

## Advanced People Manual Handling





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

# OUR PROMISE

“

**Premium Quality,  
without compromise.  
It's the Premium Health  
promise.**



**Phillipa Wilson**

Founder & Managing Director of Premium Health

**Our Trainers are  
Experienced Nurses  
and Paramedics**

Passionate about sharing  
their experience

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We pride ourselves on the depth  
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quality of our training materials

**Innovative Techniques,  
Empowering Outcomes**

Methods remembered for years  
to come

**Specialised Training,  
Contextualised to  
Your Workplace**

Relevant and customised to  
workplaces

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## Welcome to your course and Premium Health.

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The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

# ADVANCED PEOPLE MANUAL HANDLING

<b>WHAT YOU NEED TO KNOW ABOUT YOUR COURSE</b> .....	6	<b>SAFE AND EFFECTIVE TECHNIQUES USED IN HANDLING CLIENTS WHO ARE SEMI-DEPENDENT “ABLE TO ASSIST”</b> .....	15
<b>MANUAL HANDLING</b> .....	7	Sit to stand transfer .....	15
Why is safe manual handling so important?.....	7	Getting off the bed .....	16
What is the impact of a manual handling injury?.....	7	<b>SUPPORT FOR CLIENTS WHO ARE NON-WEIGHT BEARING</b> .....	16
<b>NATIONAL WHS LEGISLATION</b> .....	8	Mechanical aids - hoists .....	16
<b>LEGISLATIVE FRAMEWORK</b> .....	8	Slings.....	17
<b>RISK MANAGEMENT</b> .....	10	Slide sheets.....	18
Identify the risks.....	10	<b>SAFE AND EFFECTIVE TECHNIQUES USED IN HANDLING CLIENTS WHO ARE DEPENDENT “FULL ASSIST”</b> .....	18
Risk assessment.....	10	Rolling a client in bed who is “unable to assist” .....	18
Controlling risks .....	11	Repositioning a client in bed with slide sheets.....	18
<b>HIERARCHY OF CONTROLS</b> .....	12	Hoisting a client from bed to chair.....	19
<b>PRINCIPLES OF SAFE LIFTING AND MOVING OF LOADS</b> .....	13	<b>CONCLUSION</b> .....	20
<b>SUPPORT FOR CLIENTS ABLE TO ASSIST ...</b>	14	<b>REFERENCES</b> .....	21
<b>ASSISTANCE VERSUS PROMPTING</b> .....	15		

# WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

## Welcome

Welcome to your workshop and Premium Health. The aim of this resource is to provide the essential knowledge and skills you require to recognise the manual handling tasks performed in your workplace, the ways in which these tasks may lead to injuries and safe work practices required to minimise the risk of these injuries occurring.

## Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed with your trainer during the course.

## Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on **1300 721 292** or email us on [customerservice@premiumhealth.com.au](mailto:customerservice@premiumhealth.com.au).

For more information about Premium Health and our health care, mental health and first aid courses, please access our website [www.premiumhealth.com.au](http://www.premiumhealth.com.au)

# MANUAL HANDLING

Manual handling means using your body to exert force to handle, support or restrain an object, including people or animals.

It is not just lifting or carrying heavy objects; it includes lifting, pushing, pulling, holding, lowering, throwing, carrying, packing, typing, assembling, cleaning, sorting and using tools.

The term is not limited to handling heavy objects – pruning plants, stacking items onto a shelf, helping a client into a bath and even using a keyboard. In the context of this training, this workshop is specifically about manual handling of people who are semi-dependent; they rely on someone or something for support.

Client in this workshop is interchangeable and applies to the person you support; the resident, customer, patient or carers' (unpaid/volunteer) loved one.

Workplace – includes any place in which support is provided.

The health and wellness of both you and your client are important when carrying out any task that involves physical effort, like moving from one surface to another or shifting in a bed or from a seat

**Hazardous** manual handling involves:

- repetitive or sustained application of force, awkward postures or movements
- tasks that people would find difficult due to the degree of force applied (high force)
- exposure to sustained vibration
- manual handling of live people or animals
- manual handling of unstable loads that are difficult to grasp or hold

The Manual Handling Regulations define manual handling as being any activity requiring the use of force exerted by a person to lift, push, pull, carry or otherwise move, hold or restrain any object. This can incorporate “material” manual handling and the manual handling of “people”.



