nature of the hazard and the extent of the risk. The depth of assessment should be proportionate to the likelihood and severity of injury. Each assessment must be based on a true realistic reflection of practice and conducted where the activity is occurring. The risk assessment must be fully documented and easily accessible e.g. a patient’s manual handling risk assessment must be in the care plan.

Patient/client handling

Primrose Hospice recognises that current National Guidelines advocate a ‘safer handling’ approach in relation to patient/client handling. The Nursing and Midwifery Council and other professional bodies such as the Chartered Society of Physiotherapy accept that no individual working in a hospice, care home or patient’s own home, should be required to lift a patient, other than in exceptional circumstances. Hoists, slide sheets and other manual handling equipment should be now routinely used to move patients.

In areas of patient/client care, moving of all patients MUST be regarded as potentially hazardous. Therefore for every patient who requires manual handling, however minimal, a risk assessment MUST be carried out to identify:

- Any recommended methods of movement including self-help.
- The minimum number of persons needed to assist.
- The equipment to be used.
- The relevant risk factors e.g. unpredictable behaviour, confusion, muscle spasm, pain.
- The patient’s weight.

Primrose Hospice moving and handling risk assessment procedure for patient moving and handling tasks comprises the Diligent Mobility Categorisation Tool (Mobility Gallery) and the Diligent Movement Protocol. These are new documents associated with the Diligent System and replace the previous patient manual handling risk assessment documentation. These documents will be introduced to each work area by the Ergo-coaches following completion of the 5-day Ergo-coach course. The risk assessment must be completed for every patient. It is likely that the assessment will be completed by an Ergo-coach but other suitably trained members of staff may also fulfil this role according to local procedure.
Patient manual handling risk assessments must be completed at the first point of contact wherever possible or as soon after as is reasonably practicable. Every patient should be assessed for their manual handling needs by any member of staff who has received the appropriate training. The patient manual handling risk assessment must be recorded on SystmOne.

Each risk assessment must consider five elements:
- Task
- Individual capacity
- Load
- Environment
- Other factors

The assessment must be reviewed regularly and updated when tasks, equipment or working practices change and when opportunities arise for environmental changes or improvements. It should be reviewed as a result of incidents/accidents/near misses. In such cases staff should be informed and coached in any subsequent change of procedure or safe system of work.

**13. Equipment**

Equipment purchased to reduce manual handling injuries will be carefully selected. Where possible equipment will be trialled first to ensure it meets the need.

Staff and volunteers will have access to suitably maintained equipment and be trained in its use. As technology progresses, the need for updated equipment will be considered where appropriate. The costs of replacement and maintenance of equipment will be budgeted for annually. Arrangements will be in place for ongoing maintenance and cleaning of equipment. If an item of equipment is being serviced or maintained, it may be necessary to undertake a new risk assessment, and to change the task.

Any equipment found to be defective must be taken out of service and the issue reported to the Maintenance Man and Senior Nurse or Chief Executive Officer.

A valid PAT sticker is also required for all electrical equipment. All old stickers should be removed wherever possible.

- **Hoists:**

At Primrose Day Hospice, The Maintenance Department has the responsibility for the monitoring and maintenance of mechanical lifting devices.

The Maintenance Department will monitor the maintenance of mechanical lifting devices. They will ensure that any routine maintenance/inspection work under the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998, or repair work, is undertaken by the manufacturers under contract. LOLER requires hoist/slings to be inspected every 6 months. In addition to this, hoists will be serviced every 12 months. Certain models of hoist will display a counter and screen advising of the next service date. However, for hoists that do not have such features, the appropriate stoker displaying such information must be visible.
In such circumstances, the Maintenance Department will ensure that all equipment is clearly and legibly marked as having passed a LOLER inspection and having had a service by means of inspection and service stickers.

- **Slings:**

Slings are also subject to 6 monthly LOLER inspections. This will be identified on the sling by the presence of a tag/label to indicate that it has been inspected.

Slings must have:

- Label showing manufacturer, including date of manufacture
- Indication of safe working load (SWL)
- Type of sling (and serial number where applicable)
- Indication of the date of LOLER inspection

If there are no labels or the labels are unreadable due to excessive washing they MUST NOT be used.

Slings must be inspected EACH and EVERY time before use. If they show any sign of damage, or if labels are missing or unreadable, they must NOT be used. This also applies if the LOLER inspection date has expired or is not present. Where staff have decided to continue using a sling under these circumstances, then they must have undertaken a thorough risk assessment.

Patient specific slings are to be used solely for that patient and must NOT be washed. These slings must be thrown away once soiled or damaged.

