

Move and position individuals in accordance with their plan of care

This unit is primarily concerned with those people who are most dependent upon your assistance. The level of assistance they need can vary from needing help to get out of a chair to being completely dependent on others to move them, to turn them over and to alter their position in any way, for example, if they are unconscious or paralysed.

It is essential that people are moved and handled in a sensitive and safe way. This is also vital for you as a worker, to prevent injury to yourself. It is possible to minimise the risk to both you and the people whom you support by following the correct procedures and using the right equipment.

In this unit you will learn about:

- 1. anatomy and physiology in relation to moving and positioning individuals**
- 2. current legislation and agreed ways of working when moving and positioning individuals**
- 3. how to minimise risk before moving and positioning individuals**
- 4. how to prepare individuals before moving and positioning**
- 5. how to move and position an individual**
- 6. when to seek advice from and/or involve others when moving and positioning an individual.**

1. Understand anatomy and physiology in relation to moving and positioning individuals

1.1 Anatomy and physiology of the human body in relation to the importance of correct moving and positioning

Key term

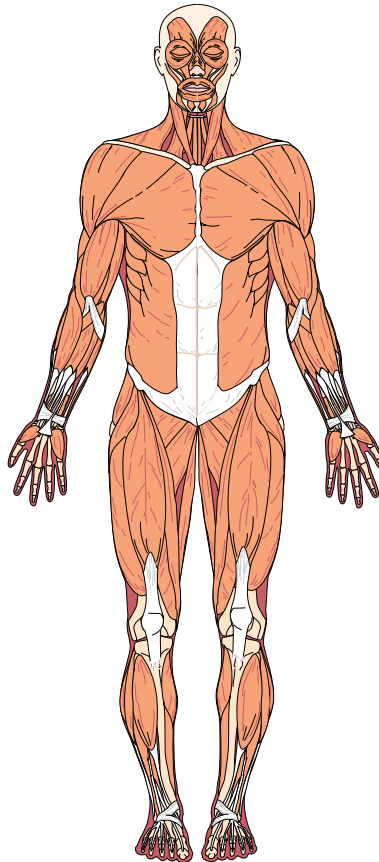
Anatomy – the physical structure of the body

Physiology – the normal functions of the body

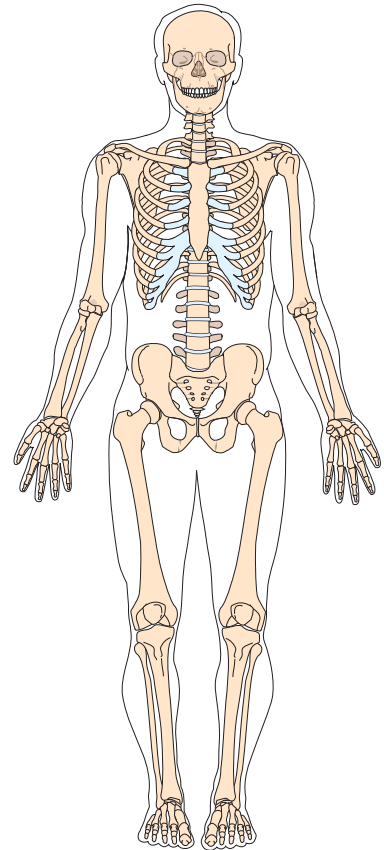


If, as part of your role as a care worker, you are required to assist people to move or help to reposition people, it is important that you understand the related **anatomy** and **physiology**. Having an understanding of basic anatomy and physiology can help reduce the risk of harm to yourself or others when undertaking moving and handling procedures.

The following diagrams show the muscular and skeletal systems of the body.



The muscular system.



The skeletal system.

Key term**Contract** – get shorter**Activity 1****Keep moving**

Bend and straighten your arm. While you are doing this, look at and feel the muscles in your upper arm. What have you noticed? How far back does your elbow go? Why can you not go further than this? What would happen if you tried to go further than the normal position of the elbow?



Muscles work like levers and allow the bones at a joint to work like hinges. Muscles pull and move the bones at particular joints; this makes the joint move and therefore the body moves. When a muscle **contracts**, it pulls the bones at a joint in the direction that it is designed to move. With reduced mobility, muscles can become floppy and make movement slower and more difficult, but when muscles are used on a regular basis, they remain firm and move more easily.

When supporting moving and positioning activities, it is important to remember that muscles can only move the bones at a joint as far as the joint allows. For example, the elbow and knee joints have limited movement; trying to extend these joints beyond their range can cause painful damage to the joint.

Nerve fibres run all the way through the body and send impulses to muscles, which enable the muscles to contract and relax. Nerve fibres are delicate structures and can easily become damaged through poor moving and handling techniques.

1.2 Impact of specific conditions on correct movement and positioning

There are a number of conditions that can have an impact on the correct movement and positioning of people.

Arthritis

People suffering with arthritis will often have stiff painful joints and frequently have limited movement in the affect areas. Care needs to be taken when moving or positioning arthritic people, to reduce the possibility of causing pain and discomfort. You also need to be aware of the limited movement of arthritic joints and not attempt to move these beyond their limits.