## WHY IS SAFE MANUAL HANDLING SO IMPORTANT?

As most employment involves some form of manual handling, most workers including employers and employees are at risk of a manual handling injury. Injuries in Health, Aged Care, Rehabilitation, and Disability services remain a major work health and safety issue due to the necessity to handle people physically.

According to Safe Work Australia statistics on work-related musculoskeletal disorders, there were 36% serious claims due to body stressing. This occurs when muscles, tendons and ligaments or bones are placed under stress and can arise from a single trauma or multiple events over time. 79% of injuries, resulted from muscular stress while lifting, carrying, putting down or handling objects; 35% of claims involved the back, 20% to shoulder, 7% to knee and 7% to forearm and wrist.

	BACK	SHOULDER
<b>Aged care sector</b>	26%	60%
<b>Nurses and midwives</b>	29%	16%
<b>Personal care attendants and nursing assistants</b>	28%	22%

Statistics indicate that almost all professionals that are involved in client handling will at some time during their career develop a soft tissue injury, and it is when they continue to cause injury to this soft tissue, that permanent and sometimes irreversible damage occurs.

## WHAT IS THE IMPACT OF A MANUAL HANDLING INJURY?

An injury that results from manual handling can have a significant impact on both employers and their workers. For an individual, an injury may not only lead to pain and the potential for ongoing disability but may also cause loss of income and may directly impact the person's future working options. Also, an injury can have an impact on person's life outside of work, including personal relationships.

If employees are injured at work, employers could be faced with an increase in compensation claims. As a result, this will directly impact insurance premiums, increasing the cost for employers, including hiring and training new staff members to perform the work in an injured employee's absence.

When colleagues are injured, this impacts the morale of the other employees.

## NATIONAL WHS LEGISLATION

The Australian Government has identified Work Health and Safety (WHS) as a priority area for reform. One of the critical elements of the reform agenda is harmonisation.

Harmonisation is moving towards one national set of Work Health and Safety laws to reduce the incidence of death, injury, and disease across Australia.

Safe Work Australia is responsible for developing model work health and safety laws in partnership with state and territory governments. Employers and workers, who are represented as Safe Work Australia Members. These laws consist of the WHS Act, supported by model WHS Regulations and model Codes of Practice that can be readily adopted around Australia.

Safe Work Australia is also responsible for developing a national compliance and enforcement policy to complement the harmonised work health and safety laws. This aims to ensure a nationally consistent approach to compliance and enforcement.

The Commonwealth, Queensland, NSW, NT, and ACT enacted laws that reflect the model Work Health and Safety Act 2011 effective 1st January 2012. Tasmania passed their WHS Act, with implementation on 1st January 2013 as did South Australia. Currently, Victoria and WA continue to operate under their own legislation and Codes of Practice. Victoria's legal framework for WHS is the Occupational Health and Safety Act 2004.



## LEGISLATIVE FRAMEWORK

Whether the State you are employed follows the Work Health and Safety (WHS) or Occupational Health and Safety (OHS) legislations, they are both laws which principally govern health and safety in the workplace

When addressing the risks of hazardous manual handling tasks, the provisions in both sets of laws are effectively the same. Both Acts require employers to provide their workers with a working environment that is safe and without risk to health. A workplace includes any place where employees or self-employed people work.

For home care workers and direct support workers, their workplace may include the client's home. The duty (legal obligation) of the employer extends to conditions in a client's home, in so far as the employer has control over those conditions. The control of the conditions in a client's home is limited than it might be in a more conventional workplace controlled by an employer such as a hospital or residential care facility.

Employers are also required to provide employees with safe and healthy systems of work and enough information, instruction, training, and supervision to enable them to perform their work safely.

Under the Acts, employees also have specific obligations, including:

- to take reasonable care for their health and safety
- to take reasonable care for the health and safety of others that could be affected by their actions or omissions
- to co-operate with their employer, and WHS/OHS policy and procedures

In the context of Support Workers who may work on their own without direct supervision, employers rely on:

- the skills and experience of the workers; and
- that workers always follow the designated safe working procedures.

