



| <b>POLICY/PROCEDURE INFORMATION<br/>(Policy no CS031)</b> |  |
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| <b>Subject</b>  | <b>Moving and Handling Policy</b><br><i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>         |
| <b>Applicable to</b>                                      | All staff and volunteers of Nottinghamshire Hospice involved in the care and support of patients, carers and clients   |
| <b>Target Audience</b>                                    | Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.                   |
| <b>Date issued</b>  | 20 June 2023   |
| <b>Next review date</b>                                   | 20 June 2026   |
| <b>Lead responsible for Policy</b>                        | Director of Care   |
| <b>Policy written by</b>                                  | Senior Physiotherapist   |
| <b>Notified to (when)</b>                                 | Quality and Safety Committee 20 June 2023  |
| <b>Authorised by (when)</b>                               | Quality and Safety Committee 20 June 2023  |
| <b>CQC Standard if applicable</b>                         | Safe, caring, effective, responsive  |
| <b>Links to other Hospice Policies</b>                    | <a href="#">Manual Handling Policy (Non-patient) (CS013)</a><br><a href="#">Fire Policy and Procedures OP005</a><br><a href="#">Reporting Incidents and Accidents Policy OP002</a> |
| <b>Links to external policies</b>                         |  |
| <b>Summary</b>  | This Policy outlines the safe practices for moving and assisting patients of Nottinghamshire Hospice, both within its' premises and within their own homes.                        |
| <b>This policy replaces</b>                               | This policy has been adapted from the Manual Handling Policy CS013.  |

### **IMPORTANT NOTICE**

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

| <b>VERSION CONTROL</b>   |              |                      |
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| <b>Status</b>  | <b>Date</b>  | <b>Reviewed date</b> |
| Adapted from original policy (Manual Handling) written by Mel Reizig, Senior Physiotherapist | Mar 2019     |                      |
| Policy reviewed by Governance Lead, Senior Physiotherapist                                   | Apr 2023     |                      |
| Policy notified to Quality and Safety Committee  | 20 June 2023 |                      |
| Policy ratified by Quality and Safety Committee  | 20 June 2023 | 20 June 2026         |
| Updated control sheet and published on website   | June 2023    |                      |

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| <p><b>1.</b></p> | <p><b>Introduction</b></p> <p>Moving and handling for the purpose of this policy refers to the moving and assisting of patients, carers and clients of Nottinghamshire Hospice.</p> <p>Poor moving and handling practice can lead to:</p> <ul style="list-style-type: none"> <li>• back pain and musculoskeletal disorders, which can lead to inability to work</li> <li>• moving and handling accidents – which can injure both the person being moved and the staff member</li> <li>• discomfort and a lack of dignity for the person being moved</li> </ul> <p>It is recognised that health workers are amongst the highest risk occupational group to suffer injuries whilst moving and handling. It accounts for 54% of all accidents in the health care sector and most of these will affect the musculoskeletal system; with the lower back being the most common area affected.</p> <p>Nottinghamshire Hospice recognises its duty of care to ensure, as far as is reasonably practicable, the health, safety and welfare of all employees.</p> |
| <p><b>2.</b></p> | <p><b>Policy Aim</b></p> <p>The aim of this policy is to:</p> <ul style="list-style-type: none"> <li>• Provide instruction for the management of moving and handling of patients within Nottinghamshire Hospice and the community</li> <li>• Outline the responsibilities of all staff and volunteers to ensure a consistent, safe and effective approach for managing moving and handling risks</li> <li>• To promote minimal manual handling and lifting. It is designed to provide a balanced approach to ensure the safety and well-being of the patients we serve and our staff who care for them.</li> </ul>  |
| <p><b>3.</b></p> | <p><b>Definitions</b></p> <p><b>Bariatric:</b> the term bariatric is used to identify a person who requires non-</p>  |

standard equipment to accommodate their weight (usually in excess of 150kg) and / or body shape.

**Ergonomics:** Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries.

**Dynamic Risk Assessment:** Dynamic risk assessment is the continuous process of identifying hazards in rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and where necessary, implement further control measures necessary to ensure an acceptable level of safety. At the earliest opportunity the dynamic risk assessment should be supported by a written risk assessment.