- **Life expectancy of slings:**

Primrose Hospice will need to budget for the replacement of either material washable hoist slings or disposable patient specific slings. Where wards/areas choose to use material slings which are laundered, there may be a life expectancy in terms of their usage. If material slings are still in use, there will be an expectation that after 5 years, new slings will be purchased.

The engineer carrying out the LOLER inspection may condemn the sling where it has exceeded its life expectancy even if it has not been routinely used. Should a member of staff decide to use a sling after it has been condemned, the member of staff using it must undertake a risk assessment. Well used, damaged or worn slings should NOT be used.

Where a sling has been condemned following an inspection, managers must order and provide a replacement at the earliest convenience.

14. **Bariatric Patients**

See Appendix 1
Therapeutic Handling

See Appendix 2

Emergency Situations

There are certain emergency situations in which exceptions to this policy may occur where patients may need to be moved immediately for safety reasons. On such occasions there may not be time to access equipment or plan the move. Under these circumstances considerations of the principles of safe handling must be applied to the situation to make it as safe as reasonably practicable.

Guidance on the following emergency situations may be found in the appendices:

- Manual lifting of an adult in an emergency – Appendix 3
- The falling and fallen patient – Appendix 4

Primrose at Home

- A full manual handling assessment must have been carried out prior to any Primrose at Home Carer entering a patient’s home.

- This assessment will usually have been carried out by the District Nurse responsible for that patient’s care, or by a suitably qualified person.

- Carers must follow the guidance provided as a result of the risk assessment and MUST NEVER attempt any hazardous manual handling operation whilst alone with a patient, under any circumstance except for a genuine emergency (see ‘Emergency Situations’ above, and appropriate section). If a patient or relative demands that the carer assist with a manual handling operation which has been assessed as unsafe, or she/he finds her/himself with a confused patient at risk of falling, she/he must call for help either from the Hospice or from the District Nurse on call, but MUST NOT put her/himself at risk of personal injury. A patient who has fallen can usually remain safely on the floor until help arrives.

Reporting Incidents

- If a member of staff or volunteer is injured whilst handling a patient the following information must be included on the accident form:
  - The name and approximate weight of the patient
  - The handling technique being used at the time of the accident
  - Witnesses and assistants involved

- The Line Manager must check the information and decide on any necessary preventative action.
- The Director of Care may consider disciplinary action for staff who do not comply with safe practice and who blatantly place themselves and others at risk of personal injury.
Policy Monitoring and Review

The effectiveness of this policy, as a standard, and the general level or compliance with its requirements will be monitored by the Director of Care.

Monitoring will also take place via audit, departmental reports, staff training and coaching and supervision, assessment, and incident reporting and analysis.

Training requirements and levels of compliance will form part of the employing organisation’s normal performance monitoring arrangements.

All related policies can be found on the employing organisations’ Intranet sites.

Compliance with Statutory Requirements

Primrose Hospice will ensure compliance with all current legislation, national and local guidance.

References


Appendix 1

Manual Handling of the Bariatric Patient/Client (weighing over 152kg/24 stone)

1. Summary

This appendix sets out the system by which patients/clients weighing over 152 kg or 24 stone, have their manual handling needs met. It describes the process by which there is an assessment of need, with identification of equipment required to facilitate the handling of heavy patients. The aim of the system is to safeguard staff safety whilst promoting the patient’s independence.

2. Introduction

- The legal requirement of a full manual handling risk assessment for all patients/clients/service users under the Manual Handling Operations Regulations (1992) is recognised. Under regulation 4 –‘...where manual handling operations cannot be avoided, appropriate steps must be taken to reduce the risk of injury to employees to the lowest level practicable.’ This applies in every circumstance regardless of the weight of the patient/client/service user. It must be borne in mind that a heavy person does not necessarily represent a manual handling risk.
- It is important that employees are provided with information on how to manage a heavy person.
- A suitable and adequate manual handling risk assessment will provide staff with detailed information on how to manage the heavy patient. Adherence to the risk assessment will safeguard the health and safety of staff and patients.