The **Safety Regulations** specify obligations for employers and employees whose work involves *any activity requiring the use of force exerted by a person to lift, push, pull, carry or otherwise move, hold or restrain any object which also includes any person.*

The Regulations are supported by the **National Codes of Practice**. These documents provide practical guidance on how to achieve the requirements specified by the Regulations. The provisions of the Code are not mandatory – but guidelines for best practice.



**THE OHS MANUAL HANDLING FRAMEWORK**

**OCCUPATIONAL HEALTH AND SAFETY ACT 2004**

Requires employers to provide a safe working environment, safe systems of work and instruction and training



**OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2017**

Specifies obligations for employers in relation to manual handling tasks



**COMPLIANCE CODE: HAZARDOUS MANUAL HANDLING 2019**

This compliance code provides practical guidance on how to comply with obligations under Victoria's occupational health and safety legislation to manage risks associated with hazardous manual handling.

**THE WHS MANUAL HANDLING FRAMEWORK**

**WORK HEALTH AND SAFETY ACT 2011 (21/3/2016)**

Requires employers to provide a safe working environment, safe systems of work and instruction and training



**WORK HEALTH AND SAFETY REGULATIONS 2017**

Specifies obligations for employers in relation to manual handling tasks



**QLD ONLY**

<b>CODE OF PRACTICE 2019</b>	<b>CODE OF PRACTICE 2019</b>	<b>CODE OF PRACTICE 2012 (1/7/2018)</b>
How to Manage Work Health and Safety Risks	Hazardous Manual Tasks	Manual Tasks involving the Handling of People

### THE OSH/WHS MANUAL HANDLING FRAMEWORK

#### OCCUPATIONAL SAFETY AND HEALTH ACT 1984 (3/10/2018)

Requires employers to provide a safe working environment, safe systems of work and instruction and training



#### OCCUPATIONAL SAFETY AND HEALTH REGULATIONS 1996 (2/07/2019)

Specifies obligations for employers in relation to manual handling tasks



#### CODE OF PRACTICE MANUAL TASKS 2010

Provides guidance on how to comply with the manual handling regulations

In addition to the legislation, the **Australian Nursing Federation ANMF Safe Patient Handling** (formerly known as “No Lift” policy) is implemented widely in all healthcare sectors, including disability, aged care, acute, rehabilitation and community. It is an industry policy that states that “the manual lifting of people must be eliminated in all but exceptional circumstances, e.g. life-threatening situations.”

The “Safe Patient Handling” policy advocates for people to actively participate in their own transfers as able, and encourages equipment to be used to reduce the risk of injury, e.g. hoists, slide sheets, etc. The implementation of a “Safe Patient Handling” policy is considered best practice.

## RISK MANAGEMENT

The OHS, OSH and WHS Regulations require an employer to take three steps in dealing with manual handling tasks performed at their workplace:

- (1) Identify tasks involving hazardous manual handling.
- (2) Undertake a risk assessment to work out what has the potential to cause harm.
- (3) Control risks to ensure that any likelihood of an employee suffering a musculoskeletal disorder is either eliminated or reduced.

### IDENTIFY THE RISKS

When identifying risks, we consider the potential risks to employees, visitors, or others within a workplace.

Risk identification involves looking at the tasks that are completed by a person within a workplace as part of their typical day to day activities. Risks can sometimes include visitors and others, who are not employees of the workplace i.e., clients, children, etc.

Risks can also be identified by reviewing:

- workplace incident reports
- client care plans
- job safety analysis sheets
- verbal handovers
- manual handling risk assessments of tasks

### RISK ASSESSMENT

Once tasks are considered as a risk, a more detailed assessment is conducted to examine whether the activity involves:

- repetitive or sustained application of force
- repetitive or sustained awkward posture
- repetitive or sustained movement
- application of high force
- exposure to sustained vibration
- manual handling of live people or animals
- manual handling of loads that are unstable, unbalances or difficult to hold

Assess further factors as to whether there is a likelihood of a musculoskeletal injury in performing a task through damage to the muscles or skeleton such as sprains, strains, bruising, broken bones, hernias.

If a task or a problem at your workplace presents a risk to health and safety, you need to contact your supervisor.

Ask if this has been identified as a risk and if any modifications are in place to control it.

If there is no control, you can complete a risk assessment to determine the risk and likelihood of the task causing an injury.