**Moving and Handling** was previously referred to as manual handling but the term was changed to moving and handling to differentiate between the moving of objects (**manual handling**) and people (**moving and handling**).

**Musculoskeletal:** The musculoskeletal system is an organ system that gives humans the ability to move using the muscular and skeletal systems. The musculoskeletal system provides form, support, stability, and movement to the body. It is made up of the body's bones (the skeleton), muscles, cartilage, tendons, ligaments, joints and other connective tissue that supports and binds tissues and organs together. The musculoskeletal system's primary functions include supporting the body, allowing motion and protecting vital organs.

**Risk Assessment:** Risk assessment is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).

**Reasonably Practicable:** This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble. However, you do not need to take action if it would be grossly disproportionate to the level of risk.

**Patients:** Refers to a patient using Hospice in your Home, Wellbeing, Bereavement Support Services or a deceased patient. For the purpose of the policy the term 'patient' has been used throughout to describe patient, service

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|  | <p>user or client.</p> <p><b>4. Responsibilities</b></p> <p><b>Chief Executive</b> as the accountable person holds overall responsibility for all matters including health, safety and welfare; this includes all aspects associated with the policy.</p> <p><b>Director of Care</b></p> <p>Is responsible for:</p> <ul style="list-style-type: none"> <li>• The safety and wellbeing of the patients who use the Hospice regulated services and those staff who provide their care</li> <li>• Ensure suitable and sufficient mechanical aids are provided</li> </ul> <p><b>Leadership Team</b></p> <p>The Leadership Team is responsible for:</p> <ul style="list-style-type: none"> <li>• The implementation of the Moving and Handling Policy, monitoring and review of practice within their area.</li> <li>• Being aware of the moving and handling tasks that occur within their area(s) of responsibility and where possible avoiding the need for employees to undertake any moving and handling tasks which involve the potential for injury. Managers must ensure that adequate control measures are in place to eliminate or reduce the risk of injury.</li> <li>• Ensuring the outcomes of the assessments are actioned and monitored.</li> <li>• Supervising employees to ensure that safe working practices are being followed and that equipment is being used where applicable.</li> <li>• Informing senior managers of situations where it is not possible to implement risk reduction measures at a local level.</li> <li>• Ensure that all employees and volunteers who will potentially aid patients to move within their responsibility attend moving and handling training</li> </ul> |
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appropriate to their role.

- Making sure that equipment is only used by employees that have been properly trained in its use.
- Investigate and report all moving and handling accidents / incidents and action plan any identified high risks and ensure that senior managers are informed of the risks.
- Report via the organisation's incident reporting system any moving and handling incidents related to patients or staff.

#### **Staff and volunteer responsibilities**

- Take reasonable care for their own health and safety and that of others who may be affected by their activities.
- Co-operate with their employers to enable them to comply with their health and safety duties.
- Have a responsibility for ensuring that the principles outlined within this policy are universally applied.
- Must follow safe systems of work that have been put in place for their safety and that of others.
- Must consider their own health and safety is not at risk when carrying out moving and handling operations. This includes ensuring that moving and handling risk assessments are carried out where appropriate.
- Are expected to ensure any injuries or incidents relating to moving and handling are reported, so they can be investigated and remedial action taken.
- Must attend training as required for their role.

Staff who are or who have recently been pregnant must take into account their capability for safe moving and handling operations, reporting any concerns to their line manager or HR. They will need to have their own risk assessment completed.

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| <p><b>5.</b></p> | <p><b>Risk assessments</b></p> <p>Risk assessments are used to identify hazards and risks and to record the measures taken to manage risks safely.</p> <p>Assessing moving and handling risks is included in the manual handling training provided for all staff and volunteers as it's each individual's responsibility to assess risk, to check it is safe for them to carry out the handling before doing so.</p> <p>Training for staff to undertake departmental and role risk assessment is provided as part of the Risk Assessment Policy and Procedures. In addition, moving and handling risk assessment training is provided.</p> <p>All Hospice staff are responsible for the moving and handling risk assessment of Hospice patients and for the development of the individual's care plan. This should include what equipment is required and its availability. The assessment should include changes in the patient's condition which may be relevant to manual handling. Any moving and handling will be risk assessed prior to the task being undertaken by TILEO.</p> <p>The moving and handling risk assessment and care plan documents are held on SystemOne.</p> |
| <p><b>6.</b></p> | <p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• The Maintenance Department holds a record of all equipment within the hospice and ensure systems are in place to check they are in working order, properly maintained, safely stored and easily accessible for employees to use.</li> <li>• All new equipment brought within the main hospice building must be communicated to the Facilities and Transport manager together with any requirement for servicing.</li> <li>• Line managers should ensure that all equipment used to move people is serviced and maintained to comply with legal requirements (LOLER 1998 and PUWER 1998). Records of all such equipment and their maintenance schedules are kept by the Facilities and Transport Manager if required for inspection</li> </ul>  |



