

Moving and handling

by Marie McCullagh & Ros Wright

A Pre-reading

Look at the case study of an individual patient handling profile. Think about areas you may need to consider when moving or handling this patient (e.g. past history, age) and why you need to consider them.

Task	Date	Additional information
Floor to bed/chair	30 October 2009	1. Mrs Jones, who has a past history of falls, is generally able to get herself up from the floor with verbal guidance and demonstration and the use of two chairs and two nurses.
	5 November 2009	2. Following treatment, Mrs Jones's condition deteriorates and she requires mobilisation with a wheelchair and three nurses.
	10 November 2009	3. If a fall occurs following her treatment, a hoist must be used to assist Mrs Jones. Minimum of three nurses.

Taken from *Foundations of Nursing Practice*, 3rd edition, Macmillan Palgrave, 2008

B Comprehension check

1. Before you read, decide which of the sentence endings you think are true. (More than one may be possible).

- | | |
|---|--|
| <p>1. Incidences of absence from work for healthcare workers due to back injuries are estimated at:</p> <ul style="list-style-type: none"> a. less than 100,000 per year. b. more than 100,000 per year. c. a negligible amount. d. around 750,000 per year. | <p>4. By following correct procedures a nurse is ensuring the safety of:</p> <ul style="list-style-type: none"> a. the patient. b. the nurse. c. other nursing colleagues. d. the relatives. |
| <p>2. Research shows that nurses are:</p> <ul style="list-style-type: none"> a. often unaware of appropriate procedures for drug administration. b. generally aware of appropriate procedures for moving and handling patients. c. often likely to take risks when moving a patient. d. less prepared to take risks when administering medication than when moving a patient. | <p>5. The movement should always be:</p> <ul style="list-style-type: none"> a. carried out by a male colleague. b. explained first to the patient. c. broken down into manageable stages. d. carried out using a special piece of equipment. |
| <p>3. Before moving a patient, a nurse should consider the patient's:</p> <ul style="list-style-type: none"> a. muscle groups. b. level of independence. c. age. d. respiratory system. | |

2. Now read the text. As you read, tick ✓ all the points that apply to the statements according to the text. Do you agree with the authors of the text?

3. When you have read the text, with a partner, consider the points raised in the text. How do you they compare with procedures in your country or workplace?

Moving and handling

by Marie McCullagh & Ros Wright

Moving and handling

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

Moving and handling
by Marie McCullagh & Ros Wright

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)

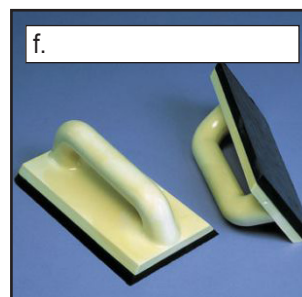
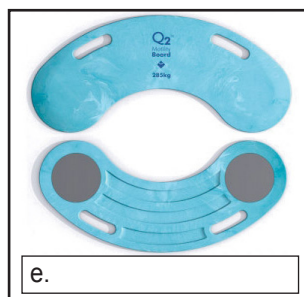
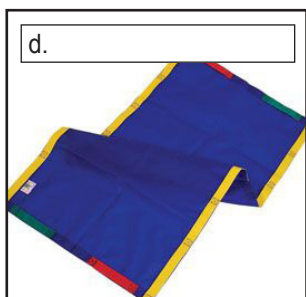
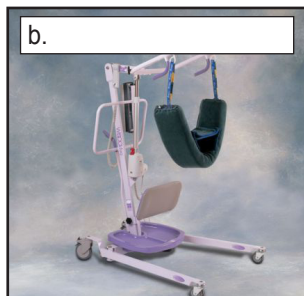
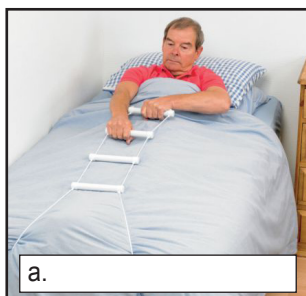
1. What is normal movement for the task?
2. Can I teach the patient to do this unaided? If yes, how would this be achieved: verbal/non-verbal, demonstration, written? If no, move to Q3.
3. If not completely unaided, is there equipment available that would mean the patient could do this for him or herself, 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.

Moving and handling
by Marie McCullagh & Ros Wright

C Word building

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. What is a 'drag lift' and why should it be avoided when moving and handling a patient?
3. What is known as the 'load'? Why should you avoid using this word in front of a patient?