Completing a Workplace Incident Report including 'near misses' (incidents that could have led to an injury) and actual injuries, helps future control of these risks.

## CONTROLLING RISKS

Risk control or minimisation requires the use of the Hierarchy of controls. Removing the risk completely or creating safer ways to complete the task. Where you are not able to eliminate the risk, you must reduce it as far as practicable.

Practicable = weighing up the following:

- severity of the hazard or risk in question
- state of knowledge about the hazard/risk and any ways of removing or reducing that hazard/risk
- availability and auditability of ways to remove or reduce that hazard/risk
- cost involved in removing or reducing that hazard/risk



To eliminate or reduce manual handling risk, the client should be encouraged to move themselves as much as is able. In people manual handling training, "able to assist" refers to clients who can understand and follow instructions to physically participate in the process. If clients are unable to participate, they are classified as "dependent" or "full assist" clients.

Manufacturers cannot ensure full safety of their mechanical aids and equipment or any associated accessory/consumables such as slings, straps, cords, lamps of which the lifespan has exceeded. It is vital the manual that comes with the machine stays with the machine and is always available for staff to access.

A transfer of a client from one position to another using a hoist should be under the supervision of appropriately trained staff according to the manufacturer's manual for the device and associated accessories.

It is outside the scope of this training resource to cover every type of transfer, equipment, and mechanical aid used in manual handling. Irrespective of the type of transfer, the manual handling needs of the client should be assessed and documented before admission to a health care provider facility or commencement of service in the home or community setting. (or if this is not practicable asap after).

Assessment is usually conducted by a physiotherapist or occupational therapist, who will determine the type of equipment and mechanical aids specifically for the client and document this clearly in their personal care plan – the type of hoist, sling, and or use of a slide sheet.

Measures to eliminate or minimise these risk factors must be implemented wherever possible, using safe handling principles. These occupational health and safety issues influence the design of the client's care plan with high tasks/practices excluded. Always consult and follow the client's care plan for up to date specific health management and individualized physical therapy support techniques.

Avoid working positions that involve:

- extended reaches with the arms because of the demands they place on the shoulder joint (arms make up about 13% of our body weight)
- raising arms out from the sides of the body
- movements or actions which bend the wrist up or down or cause the hand/wrist to move from side to side without moving the forearm.
- lifting while sitting
- lifting from the floor or above shoulder height
- extending your neck by looking up or bending the neck back when lifting from overhead
- bending the neck forward or backward
- excessive walking or forceful contact of the feet and legs with hard surfaces
- sustained stooping, leaning backward or leaning sideways
- unnecessary tasks
- movements where your shoulders are not kept in alignment with the hips so that we do not twist our spine while doing a manual handling task
- using manual handling equipment that you have not been instructed to use, as it may put undue force on our bodies

# HIERARCHY OF CONTROLS

RISK CONTROL ACTION	DESCRIPTION	EXAMPLE 1	EXAMPLE 2
Eliminate the hazard	No longer carry out the task	Do not shower client	Do not clean the shower

## IF THIS IS NOT PRACTICAL, THEN

Substitute for a lesser risk	Substitute the hazard giving rise to the risk with one that presents a lesser risk	Bed-bathe or sponge the client	Use a safer/less toxic cleaning product
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## AND/OR

Isolate the hazard from the person at risk	Separate the hazard in time or space from the person at risk	Shower the client in another accessible room until the hazard is resolved	Leave the bathroom to air after applying the shower cleaner
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## AND/OR

Use engineering controls	Physical changes to equipment or the environment e.g. redesign, ventilation	Modify the shower for level access, shower the client on a shower commode chair, use a hand shower	Install an exhaust fan to increase ventilation when cleaning the shower
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## IF THIS IS NOT PRACTICAL, THEN

Use administrative controls	Changing work methods, organisation of tasks, review work routines, training	Write a procedure on how to shower the client safely, train workers in the procedure	Provide material safety data sheets, train workers in safe use of chemical
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## AND/OR

Use personal protection	Least effective. Use in combination with other controls	Wear glove, non-slip shoes, apron when showering client	Wear gloves and a mask to clean shower
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Within the health sector manual handling consists of more than just moving and assisting clients. For example the way we find ourselves up the end of the bed, sit at our desks, move linen bags, contribute to the manual handling demands we put on our body each day.