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|                  | <ul style="list-style-type: none"> <li>• All staff should ensure that all moving and handling equipment to be used with each patient is recorded on the individual moving and handling care plan.</li> <li>• All staff and volunteers should ensure that any defective equipment is withdrawn from use immediately.</li> <li>• All staff and volunteers must report equipment deficiencies to their line managers immediately.</li> </ul> <p>NB: These responsibilities do not apply to equipment held by the Nottinghamshire Integrated Community Equipment Loans Service (ICELS) that is loaned to patients through British Red Cross (BRC). All issues relating to their equipment must be referred back to ICES, Social Services or District Nurses.</p>   |
| <p><b>7.</b></p> | <p><b>Moving and Handling within the Hospice Building</b></p> <p><b>Staff</b></p> <p>The individual moving and handling care plan for Wellbeing patients should be completed by Registered Nurses / Physiotherapist or Occupational Therapist for each patient by the end of their first visit to the Hospice.</p> <p>Bereavement Support Service clients are triaged on referral. This covers their mobility and will identify any additional moving and handling risks. If their mobility is such that they can't be managed safely within the building by a Bereavement Support Service volunteer or staff member, they will be offered telephone support.</p> <p>These should be made available for staff and read by staff prior to patient intervention and evaluated after handling / each visit by the staff member providing care.</p> <p>When the individual moving and handling care plan requires updating it is the responsibility of those who have noticed a discrepancy in the evaluation to report it to the RN / physiotherapist / OT so that the patient can be reassessed and the plan updated accordingly.</p> <p>Moving and Handling care plans must always be up to date to eliminate unnecessary risks for the patients, staff and volunteers.</p> |

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|                  | <p>Moving and Handling Care plans will flag up when there is a need for a patient to have a Personal Emergency Evacuation Plan (PEEP) and should be printed out and kept with the patient's PEEP for use in the event of a fire.</p> <p><b>Volunteers</b></p> <p>Volunteers are to be informed at the morning briefing about patients' status and as to which patients it is appropriate for them to assist in moving and handling. Additional advice and support will be provided by staff to enable the volunteers to safely support patients.</p>  |
| <p><b>8.</b></p> | <p><b>Moving and Handling in the Patients' Home</b></p> <p>There will sometimes be a limit to the organisation's ability to influence the working environment; but the task will often remain within their control, as will the provision of effective training. Therefore it is still possible to establish a safe system of work.</p> <p>All Hospice staff are responsible for the moving and handling risk assessment of the Hospice in Your Home patient and for the development of the individual's care plan. This should include what equipment is required and its availability. The assessment should include changes in the patient's condition which may be relevant to moving and handling.</p> <p>As the patient's condition may change, particularly at the end of the day, it is important that staff review the patient before starting to move them, as this is when the patient is likely to be more tired.</p> <p>Any hospice staff visiting or providing services in the patients' home must report any moving and handling concerns, issues or accidents observed during their visit to the patients' district nurse and their line manager, to ensure that appropriate assessment takes place.</p> <p>Staff are encouraged to use the equipment provided in a patients' home, especially hoists which are designed to reduce the potential injury for patients and those moving the patients.</p> |

