Answer Guidance

# Chapter 27: Safe movement of people

## Activity answer guidance

### Activity 27.1

The author trained in a large teaching hospital in the late 1980s.

One hoist was provided for the hospital and placed in an admitting ward for use by the staff. One medium hoist sling was provided, and training consisted of a 30-minute demonstration by the company sales reps.

Staff had previously been trained in manually moving people using various lifting techniques.

Staff were not given the opportunity to try the hoist prior to using it in day-to-day practice.

What do you think happened when the hoist was put into the ward?

Is this a safe system of work?

#### Answer guidance:

*Staff would not have the right knowledge and skills to operate the hoist and they would injure themselves or their patients through poor technique. If the hoist was unavailable people may use risky techniques instead to prevent waiting, or they would just use other techniques instead of the hoist as it would seem time consuming. Only having one sling is risky as it might not be the right size for many patients.*

### Activity 27.2

Stand up in an open, safe space with no obstructions. Put your feet together as if standing to attention. Now close your eyes. What can you feel your body doing?

#### Answer guidance:

*You may notice yourself swaying, leaning, or losing balance while your feet are together. Adopting the stance suggested will give you a more stable base enabling you to retain your position.*

### Activity 27.3

Only undertake this exercise if you feel fit and able to do this safely. If you are carrying shoulder, neck, arm, or any other Musculoskeletal injuries do not try this.

Stand up & extend your arms out in front of you, hands with palms up.

Hold until you can feel strain in your arms.

Where did you feel the strain?

How long did it take until it became noticeable?

This activity should demonstrate the load placed on your Musculoskeletal system even when not carrying an external load if you go out with your area of the base.

#### Answer guidance:

*You may feel a strain in your back, it may become noticeable after a few seconds.*

### Activity 27.4

Think about brushing your teeth in the morning. Do you ever lean hunched over the sink? If so, why? Most people who do this say it is because they want to avoid getting toothpaste on their clothes but think about this logically.

What is the higher risk: toothpaste-covered clothing or risk of a lower back injury from repeatedly adopting a top-heavy, out-of-balance posture? Which is easier to fix?

#### Answer guidance:

*It is easier to change your top! A lower back injury could last quite some time.*

### Activity 27.5

Go and make yourself a cup of tea or coffee. List all the tasks and steps you must do to get from the start to have the finished product ready to drink.

#### Answer guidance:

*Fill the kettle, turn the kettle on, get a cup and a spoon, put a teabag in the cup, get the milk from the fridge, when the kettle boils pour hot water into the cup, stir until the correct strength and remove the teabag, put the teabag in the bin, add the milk and return milk bottle to the fridge, stir and then drink.*

This is a routine skill requiring little thought. Now think back to when you were a child and were first learning from an adult how to make a hot drink. How did the task progress from being a “novel problem” to becoming a “routine task”?

*As per Reason’s (2008) model, this would be a novel problem on the first occasion. Over the next few days, this would be a trained problem and within a week it would probably become a routine task because it is a task we perform very often.*

## Case study answer guidance

### Case Study 27.1: Elma

Elma is 62 years old. She is mobile with minimal support and is largely independent. She has pulled the assistance buzzer in the toilet. She presents as conscious but distressed and says she feels very weak. She appears uninjured after a top-to-toe check. Your unit is fully staffed and has access to a range of handling equipment including slide sheets, Arjo Stedy, a stand aid, and two full-body lifting hoists.

 How could this situation be managed to protect Elma and the staff involved?

 How could the relevant health and safety legislation impact Elma’s welfare?

#### Answer guidance:

*A personal risk assessment reveals Elma is usually largely independent, she is conscious and in an enclosed space and feels very weak. So, in this instance, the stand aid hoist might be suitable if she does not feel able to walk. If she had reduced consciousness and was on the floor, then a full-body lifting hoist would be more appropriate. As the unit is fully staffed it* *would not be a problem to ensure plenty of staff are able to assist Elma from the toilet to a wheelchair, using the stand aid hoist.*

*The Manual Handling Operations Regulations (2004) provide guidance on the factors to be considered in assessing any manual handling manoeuvre (HSE, 2016) and the acronym TILE should be used to assess the task, individual, load, and environment.*

### Case Study 27.2: J

J is a 66-year-old plus-size patient in a care home. His weight is recorded as 224 kg and his BMI is 70.6. Care staff is having problems helping him with his personal care as rolling him in bed is very difficult and although J tries to help by reaching his arm over and bending his legs to assist, he is very physically dependent and cannot maintain side-lying without support. There is plenty of space in J’s room, he has a plus-size bed, and access to glide sheets and hoists, however staffing is a persistent issue, and his care is delivered by two staff. A manual handling risk assessment identified several control measures to put in place to minimise risk for the team.

 Increase the staff delivering J’s care to three. Three to help roll him, two to maintain him on the side lying, and one to deliver his care.