## SAFE HANDLING:

- › Eliminates the manual lifting of people in all but life-threatening situations.
- › Maintains and promote client independence.
- › Means never lifting a person. Lifting is a very high-risk activity as a heavy, unstable, and an unpredictable load on the musculoskeletal system.

# PRINCIPLES OF SAFE LIFTING AND MOVING OF LOADS

Before undertaking any manual handling tasks with your clients or within your work environment, remember your principles of safe lifting and moving of loads.

## BE SMART:

**S**

Size up the load

- Stop and think ahead.
- Plan and know exactly what you are going to move and what you are going to need to move the load safely.

**M**

Move close to the load

- Brace your body as solid as possible using the strength of your torso/core body.
- Keep the weight (load) close to you.
- Bringing the work to waist level where possible.
- Avoid using lower arms, lower back or hands, pinch/pen grip.
- Use a full hand power grasp (broom handle grip).
- Maintain the 3 natural curves in your back when lifting - head up and chin in.

**A**

Always bend your knees

- Use your biggest/most active, strongest muscles in the thighs, biceps (not your back).
- Bend from the knees or 'squat'.
- Keep feet hip width apart – stable base.
- If lifting from a low level, bend your knees, adopting a semi-squat posture (don't let knees come forward over toes).
- Weight through heels.

**R**

Remember to brace

- Prepare your physical body for support.
- Feet apart for balance or leading leg forward.
- Engage the torso (core).

**T**

Turn by moving your feet

- Don't twist the body trunk when turning to the side. Position feet in stride standing, toes pointing forwards. Weight starts on 1 leg and transfers smoothly in a forward/backward direction to the other leg (lunge).
- Feet slightly wider than hip width, toes turned out at 45 degrees.

## SUPPORT FOR CLIENTS "ABLE TO ASSIST"

Able to assist clients rely on someone or something for support.

All staff should follow their WHS/OHS compliance management process to identify, assess, eliminate, control, monitor and review manual handling hazards in the support environment.

This risk identification assessment should include the client's:

- range of assistance they can provide in their own movements
- ability to comprehend and cooperate
- whether they are ambulant (AMB) - able to walk about OR are non – weight bearing (NWB)
- their gait – a person's manner of moving their feet, walking; step, walk, stride, pace or tread
- their pace – ability to move, take a single step taken when walking

As well as assistance devices use including:

<b>AD</b>	Assistive device
<b>PUW</b>	Pick up walker
<b>SW</b>	Standard walker
<b>WC</b>	Wheel chair
<b>WW</b>	Wheeled walker
<b>WF</b>	Wheely frame
<b>GF</b>	Gutter frame
<b>SPS</b>	Single point stick
<b>WS</b>	Walking sling
<b>SBA</b>	Stand by assist
<b>CGA</b>	Contact guard assist

Measures to eliminate or minimise these risk factors must be implemented wherever possible, using safe handling principles. These WHS/OHS risk factors can be built into the design of the clients care plan with high tasks/practices excluded.

Always consult and follow the client's person care plan for up to date specific health management and individualised physical therapy support techniques.

Variations may be necessary depending on the client's health condition and adaptations required to meet their needs. Manual handling assessments need to be monitored and reviewed on a regular basis as many factors can change particularly in relation to the clients age, weight, increased deformity, and decreased mobility.

Regular review of safe work procedures and client manual handling plans is necessary to ensure any new manual handling risks are identified and consult your supervisor immediately if unsure.

Always follow your workplace policies and procedures about manual handling in areas such as:

- bed heights
- no-lift policies
- good body alignment
- principles of body mechanics
- personal protective equipment PPE
- attending regular professional development on manual handling

Factors that indicate increased risk in client handling situations include:

Clients who:

- have unpredictable and/or uncontrolled movement
- have a deteriorating and/or fluctuating condition
- are inconsistent in their ability to weight bear
- are non-weight bearing (NWB) and/or unable to support most of their body weight
- are prone to unexpected falls
- have special needs

Have special handling needs such as:

- fragile skin,
- breathing difficulties,
- pain on movement,
- deformity
- contractures
- challenging behavior
- impaired communication
- obesity
- impaired cognition

## ASSISTANCE VERSUS PROMPTING

Communicating with both parties when manual handling people who can assist, benefits you and the client.