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|                  | <p>Staff should ensure that they have received training in the use of hoists and stand aids and are confident in the principles and use of hoists and slings before using them unaided.</p> <p>The number of handlers required to assist with hoisting an individual depends on the detailed risk assessment and should be documented in the individual moving and handling care plan. It should be noted that some hoists can be used by one handler, and some partner organisations state in their policies that two handlers must be present.</p> <p>All staff will be expected to follow the individual moving and handling care plan with regard to the use of hoists in the community setting.</p> <p>If a carer wishes to help staff with hoisting, it is acceptable for them to assist – provided the carer is not a child but an adult who is competent and familiar with the operation of the particular hoist.</p> <p>However, staff must assess the situation first and give clear guidance as to what is expected from the assisting carer. The carer may assist in the procedure and staff must take the lead in the procedure.</p> <p>It is the responsibility of Hospice in Your Home to provide any moving and handling equipment, as identified by the risk assessment and care plan.</p> <p>If equipment is missing or faulty, staff should contact the District Nurse during working hours or the Out-of-hours nursing service.</p> <p>Staff must never use faulty equipment and ensure it is reported promptly.</p> |
| <p><b>9.</b></p> | <p><b>Bariatric Patients</b></p> <p>Consideration also needs to be taken of body morphology where size, height, weight, shape and /or width exceeds equipment dimensions. Patients who are assessed as being in excess of 159kg (25 stone) or with a Body Mass Index (BMI) of 30+ are classed as Bariatric (plus size). Therefore anyone whose weight / size and body shape causes moving and handling issues for staff should be included.</p>  |

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|                   | <p>Additional assessment is needed prior to referral and accessing services; consideration should be given to the following points:</p> <ul style="list-style-type: none"> <li>• Where possible, an accurate and recent weight should be gained from the person, family, District Nurse or GP.</li> <li>• Level of patient mobility, can they walk if so, how far and can they negotiate steps.</li> <li>• Any postural considerations?</li> <li>• What specialist equipment will be required, including, hoists, slings?</li> <li>• Check the weight restriction on Hospice chairs, hoists etc. by referring to the equipment list.</li> <li>• Does the patient have their own serviceable wheelchair, if so, will it fit through doorways, suitable for clamping on the transport and any additional need.</li> <li>• Consider the patients' home and grounds if needing to provide transport to and from the hospice.</li> <li>• Number of staff required for different activities.</li> </ul> <p>Communication about the size and moving and handling difficulties of the patients are vital whenever a bariatric patient is referred to another service provider to ensure they can prepare in advance for the patient's specific needs. This should include a copy of the individual moving and handling care plan.</p> <p>Depending on the needs of the individual patients we may not be able to provide care safely to bariatric patients who need hoisting owing to the level of staff availability.</p> |
| <p><b>10.</b></p> | <p><b>Moving and Handling Training</b></p> <ul style="list-style-type: none"> <li>• Manual Handling Training is mandatory and must be attended by all staff and volunteers. Non-attendees will be managed through the Hospice's HR performance management policies and may put an individual's employment or volunteering at risk.</li> <li>• All patient focused staff and volunteers should complete Moving and Handling Training on induction and receive an update at least every 3</li> </ul>   |

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|   | <p>years. This comprises of theory online and face to face training that incorporates the practical element of training.</p> <ul style="list-style-type: none"> <li>• Staff and volunteers who have attended suitable training with another employer e.g. NHS do not have to attend training provided they can demonstrate attendance and that the content of the training meets requirements.</li> <li>• Staff and volunteers wishing to APEL (accreditation of prior experience and learning) training they have attended previously must complete and sign a disclaimer, supply a copy of the content of the training and an up-to-date certificate of attendance.</li> <li>• Any training that does not meet the standards for the Hospice will not be accepted and the person will be required to attend the training.</li> </ul> <p>Staff need to complete training appropriate to their role</p> <p><b>Theory: Completed online as part of induction</b></p> <p><b>Light patient handling: Animate, handling of people</b></p> <p>This must be completed by all staff and volunteers who assist in the moving and handling of/supervise non-complex patients / clients within Wellbeing i.e. Wellbeing volunteers, Patient Transport Drivers, Bereavement Support Service staff).</p> <p><b>Complex Patient Handling: Animate: Complex handling of people.</b></p> <p>This covers bed mobility, use of hoists, and stand aids.</p> <p>All nursing staff, Health Care Assistants, Physiotherapist, Occupational Therapists and Complementary Therapist across all clinical services must attend.</p> |
| <p><b>11. Accidents and Incidents</b></p> | <ul style="list-style-type: none"> <li>• All moving and handing accidents and incidents must be reported to the line manager and investigated in line with the Reporting Incidents and Accidents Policy.</li> </ul>  |

