

## Moving and handling

by Marie McCullagh & Ros Wright

### A Pre-reading

Think of three things you think are important to consider before moving or handling a patient.

### B Word building

1. Match the words in the box with the definitions below.

slide	manoeuvre	hoist	drag	compliance
hazard	rehabilitation	fragility	load	strategy

- A \_\_\_\_\_ is something that is dangerous and likely to cause damage.
- To \_\_\_\_\_ is to move somebody or something by pulling them or it along a surface.
- A \_\_\_\_\_ is a movement or set of movements needing skill and care.
- \_\_\_\_\_ is the returning of someone or something to a good or healthy condition.
- \_\_\_\_\_ is the following of an order or rule.
- A \_\_\_\_\_ is the amount of weight carried by somebody or something.
- To \_\_\_\_\_ is to move easily and without interruption over a surface.
- A \_\_\_\_\_ is a detailed plan for achieving success in a situation.
- A \_\_\_\_\_ is a device for lifting heavy things.
- \_\_\_\_\_ is a condition where something can be easily broken or damaged.

### C Comprehension check

1. Which of the following do you think are true?

- Back injuries and other musculoskeletal injuries are often regarded by many health professionals as a natural consequence of the job.
- The main cause of back injuries is due to poorly designed equipment.
- Health professionals follow guidelines carefully for moving and handling.
- Getting patients do to tasks for themselves, where possible, is an important part of the rehabilitation process.

Now read the text below and check your answers. Write **T** (True) or **F** (False) next to each of the statements.

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Many health and social care professionals see musculoskeletal injuries as an occupational hazard. By reflecting upon current statistics, we must not accept the so-called 'consequences of the profession'. Instead, each person must strive to change the clinical culture they work within, their own personal and professional thinking, and their attitudes towards moving and handling, and by these actions influence colleagues and clients alike. Within the UK health service, moving and handling is the commonest form of over-3-day injuries (injuries that result in an absence of work for three or more days) in nurses (51 per cent) care assistants (51 per cent) and assistant nurses (54 per cent) (Health and Safety Commission, 2004).



Worldwide, health-care professionals have been identified as having a higher rate of back-related injury from manual handling technique injuries. Rates of associated absence from work have been estimated at over 764,000 days per year (Bannister, 1996).

Researchers have found that the possible reasons for back injuries are all linked to 'non-compliance'. Many researchers, such as Venning (1998), McGuire and Dewar (1995), showed that aiding devices such as hoists and slide sheets are not being used when required.

It is clear through discussions with students and qualified members of staff that they are well aware of the policies and procedures available for drug administration and the subsequent consequences of drug errors. However, ask the same question in relationship to moving and handling and a very different awareness is apparent. Many would not even consider administering an injection without fully following the stated policy or procedures, but ask the same health-care professional to assist in standing a patient using a 'drag lift' and many would oblige without reflecting on the consequences to themselves, colleagues, patients and relatives.

Within the health-care setting, the patient is referred to as the 'load'. Therefore, size, weight, shape, fragility, stability, the individual's ability to function both physically and mentally, and any attachments that may adversely affect movement, should be considered. Human beings display individual characteristics that may help or hinder moving and handling operations: elderly clients, for example, may suffer from arthritis.

When assessing the patient's ability or when assisting in any manoeuvre, the priority is to encourage and promote independence and normal body movement whenever possible, however insignificant it may at first appear. Every time the patient is distracted from participating in an independent task, or a task is carried out for them when not necessary, the patient's rehabilitation is being affected. Without the patient's involvement, muscle groups, joints and so on will ultimately weaken and reduce potential mobility, making underlying conditions such as diabetes worse and affecting the delicate balance of the body systems – cardiac, respiratory, gastrointestinal etc.

Safe and appropriate moving and handling strategies should be taken into consideration when formulating the patient's risk assessment. These recommended strategies are designed to promote an achievable level of independence and discourage the promotion of dependence.

In essence, the assessment should be graduated and built upon acquired knowledge and be conducted in a safe and appropriate environment. Whenever possible, education, demonstration

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and training should take place before the manoeuvre; however, this is not always achievable. Ensure that the task in its entirety has been explained to the patient and then break it down into achievable goals or tasks. Throughout the task, and at the end of each stage, ensure that the patient is well and is not suffering from any ill effects of the manoeuvre. Also encourage and praise the patient's contribution and obvious effort.