Always consult with the person being moved to assess how much they can help, allowing them to assist wherever possible using verbal and non-verbal cues.

This encourages and involves the client as much as they are able; keeping them informed on the next move and what to expect.

Good communication reduces or eliminates the risk of injuries, by ensuring correct body mechanics. Consultation is of great benefit to the clients self esteem, as well as maintaining their independence, maintaining their strength, core and muscle tone.



## SAFE AND EFFECTIVE TECHNIQUES USED IN HANDLING CLIENTS WHO ARE SEMI-DEPENDENT "ABLE TO ASSIST"



### SIT TO STAND TRANSFER

- › Client moves bottom forward in chair.
- › Feet apart under knees, shoulder width apart.
- › Make sure feet of the person you are assisting are in non-slip footwear and firmly touching the ground before standing upright.
- › Hold arms of chair.
- › Leans forward pushing up with arms and downwards with the legs to the feet to stand.



## SAFE AND EFFECTIVE TECHNIQUES (SEMI-DEPENDENT CLIENTS)

### Points to consider:

Before undertaking this process, you should assess the following:

- what kind of chair is the client standing from?
- are the wheels locked?
- do they have some type of non-slip footwear on?
- do they need a walking aid, is it within reach?
- do not place walking aid in front of client, as they may try to use this to pull themselves into a standing position



### GETTING OFF THE BED

- Client rolls onto side.
- Moves their bottom forward in bed.
- Slides their legs off the bed.
- Pushes up to sit using their elbows and hands.
- Feet apart under knees, shoulder width apart.
- Leans forward pushing up with arms and legs to stand.

### Points to consider:

- can you raise the head of the bed, so the client doesn't have as far to push up from?
- ensure the height of the bed allows the clients feet to touch the floor
- if the client can't place their feet on the floor, is it safe to use a step stool?
- or lower the bed once they are upright?
- some clients may feel dizzy when they go from a lying position to a sitting position - allow client to rest until dizziness passes

## SUPPORT FOR CLIENTS WHO ARE NON-WEIGHT BEARING



### MECHANICAL AIDS - HOISTS

A hoist is an assistive electrical device designed to facilitate safe client positioning from one resting surface to another following responsible manual handling techniques. Non-weight bearing clients can be lifted vertically, allowing support to transfer or reposition the client, providing access for personal care and activities of daily living.

Hoists can be battery operated, free-standing floor-based, portable, and able to move around. They can be permanently fixed from the wall or ceiling with overhead tracking; temporary gantry fixtures; bariatric for heavier obese clients and sit to stand models.

Whether designed for standing, manual transporting, and bathing; all hoists require a compatible sling. Standing hoist and manual transporter models are only suitable for clients who can follow instructions and partially able to weight bear.

For short term situations, a portable tracking on a temporary gantry hoist frame suspends a hoist motor and spreader bar, which can be fixed and dismantled as required.

Irrespective of the type of hoist, employer, employee, and environmental considerations and preparation needs to take place before use:

- is the hoist operated by a battery pack and charger (hoist motor handheld control to raise or lower client)
- what is the power supply
- what space is there to manoeuvre
- is the building and flooring to be structurally sound and suitable
- are staff trained in manual handling using the equipment and mechanical aids
- are there adequate staff numbers (best practice is a minimum of two trained staff)

- is there client-specific documentation on manual handling techniques and equipment or mechanical aids recorded in their specific health management Personal Care Plan (PCP)
- understand the type of hoist and sling
- where is the emergency stop switch or string on machines in case the handheld control malfunctions
- what are the manufacturers care and maintenance schedule

Common features of portable hoists are:

- able to fold for transport and storage
- there are ergonomic handsets with control panels
- off-set leg design with additional accessibility around chairs and furniture
- leg function and simple foot operation to open or close legs for lifting stability or accessibility
- one-touch release and attain mechanism
- critical safety features include emergency stop button, emergency lowering, and anti-entrapment technology with both client and support worker safety
- quality castors – which are lockable

## SLINGS

Slings are the material device designed for use with a compatible hoist in hospital, rehabilitation, disability and, aged care facilities to transfer people who require assistance for showering, toileting, and moving from position to position (e.g., on and off beds, tables, baths, and chairs). The size and type depend on the function, transfer, client's weight, skin integrity, and muscle control. Usually general-purpose universal standard slings for everyday client handling routines such as bed and chair related transfers.