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|                       | <ul style="list-style-type: none"><li>• An accident /incident form must be completed as soon as possible after the incident.</li><li>• A copy of all accidents / incidents involving staff and volunteers should be recorded in their personnel file.</li></ul> |
| <b>12. References</b> | <ol style="list-style-type: none"><li>1. <a href="#">Getting to Grips with Hoisting People HSE</a></li></ol>  |

## Moving and Handling Risk Assessment Aide Memoir

This aide memoir is part of the training materials and is provided to all staff and volunteers when they attend training.

This aide memoir may be used to assist you in the risk assessment process and can be used for clinical and non-clinical areas. It uses the recommended TILEO model for risk assessment and gives ideas of potential hazards to look out for in each category.

### Principles of Safe Moving and Handling

The following are pointers to reduce the risk of any moving and handling and should be considered and referred to.

- Never manually handle unless you have no other option. Always ask yourself: “do I need to handle manually?”
- Wear appropriate clothing and footwear.
- Assess the person or object to be handled before commencing a manoeuvre.
- Always select the appropriate manoeuvre and handling equipment for the task in hand e.g.: slide sheets.
- Where there is more than one carer assisting, identify a leader prior to the manoeuvre.
- All instructions and explanations to both the patient and any assisting carers should come from the leader and understanding checked.
- The leader must give clear, precise verbal instructions e.g.: “Ready, steady, slide.”
- Prepare the handling area.
- Where appropriate, apply the brakes to equipment. This is very easily forgotten.
- Make a good stable base with your legs and feet.
- Position your feet correctly to reduce spinal rotation.
- Keep the person or object to be transferred as close to your body as possible. (Where necessary use protective personal equipment.)
- Make sure you have a good hand grip.
- Test your grip and the weight if necessary before attempting the manoeuvre.
- Avoid a static stooped /flexed position.
- Try to work close to your natural, erect spinal posture as possible.
- Know your own handling capacity and do not exceed it.
- Where appropriate, use rhythm and timing when transferring.
- Raise your head on commencing the manoeuvre.
- Never twist during a manoeuvre.

**If in doubt seek advice.**

## FALLS AWARENESS

About 1/3 of people aged 65 and 1/2 of those aged over 80 living in the community will fall. Most falls can be avoided by preventing them from occurring in the first place.

### Precautions:

The following are recommended actions/ precautions to take to reduce the risk of older people falling.

- Ensure sufficient light at night.
- Keep the toilet light on.
- Clear pathways / passageways.
- Ensure there are no trailing leads /cables / tubing crossing pathways or doorways.
- Ensure night clothes fit – trousers or dressing gowns do not fall off.
- Ensure appropriate and supportive footwear is worn.
- Recommend the patient moves ankles, knees and hips prior to standing.
- Prompt the patient to stand slowly, not rush.
- Ensure walking aids are within reach and used appropriately by the patient.
- Arrange furniture in order to minimise sharp turns or obstacles.
- Prompt / guide / support the patient when mobilising, as necessary.
- Use a chair to rest halfway when mobilising, if necessary.