D Vocabulary development

1. Put the equipment above into the table, adding a translation and an explanation of the usage for each piece of equipment.

	Equipment	Translation	Explanation of usage
a.			
b.			
c.			
d.			
e.			
f.			

2. Now add 3–4 more examples of equipment used when moving and handling a patient. You may need to use a good medical dictionary to help you (e.g. walking frame).

	Equipment	Translation	Explanation of usage
g.	Walking frame (also known as Zimmer frame)		4-legged metal frame used to improve stability + aid the patient's mobility
h.			
i.			
j.			

Moving and handling
by Marie McCullagh & Ros Wright

E Discussion

1. Refer back to the case study in A or think of a case you know or have read about. With a partner, write down expressions to use when:
 - a. offering encouragement to the patient.
 - b. checking the patient is not suffering any ill effects of the manoeuvre.
 - c. praising the patient once the task has been achieved.
2. Share your ideas with the rest of the group.

F Follow-up

Using reference books or the Internet, find some legislation or official advice regarding appropriate moving and handling procedures in a country in the English-speaking world. Keep a record of where you found the information.

Moving and handling

by Marie McCullagh & Ros Wright

ANSWER KEY

A Pre-reading

The nurse should carry out a risk assessment of the patient on each date, as there are changes to her condition. The following should be considered: past history (history of falls, which will impact on her mobility), age (this can mean their may be presence of arthritis that can weaken her movement further), the balance of body systems, demonstrate the movement first if possible, explain the movement in achievable stages, use of equipment to aid mobility/movement, encouraging the patient to move independently where possible.

NB: A pre-experience nurse may not be able to come up with all of these. Reassure them they will be meeting these points in the text.

B Comprehension check

1. a, d 2. c, d 3. a, b, c, d 4. a, b, c, d 5. b, c
3. Encourage your learners to contextualize the text and bring their own experience to the fore. For pre-experience learners, ask them to discuss their theoretical knowledge of the subject.

C Word building

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

NB: b. appears as *hoist* in the text. There are many kinds of hoist; some of your learners may recognize this as a *standing hoist*.

2. Lifting the patient by pulling them up from behind. This technique should be avoided because it can cause the nurse to suffer back injuries.
3. This word is used to describe the patient. Nurses should avoid using it directly in front of a patient as the word 'load' has negative connotations – it suggests the patient is overweight/heavy.

D Vocabulary development

1.	Equipment	Translation	Explanation of usage
a.	Jacob's ladder (also known as Rope ladder)		A small rope ladder attached to the legs of the patient's bed, they can use it to pull themselves into a sitting position.
b.	Standing hoist		A hoist to bring the patient up to the standing position.
c.	Profiling bed		A bed with an electronically operated height and backrest.
d.	Slide sheet		A non-slip sheet used for transferring patients from one surface to another, or for turning them.
e.	Banana board		A device used for the seated patient to transfer across a gap – between the bed and the trolley for example.
f.	Bed/handling blocks		Placed at each side of the bed, the patient uses these to pull him/herself up to a sitting position.
g.	Bed lever		Placed under the mattress to enable the patient to bring themselves up from the lying position.
h.	Walking frame		Four-legged metal frame used to improve stability + aid the patient's mobility.
i.	Handling belt		An aid for assisted manual manoeuvres placed around the waist of the patient. It has loops to enable the nurse to grip the patient and help them move more easily.
j.	Monkey pole		A hoist with a two handled grip that the patient uses to pull themselves into an upright position from lying.

NB: Your learners may well also come up with any of the following: *walking stick, crutches, walker, wheelchair*, etc.

Moving and handling

by Marie McCullagh & Ros Wright

ANSWER KEY

E Discussion

Possible answers include:

- 1a. *You're doing really well, Mrs Hossain. / Can we just give it one more try? / You're nearly there.*
- b. *Are you in any pain at all? How are you feeling now?*
- c. *You did well, Mr Buchanan / Well done Mr Buchanan! / That was great, you managed really well!*

Model the intonation pattern or write it up on the board. With a partner, encourage learners to practise the sentences until they are happy with the intonation pattern.

<p>a.</p> <p><i>You're doing really well, Mrs Hossain.</i></p> <p><i>Can we just give it one more try?</i></p> <p><i>You're nearly there.</i></p>	<p>c.</p> <p><i>Are you in any pain at all?</i></p> <p><i>How are you feeling now?</i></p>
<p>b.</p> <p><i>You did well, Mr Buchanan.</i></p> <p><i>Well done Mr Buchanan!</i></p> <p><i>That was great, you managed really well!</i></p>	