 Rotating the team delivering care to spread the risk amongst the wider team

 Use of a gantry hoist, postural wedge, and turning sheets to mechanise the task. This would mean two staff could still deliver his care and minimise the risk of turning him. This would also allow J to turn himself using the hoist and sheet and give him some control over this aspect of his care.

 Reflect on what you think the best long-term options are to protect staff and allow them to deliver the care J needs.

#### Answer guidance:

*Long term this will cause strain on the staff’s backs if they continue to roll him manually. It may be best to implement the use of a gantry hoist as J can be involved in the manoeuvre which* *gives him some control. There would need to be a risk assessment review on a regular basis to ensure the procedure is being followed correctly and no changes are required.*

### Case Study 27.3: No lifting policy

East Sussex County Council had in place a blanket “no lifting policy” for care staff as part of their manual handling policy. This became known in the legal case A, B, X, and Y v East Sussex. The case centred on two women who were looked after by their parents and paid carers in adapted accommodation. The women were fully physically dependent on others for their care needs and on occasion needed to be physically lifted as part of their package of care. The “no lifting” policy meant that in these situations the parents were left as sole providers of care. Think about this situation and the interplay between health and safety legislation and human rights law and how these need to be balanced.

 What impact would the policy have on the people involved? Where would this activity appear in the risk assessment matrix above for (a) the parents and (b) the paid carers?

#### Answer guidance:

*The policy would protect staff from a back injury but does impact the quality of life of the patients and their families. It would be interesting to know why they must be manually lifted. A risk management approach may be better than risk-averse in this situation. The carers would score a 1 on the risk assessment matrix, which is low, but the family would score a 20, which is high.*

### Case Study 27.4: Charlie

Charlie needs assistance to turn in bed every two hours and prefers to be moved on a slide sheet. He has a height-adjustable profile bed, with one side placed against the wall. A ceiling track hoist to move between his bed and bathroom is fitted above his bed. The floor covering is carpet. The free floor space is about 2 m × 1 m 40 cm, and this is the space in which the carers work. Charlie’s personal space and belongings are organised by him, so his family and carers must gain permission to change his environment.

Use the risk assessment criteria as described to plan your answer.

*First, identify and justify the optimal safe handling manoeuvre for Charlie.*

*Turn using a full-length glide sheet to reduce the friction of the skin and maintain skin integrity, prevent pressure ulcers and reduce infection. Equally, immobility increases the risk of Charlie developing thromboembolic disorders, especially in the lower limbs. Choice of equipment is less invasive than hoisting. Charlie’s choice.*

*Having decided how Charlie is moved in bed, now refer to the risk assessment criteria to identify possible risk factors associated with your selected move. Note there may be some sections of the assessment you cannot complete given this is a scenario. The aim of this exercise helps you to identify possible hazards and risks when required to move Charlie.*

*Risk Assessment using TILEE*

 *Task – Turn to reposition for comfort and adjust Charlie’s view. Requires two people to complete the manoeuvre. Adjust the height of the bed for the carers’ working comfort.*

 *Individual Capability – Consent from Charlie, Safeguarding of Children, consider language skills, communication aimed at Charlie’s age group.*

 *Load – Charlie is compliant and understands the rationale for being turned frequently. Consider privacy and dignity as an adolescent. Consider Charlie’s physical needs i.e. muscle wasting, may not be able to assist, supporting limbs, able to breathe when repositioned.*

 *Environment – Risk factors include bed against the wall and no access for workers. Carpeted floor, risk of injury pulling and pushing bed away from the wall, every two hours. Consider negotiating with Charlie to alter the layout of his room, to allow carers access around his bed.*

 *Equipment – Choice of glide sheet may not be the best option given the limited access to the bed. May have to recommend the use of an overhead hoist.*

### Case Study 27.5: Abeeku

Abeeku is seventy-nine, he has dementia, and is cared for by his extended family. He is not able to communicate verbally and is frequently agitated, which he expresses by spitting and biting. Abeeku was admitted to the hospital for further assessment of his condition following a series of falls at home. He prefers to stay in bed, but frequently slides down the bed and needs help to sit up again. You have noticed that he becomes distressed and agitated when he sees the nurses preparing to sit him up, which they do by grasping him under both his axilla and dragging him up the bed.

 How would you respond if you witnessed this event and were asked by the staff to help move Abeeku in this manner?

 Why do you think Abeeku becomes distressed and agitated when assisted to move?

 What solution can you offer to improve Abeeku’s care?

#### Answer guidance:

*Abeeku should not be moved in this manner. It is distressing for him to be dragged up the bed in this manner and also risks injury to himself and the staff. It could be painful for Abeeku, and he may feel unsafe, and this might be why he becomes distressed and agitated. A new moving and handling assessment is required to determine the best way to undertake this task. It would be important to assess how much he can do for himself, as it may be he can shuffle himself up the bed with assistance. Alternatively, a slide sheet could be inserted and Abeeku could be slid up the bed when the bed is laid flat, with the staff using the sheet rather than the patient’s body.*