3 Day Hospice Attendance

- Demand for Day Hospice attendance for bariatric patients is currently so negligible that the cost of purchasing bariatric equipment is not being considered, and Primrose Hospice would need to hire in equipment on an individual basis
- Detailed information of a patient’s manual handling needs should be obtained from the referring clinic/GP/ward, wherever possible, so that suitable equipment can be obtained prior to attendance.
- The Day Hospice must carry out its own full assessment, including:
  - Patient’s weight
  - Patient’s shape (apple, pear or proportional)
  - Ability to weight bear
  - Level of Mobility (and functional mobility category A-E)
  - Ability to transfer
  - Toileting needs
  - Movement in bed
  - Skin condition
  - Personal hygiene needs
  - Seating
• On completion of the assessment, equipment such as a hoist, commode, and chair must be made available where the need is identified. If there is a delay in the equipment provision the patient may not be able to attend Day Hospice temporarily.
• All equipment to be used by the patient must be checked to make sure it is the correct size to accommodate their physical dimensions and also to ensure that the Safe Working Load (SWL) will not be exceeded. See paragraph 3 regarding details of equipment providers.
• Consideration should be given to the Day Hospice layout to ensure adequate space for equipment, and for staff working with the patient, in order to avoid injury.
• Manual handling assessments of people over 152kg (24 stone) should be carried out whenever there are changes to the manual handling requirements or at least every 3 months.

4 Equipment Providers

Below is a list of bariatric equipment providers:

• 1st Call Mobility – 01279 425648 – 24 hours/day – to buy or hire a wide variety of equipment. www.benmormedical.co.uk

• BENMORE MEDICAL – 0333 800 9000 - 24 hours/day – to buy or hire a wide variety of equipment. www.benmormedical.co.uk

• ARJOHUNTLEIGH HEALTHCARE – 08456 114 114 – 24 hours/day – to buy or hire a wide variety of equipment. www.arjohuntleigh.co.uk

5 Advice

If you require advice regarding bariatric equipment please ring the patient handling team on 01905 681736/739 or 681682. If you are unable to speak to any of the team, or require urgent advice outside of office hours, advice can be obtained from any of the equipment providers listed in Section 4.
APPENDIX 2

THERAPEUTIC HANDLING

1. Summary

Primrose Hospice notes and accepts that:

- Physiotherapy and Occupational Therapy are autonomous professions concerned with the delivery of therapeutic interventions associated with the rehabilitation of patients.
- That manual handling is an essential core element of therapy practice and integral to the rehabilitation of patients.
- That it is not always reasonably practicable to avoid manual handling in therapy without abandoning the goal of patient rehabilitation.
- That chapter 1 paragraph 1.2.5. of the CSP Guidance on Manual Handling requires that a therapist only performs duties which they are safe and competent to deliver. See also the College of Occupational Therapists (COT) code of Ethics and Professional Conduct [2005] chapter 5 on Professional Competence.

2. Definition of Therapeutic Handling

- Any manual handling carried out by therapists constitutes therapeutic handling and could include guiding, facilitating, mobilising, manipulating, providing resistance to active movement, assisting, supporting or lowering, where force is applied through any part of the therapist’s body to any part of the patient.
- Therapeutic handling may also be carried out by technical instructors/rehabilitation assistants or students, or by family members, or by careers (formal and informal). See Chapter 4 of the CSP Guidance on Manual Handling, the COT 2006 Manual Handling Guidance 3 chapter 4, and the RCN Code of Practice for Patient Handling 2002.

3. Patient specific therapeutic manual handling risk assessment

In relation to therapy, patient specific manual handling risk assessments must take into account the potential benefits to the patient arising from the therapeutic intervention and the potential loss to the patient if the therapy is denied. Any potential risk to the health and safety of the therapist must also be taken into consideration.

Factors to consider in relation to patient specific therapeutic manual handling risk assessment will include:

- Patient specific therapeutic manual handling risk assessments must be carried out by therapists and if appropriate in partnership with other members of the multi-disciplinary team.
• The Diligent Documentation should be used to record the assessment.
• The assessment documentation must be kept with the patient’s notes at all times so that any person involved with the care of that patient can read and adhere to the mobility category and the movement protocol.
• When the therapeutic intervention is delegated to another person the competence of the handler must be considered. Full training in the therapeutic handling techniques must be provided and recorded as recommended in Chapter 4 of the CSP Guidance on Manual Handling and the COT (2006) Manual Handling Guidance 3 Chapter 4. Training records should be signed and dated by all concerned.

4. Training

Therapists including technical instructors, rehabilitation assistants and therapy assistants have a responsibility to:

• Be current in all aspects of mandatory and any other relevant training. In addition to the coaching and supervision provided by the Ergo-coaches in the work area, therapists who deliver therapeutic interventions to patients with neurological disorders should follow the Trusts Therapeutic Handling Guidelines.
APPENDIX 3

MANUAL LIFTING OF AN ADULT IN AN EMERGENCY

1. Summary

This appendix provides guidance in the event of staff or volunteers with direct patient contact having to manually lift an adult from the floor. The purpose of the guidance is to safeguard the safety of employees and volunteers whilst acting in the best interests of the patient/client/service user, as far as reasonably practicable.