Sharing slings is not recommended for hygiene and infection control reasons.

Slings should be maintained, regularly laundered and not used if soiled.



All hoists require a compatible sling depending on the client's function, weight and require trial and assessment:

- they are padded
- made of fabric and para – 'silk insitu' (designed to remain under the client between transfers)

- they have a mesh loop – suitable for bathing and showering

Specialised:

- disposable
- toileting/access
- amputee
- head support
- hygiene
- full body
- hammock
- bariatric (obesity)
- custom made, e.g., soft stretcher

General slings:

- large U-shaped piece of fabric
- provides full back support
- divides at the top of the pelvis area into two sections that fit around each leg

Clip slings – are used with 4-point spreader bars

Loop slings – are used in combination with loop spreader bars

Some slings have color-coded straps and loops, making it easy to connect both sides of the sling equally. The colour is determined by the client's weight, making it easier to identify the right size when planning your transfer.

Slings should be checked for integrity before each use. If label is faded, do not use.



"A resident at an aged care facility was seriously injured after an incident occurred involving a portable hoist with a sling attachment. The resident was being transferred to the shower in a sling when the four sling clips attached to the portable hoist failed, causing the resident to fall. The aged care facility was unable to determine the age of the sling or its last test date." Refer to appendix

(Worksafe Safety Alert Portable hoists with sling attachments)

### SLIDE SHEETS

A slide sheet is a low friction fabric that slides on itself to facilitate patient bed mobility. Made from high-quality materials such as nylon fabric and stitching for improved durability, they are designed to assist in sliding and transferring clients. They can be washed for ongoing patient hygiene.

Note: An 'evacuation sheet' is a specifically designed slide sheet designed for emergency evacuation of non-ambulant clients.

Best practice when repositioning a client in bed is to use 2 slide sheets, lined lengthways underneath the client.



## SAFE AND EFFECTIVE TECHNIQUES USED IN HANDLING CLIENTS WHO ARE DEPENDENT "FULL ASSIST"

### ROLLING A CLIENT IN BED WHO IS "UNABLE TO ASSIST"

- › Position client's arms and legs ready for roll/side to side.
- › Indicate to which side the client will be rolling.
- › Client's knee is bent on the side that is rolling in direction of roll.
- › Arm on side of body rolling in direction of movement, will be placed across body, to side of roll.
- › Client's head is facing in direction of roll.
- › Carer 1 to communicate to carer 2 and client with concise instructions.
- › Place hand on the shoulder and knee of client to push and guide.
- › Roll client to the midway point of bed, second carer to then place hands on thigh and elbow of client to guide through to lying in side position.

### Points to consider

- › Adjust the bed height to an agreed upon height that allows for working height between shoulders and hips of both carers.
- › Position of hands of carer 1 and carer 2 may be swapped around.
- › Placement of hands may be different depending on any pre-existing injuries or conditions the client may have e.g. dislocated hip/shoulder.
- › Workplace/organisational policy may have a different technique in place.
- › Refer to client's care plan as technique may be vastly different due to health, communication and behavioural factors.

### REPOSITIONING A CLIENT IN BED WITH SLIDE SHEETS

- › Roll client (with 2 carers as above) to side.
- › Place two slide sheets together, lining lengthways next to the client in the centre of the bed.
- › Bunch the slide sheets under the client's back.
- › Roll the client to the opposite side.
- › Carer 1 to guide and check the slide sheets are even on both sides.
- › Roll client onto their back.

- Carer 2 to grasp top slide sheet with palms facing down.
- Carer 1 to mirror Carer 2.
- Move feet to face direction of movement.
- Carers outside arm should be approximately at a 90 degree angle across the front of their body.
- Their inside arm should be kept close to their body.
- In a lunge position, or weight on foot closest to bed, move the client up the bed.



### Points to consider

- Whichever movement technique 1 carer uses (side to side lunge or forward facing lunge) the 2nd carer should mirror.
- There is more than one technique to reposition a client in bed. It may vary due to carers physical capability or client's care plan or organisational policy.
- Best practice is to use two slide sheets, but if only one is available, consult workplace policy for correct technique, ensuring opening of the slide sheets is facing direction of movement.
- Move client's pillow out from under head and place in front of headboard or wall, to ensure they don't hit object.
- Palms facing down whilst grasping slide sheets help to ensure you are not lifting the slide sheet and client.