| <b>TILEO</b>  |  |
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| <b>TILEO is an acronym for Task; Individual; Load; Environment and Other that is recommended for use in the assessment of manual handling activity.</b>       |  |
| <b>TASK</b>   |  |
| Do you need to move the load (can the task be avoided or mechanised)  |  |
| Can the service user move themselves (promoting independence)   |  |
| Should a lifting/moving aid be used   |  |
| What is the purpose of the task (is it reasonable / can it be avoided)  |  |
| What is the duration of the task (this may affect the number of people required to carry out the task as rotation of staff may be necessary to avoid fatigue) |  |
| Where are the starting and ending points (are they accessible and is the route free from hazards)   |  |
| What lifting or moving method should be employed (best practice techniques / safe systems of work)  |  |
| How many people should be used to carry out the task safely   |  |
| Who should take the lead, and issue instructions (one person should take control and give instructions to avoid confusion)                                    |  |
| What are the commands to be given during the task (“Ready, Steady, Manoeuvre i.e. Slide”)   |  |
| Is the load held away from the trunk (can it be held close to the body to reduce the risk)  |  |
| Does the task involve twisting of the trunk (twisting increases the risk of injury)   |  |
| Does the task involve stooping (bending increases the risk of injury)   |  |
| Does the task involve reaching upwards (overstretching increases the risk of injury)  |  |
| Are there excessive lifting/lowering distances (assess start / midway / end points)   |  |
| Is there excessive carrying (can the load be put onto wheels)   |  |
| Is there excessive pulling and pushing (can equipment assist)   |  |
| Is there prolonged physical effort (staff rotation to reduce fatigue may be necessary)  |  |
| Is there a risk of the load suddenly moving (unpredictability / contents shifting)  |  |
| Are there sufficient rest periods (staff rotation to reduce fatigue may be necessary)   |  |
| Is there a rate of work imposed by a process (repetitive movement/ static postures can increase the risk of injury)   |  |
| Is there handling whilst seated (increases likelihood of twisting)  |  |
| <b>INDIVIDUAL</b>   |  |
| Fitness for the task (physical capabilities, confident / trained)   |  |
| Freshness or fatigue (beginning of shift / end of shift, adequate breaks have been taken for recuperation)  |  |
| Experience / handling skills (confident / trained)  |  |
| Compatibility in height and strength (good team working)  |  |
| Familiarity with any equipment (confident / trained)  |  |

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| History of musculoskeletal problems (has the individual been seen by Occupational Health / deemed 'fit for work')    |  |
| Clothing (not restrictive, good supportive shoes, jewellery / sharp hazardous objects removed from about the person) |  |
| Is unusual strength, height required for the task  |  |
| Does the job put a pregnant worker or someone with a health problem or disability at risk                            |  |
| Does the task require special information or training  |  |

| <b>LOAD – Inanimate or Animate</b>  |  |
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| Consider the size   |  |
| Consider the weight   |  |
| Consider the shape (is it bulky / awkward)  |  |
| Does the load have handholds (are they in a useful place)                             |  |
| Consider the stability of load (fragility / integrity)                                |  |
| Are there any sharp edges (or protruding hazards)                                     |  |
| Are there extremes of temperature (some areas of the object may be hot / cold)        |  |
| Is the load contaminated (infection control)  |  |
| Consider the centre of gravity (will the weight / contents suddenly shift when moved) |  |
| Has the patient been informed of the transfer (consider consent)                      |  |
| Are any lines, tubing or wires attached to the patient free from entrapment           |  |
| Consider patient cognition  |  |
| Consider patient behaviour  |  |
| Consider patient pain levels  |  |
| Consider variability in functional ability (particularly with fatigue)                |  |
| Consider side effects from any medication a patient may be on                         |  |
| Consider available range of movement (any stiffness or contracture)                   |  |

| <b>ENVIRONMENT</b>  |  |
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| Are there space constraints (preventing good posture and maneuverability)                                 |  |
| Are there uneven, slippery or unstable floors   |  |
| Are there doors to negotiate  |  |
| Are there variations in floors or work surfaces (changes in floor levels or types / textures of surfaces) |  |
| Are there extremes of temperature (hot / cold)  |  |
| Are there ventilation problems, or gusts of wind (damp areas or draughts)                                 |  |
| Is there poor lighting (or excess lighting causing glare / squinting)                                     |  |

| <b>OTHER</b>   |  |
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| Has the equipment been checked and clean – making it safe to use |  |
| Is more training needed to use the equipment safely              |  |
| Is the equipment suitable for the task                           |  |
| Can the equipment be manoeuvred in the space available           |  |
| Is the equipment in good working order                           |  |
| Is the equipment available                                       |  |
| Is there enough time to complete the manoeuvre safely            |  |
| Are there any unpredictable distractions (pets or children)      |  |
| Is there any peer pressure to carry out the task?                |  |