2. Introduction

- Emergency or life threatening situations may occur at any time and may not be foreseen. Wherever possible, equipment should be used to minimise the risk of injury. However, if there is not sufficient time to get the equipment, a manual handling manoeuvre may be necessary. This is a high risk activity and should only be undertaken in life threatening or exceptional circumstances, where no other option is available.
- If an emergency occurs, a risk assessment must be completed after the event and suitable control measures established.
- Emergency situations may also include the following:
  - Fire
  - Flood
  - Bomb threats
  - Imminent collapse of the building

3. In the Community or Establishment with Insufficient Staff or Volunteers and Equipment

- In this case you should dial 999 for emergency assistance. If appropriate and if there is a suitably qualified person available, begin cardio-pulmonary resuscitation (CPR) or roll the person into the recovery position until help arrives.
- If there is no suitably trained person at the scene, leave the person exactly where they are and wait for assistance.
APPENDIX 4

MANAGEMENT OF THE FALLING AND FALLEN PERSON

1. SUMMARY

This section provides guidance to staff and volunteers with direct patient contact for the falling and fallen person. The purpose of the guidance is to safeguard the safety of employees and volunteers whilst acting in the best interests of the patient/client/service user, as far as reasonably practicable.

2. INTRODUCTION

- Evidence shows that falls are a common occurrence. Over 60% of those living in nursing homes will fall, while a third of people over 65 years and fifty percent of those over 80 years living in the community will fall. Approximately 5% of falls will result in fractures. The handling of the falling or fallen person presents a high risk of injury to both persons and handlers.

- The causes of falls are multi-factorial and diverse, and include both intrinsic and extrinsic factors. Most falls can be successfully managed by preventing their occurrence in the first place.

- Risk assessment is the key to successful management. Carrying out a comprehensive risk assessment will identify the risk factors that may place the person at a higher risk of falls. Once the risk factors have been identified an action plan outlining interventions and strategies to minimise the risk must be developed. For example, a risk assessment and action plan or care plan may identify the need to wheel a person to the toilet if there is a sense of urgency and walk back to reduce the risk of a fall. Alternatively, it may identify the need for walking aids or a chair positioned half way. The risk assessment will also consider the potential injuries should a person fall which will determine the handling strategies adopted.

- Training in the practical aspects of managing the falling or fallen person may expose the candidates to techniques, which have an inherent risk. These situations must be discussed even if they are not demonstrated or practised. The falling/fallen person is discussed in the 3-hour patient handling course.

Management of the Falling Person

The following methods assume that:

- The handler is standing by the side of the person and slightly behind before the person starts to fall.
- The person is falling backwards or directly downwards.
- There is sufficient space with no obstructions
- The person is not resisting
• There is no significant height difference. A particularly small handler may have difficulty controlling the descent of a particularly tall person and vice versa.
• The person is not significantly heavier than the handler

Methods

The methods would not be appropriate if the person was falling away from the handler or was any significant distance away. In these situations the handler may have to release their hold of the person and allow them to fall. The handler may need to move obstructions out of the way, to prevent an increased risk of injury to the person, or to direct the person’s fall away from any dangerous or immovable objects.

• Release hold of the person and move behind
• Both hands open and take a step backwards with one foot in front of the other, to maintain a stable base. Keep in close.
• Avoid holding the person’s arms but hold around the trunk or hips.
• Bend both knees
• Lower the person to the floor attempting to direct them to slide down the front thigh.

Management of the fallen person

There may be times when a person, providing they are not in immediate danger, should be left on the floor. Such occasions include individuals who intentionally place themselves on the floor for attention and known epileptic sufferers having a seizure.

If appropriate, there are a number of options for assisting a fallen person from the floor. In the first instance staff should follow the appropriate falls guidelines for ‘Assessing patients following a fall’ (see Falls Policy). Although the falls guidance is for inpatient areas, staff working in the community should also follow the same procedure. This will include examining the patient for any injuries before attempting to get them up. If there are any doubts about whether the person is injured or not, emergency services should be called to attend. Where, on examination, there are any signs of lower limb fracture or spinal injury the patient should be made as comfortable as possible but remain on the floor until the emergency services can move them safely using the appropriate equipment.

• The person gets up independently, without any assistance.
• The person is instructed by the handler to get up from the floor using a chair for assistance. This is called ‘back chaining’ and is taught on the 3-hour patient handling course.
• The handlers assist the person to get up off the floor using an inflatable cushion.
• The handlers assist the person from the floor using a hoist.
• Manual lifting in an emergency or exceptional circumstances (see appendix 2).

In all cases a new risk assessment must be carried out immediately following the incident and suitable control measures established.