## HOISTING A CLIENT FROM BED TO CHAIR

### Position sling

- Roll client to side (as above, 2 carers).
- Place sling centrally under client (pelvic opening level with mid-buttocks).
- Roll client to opposite side.
- Spread the sling out into position.
- Roll client onto back, ensure sling evenly placed underneath client.



### Prepare sling for attachment to hoist

- Pass leg straps underneath thighs and across to opposite sides.

### Position hoist

- Using hoist controls, lower the spreader bar above navel of client.
- Attach one loop from each strap to hooks on the spreader bar (refer to client's care plan for correct selection of loops).
- Lift using hoist controls, raise the client, checking that sling loops are in place.
- If the client looks unbalanced or uncomfortable, lower the sling and reposition or lower bed height if client too high.

### Transfer

- When client is clear of the bed, move the hoist to position the client over chair.

### Reposition

- Pivot client, using handles of sling on outer of sling, so that client is lined up with chair.
- Using the hoist controls, slowly and carefully lower into the chair.
- Guide the sling, so the client is positioned to the back of the chair.

### Remove equipment

- Check client is safe before removing sling loops and hoist.
- Unhook sling when it is relaxed (free of tension).
- Keep control of spreader bar (clear of client's head).
- Place hoist back on charge when not in use.

### Points to consider

#### When using a portable hoist:

- › Keep hoist brakes off when transferring a client from bed to chair; on a flat floor the hoist will balance and find its centre of gravity when the brakes are off.
- › When transferring to a wheelchair ensure brakes of wheelchair are always on.
- › Before using the hoist, make sure the battery is in place and test the hoist using the remote control.
- › To move the hoist around, get behind the hoist and steer and push using the handles.

#### Slings:

- there are multiple different types of slings, which may vary what the loops on the sling indicate. For some it will refer to use dependent on height or weight of the client
- selecting a shorter loop at the shoulder loops and longer on the leg loops will mean the client is in more of a sitting position than hammocked lying down position
- check the client's health care or personal care plan or the manufacturers sling guide to know whether to cross the leg straps over. Most will require this to ensure the legs are spread to wide, but there are a few slings that the manufacturers specify not to cross over the leg straps
- not all slings are appropriate for all clients. For instance an underarm sling must only be used for a client that has neck and some upper body support, or the risk will be that the client slips very low and risks shoulder dislocation

#### Important:

- **you should familiarise yourself with the emergency stop button or cord on the hoist. Know when to use it and how to re set it**
- **some hoists require you to contact the manufacturer after the emergency stop has been engaged to check the working order of the hoist before use again**

Communicating when manual handling people who are dependent and as a result are unable to assist, benefits the support worker and the client. Always consult with the person being moved to assess their mental state using verbal and non-verbal cues. This encourages and involves the client as much as they are able; keeping them informed on the next move and what to expect.

## CONCLUSION

You can create better systems of work and minimise risks in your workplace by following specific manual handling procedures for clients who are "unable to assist".

Manual handling procedures for dependent clients should be created for each manual handling task.

Coroners reports from adverse events around Australia, has highlighted the importance of updating and following policies and procedures to optimise safety when using hoists and slings. Allied health professionals such as physiotherapists and occupational therapists should be consulted for guidelines relating to different types of slings, appropriate choice of slings, correct sling configuration and adjustment of straps.

Employers should provide ongoing, structured education and training for support workers to ensure all operators of equipment and mechanical aids such as slide sheets, slings and hoists are informed using best practice. Scheduled servicing and maintenance of equipment and mechanical aids is important to ensure the equipment is safe and in working order for you, your colleagues and the person you support.

Manual handling people is a major cause of injury in all workplaces, but especially for those who work in community health services. Poor working postures and repetitive movements are major factors in contributing to manual handling injuries. Support workers need to "work" with their bodies and understand its limitations to avoid unsafe work practices and postures.

If you don't feel safe performing a task, then stop, ask for help, and speak to your supervisor. If you can see a better/safer way of doing a people manual handling task, be proactive and undertake a risk assessment to discuss with your supervisor.

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