### Wheelchair Assistance Procedure

| Assisting a Client to Transfer into the Wheelchair                                       |  |
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| 1.   | Make sure that both of the brakes are 'on', and the front casters are swivelled forwards.  |
| 2.   | Fold up both footplates and swing them to the sides and out of the way.  |
| 3.   | If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.   |
| 4.   | Ask the client to stand then, with both hands on the front of the armrests, get them to lower him/herself onto the seat.   |
| 5.   | Swing the footrests to the front and fold down the footplates. If required, assist the client to place their feet on the footplates, with their heels well back.   |
| 6.   | Ensure that the client's elbows are not sticking outside the wheelchair when going through doorways. Also ensure that their hands are on their laps and not hanging outside the chair where they can catch in the spokes.  |
| Assisting a Client in Transferring out of a Wheelchair                                   |  |
| 1.   | Back the wheelchair so that the front casters swivel forwards.   |
| 2.   | Make sure that both the brakes are on.   |
| 3.   | Fold up both footplates and swing them to the sides, out of the way.   |
| 4.   | If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.   |
| 5.   | Ask the client to move forwards on the seat.   |
| 6.   | Ask the client to place both feet firmly on the ground, slightly apart and with one foot further back.   |
| 7.   | Ask the client to place both hands on the front of the armrests, then get them to lean forwards with their head and shoulders over their knees to give balance. From this position they should be able to push themselves to standing. Always encourage the client to take their time with each step of the procedure. |
| Assisting a Client in Transferring sideways from a Wheelchair to another form of seating |  |
| 1.   | Place the wheelchair alongside, and at 45°, to the chair/toilet/bed/car that they wish to transfer to.   |
| 2.   | If possible back the wheelchair up slightly so that the front casters swivel forwards.   |
| 3.   | Ensure that both the brakes are on.  |
| 4.   | Fold up both footplates and swing them to the sides out of the way.  |
| 5.   | Remove the armrest on the side to which the client is transferring.  |
| 6.   | If possible, get another person to hold the handles of the wheelchair so that it will not move. If this is not possible then stand behind the chair and hold the handles yourself.   |
| 7.   | Ask the client to place one hand on the remaining armrest and the other palm down, on a stable area of the surface they are transferring to.   |
| 8.   | Ask the client to move forwards on the seat.   |
| 9.   | Ask the client to lean slightly forwards, push up and slide their bottom across to the other surface.  |

## Negotiating Kerbs

Whenever possible, it is best to avoid kerbs. Instead, always try to use dropped kerbs or ramps. If a kerb is unavoidable then the following precautions should be taken.

### Pushing an Occupied Wheelchair Down a Kerb

It is safer to go down a kerb backwards. It requires less strength and gives a gentler ride. Care should, however, be taken due to the weight of the chair and because the task involves stepping backwards into a road.

1. Practice with an empty wheelchair first.
2. Always keep the wheelchair user informed about what you are intending to do.
3. Make sure the road is clear, and then back the wheelchair to the edge of the kerb.
4. Ensure that the chair is lined up at 90° to the kerb.
5. Slowly roll the rear wheels down from the kerb and onto the road surface, making sure that both wheels touch down at the same time.
6. When the front casters are at the edge of the kerb, push down and forward on the tipping lever with your foot while gently pulling back on the handles and at the same time. This will balance the wheelchair and its occupant on the rear wheels. Do not tip the wheelchair back more than necessary.
7. Carefully pull the wheelchair further back into the road and, when the occupant's feet are clear of the kerb, gently lower the front to the road. Check that the road is clear before turning around and crossing.

### Pushing an Occupied Wheelchair Up a Kerb

It is safer to go up a kerb forwards; it requires less strength and gives a gentler ride.

1. Practice with an empty wheelchair first.
2. Always tell the person in the wheelchair what you are about to do.
3. When the occupant's feet are nearly touching the kerb, push down and forwards on the tipping lever with your foot while gently pulling back on the handles and at the same time. This will balance the wheelchair and its occupant on the rear wheels.
4. When the front casters are just clear of the kerb, push the wheelchair forwards until the casters rest on the pavement. Do not tip the wheelchair back more than necessary.
5. Push the wheelchair forwards until the back wheels just touch the kerb and then lift up on the handles as you continue pushing forwards to place the rear wheels on the pavement. The occupant can help with this stage by pushing forwards on the hand rims (if they are capable of doing so).