To ensure that this moving and handling task is assessed correctly and graduated, a list of moving and handling questions (MHQs) have been designed:

**Moving and Handling Questions (MHQs)**

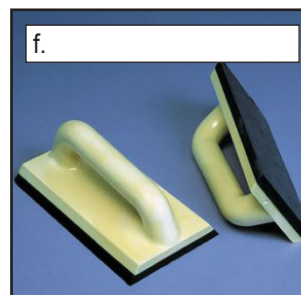
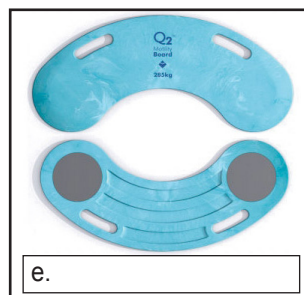
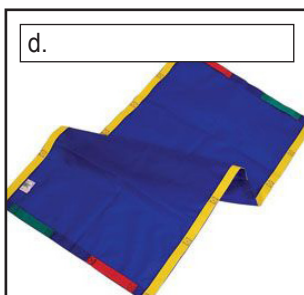
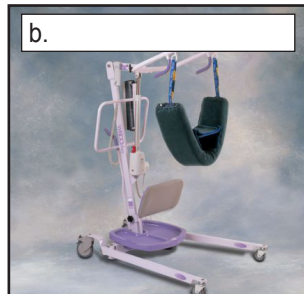
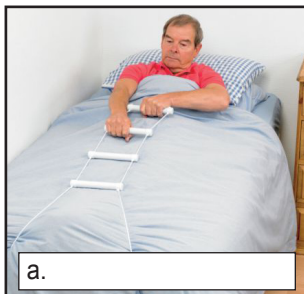
1. What is normal movement for the task?
2. Can I teach the patient to do this unaided? If yes, how would this be achieved: verbal/non-verbal, demonstration, written? If no, move to Q3.
3. If not completely unaided, is there equipment available that would mean the patient could do this for him or herself, for example Jacob's ladder, bed lever, bed/handling blocks, slide sheets, profiling bed and so on? If yes, how would this be achieved? If no, move to Q4.
4. If unable to perform the task themselves, what is the minimum of assistance one and then two people can give (a) without equipment and (b) with equipment?
5. Are there unsafe ways of doing this I must avoid? If so, what are they?

Adapted from *Foundations of Nursing Practice* (3rd Edition), edited by Richard Hogston and Barbara A. Marjoram: Palgrave Macmillan (2008). Reproduced with permission from Palgrave Macmillan.

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**D Comprehension check**

1. Match the moving and handling equipment in pictures a–f with the definitions below.



- banana board  
profiling bed
- bed/handling blocks  
slide sheet
- Jacob's ladder  
standing hoist

2. Which verb from the list below would you associate with each of the aids?

- a. to grip \_\_\_\_\_
- b. to pull oneself up \_\_\_\_\_
- c. to ease along \_\_\_\_\_
- d. to adjust \_\_\_\_\_
- e. to transfer \_\_\_\_\_
- f. to lift \_\_\_\_\_

**E Discussion**

- Non-compliance with guidelines is a major cause of injuries when lifting and moving patients. What do you think can be done to help nurses comply with guidelines?
- How important is complying with guidelines in your workplace or country?

**F Follow-up**

Using reference books or the Internet, find out more about the following types of hoist: *mobile, standing, overhead, fixed-floor or wall-mounted*. Make notes on the way in which they can be operated and what they are particularly useful for.

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### ANSWER KEY

#### A Pre-reading

Possible factors could include: size, weight, shape, fragility, stability / mental state of patient

#### B Word-building

1.
  - a. hazard
  - b. drag
  - c. manoeuvre
  - d. Rehabilitation
  - e. Compliance
  - f. load
  - g. slide
  - h. strategy
  - i. hoist
  - j. Fragility

#### C Comprehension check

1.
  - a. T
  - b. F (appropriate equipment is often not used)
  - c. F (health professionals do not follow guidelines as strictly as they would for administering drugs)
  - d. T

#### D Vocabulary development

1.
  - a. Jacob's ladder
  - b. standing hoist
  - c. profiling bed
  - d. slide sheet
  - e. banana board
  - f. bed/handling blocks
2.
  - a. bed/handling blocks
  - b. Jacob's ladder
  - c. slide sheet
  - d. profiling bed
  - e. banana board
  - f. standing hoist

#### E Follow up

There are four main types of hoist: mobile hoists, standing hoists, overhead hoists and fixed hoists.

- **Mobile hoists** are the most common and these can be operated hydraulically or electrically. They are equipped with wheels and can be moved easily to where they are required.
- **Standing hoists** are used to raise a patient to a standing position from sitting and make it easy to transfer the patient from a chair to a toilet, to a wheelchair or similar.
- **Overhead hoists** are mostly electrically operated and run on rails which are fixed permanently overhead (or sometimes mounted on mobile frames).
- **Fixed floor or wall mounted hoists** are mainly used when bathing.