Parkinson's disease

Sufferers of Parkinson's disease may experience limb rigidity that can affect normal movement and positioning. When assisting people to find a comfortable position, in either a bed or chair, be careful not to force the rigid limb further than it is able to, as this could damage the joint and cause discomfort or pain. People with Parkinson's disease have slower reaction times and it may take a person longer to initiate movement. It is therefore important to give people suffering from this condition time to move and not rush them. People may not be able to tell people if they are in pain, so you should look for non-verbal signs of pain or discomfort.

Amputation

The loss of a leg can affect how well a person can move depending on where it has been amputated, for example, below or above the knee. Artificial limbs can help people to move, but these benefits also vary depending on where the limb has been amputated.

Cerebral palsy

People who suffer with cerebral palsy may have contracted muscles or joints causing a fixed rigid limb. Care staff must be aware of the needs of people who suffer with cerebral palsy and ensure that effective communication skills are used when assisting people to move or reposition.

Stroke

A stroke can have a devastating effect on somebody; it may leave a person with no long-term effects, with a permanent weakness down one side of their body or, at worst, in a deep coma from which they never recover. When moving and handling people who have suffered from a stroke, you will need to be aware of the extent of the stroke and what parts of the body have been affected.

2. Understand current legislation and agreed ways of working when moving and positioning individuals

2.1 How current legislation and agreed ways of working affect working practices related to moving and positioning

Every time a care worker moves or supports the weight of a person, they are manually handling that person. Unsafe moving and handling techniques can result in injury to either the care worker or the person they are assisting to move. According to Health and Safety Executive (HSE) statistics, almost 50 per cent of all accidents reported each year from the health and social care sector involve manual handling and in particular from assisting people with mobility. In 2001/2002 there were a reported 40.4 per cent handling accidents from social work activities alone!

Key term

Legislation – laws



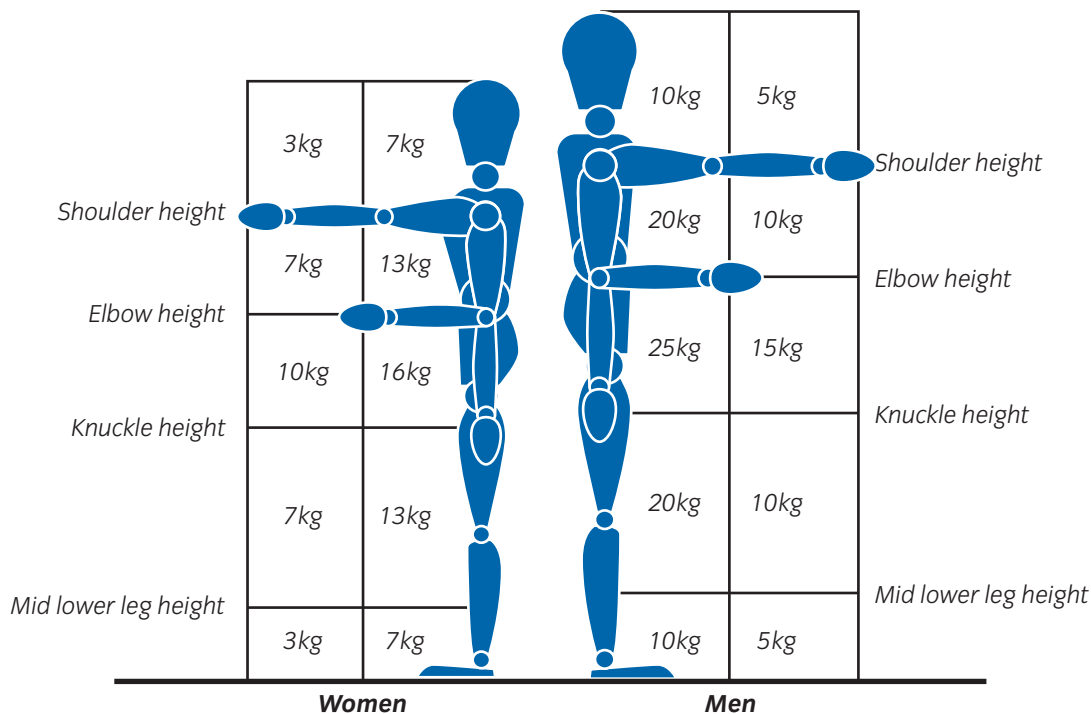
To reduce the risk of injury to care workers and people being supported, **legislation** is in place to protect people. The Health and Safety at Work Act 1974 makes it a legal requirement for employers to ensure that the health, safety and welfare of their employees is maintained and employees have a duty to take reasonable care of the health, safety and welfare of themselves and other.

The Manual Handling Operations Regulations 1992 (amended 2002) came into effect on 1 January 1993 and address moving and handling in the workplace. These Regulations were updated in 2002 to better integrate the European Directives on the moving and handling of loads.

The Regulations impose duties on employers, self-employed people and employees. They state that employers must avoid all hazardous manual handling activities where it is reasonably practicable to do so. If this is not possible, they must assess the risks in relation to the nature of the task, the load, the working environment and the ability of the handler, and take appropriate action to reduce the risk to the lowest level reasonably practicable. Employees must follow appropriate work systems introduced by their employer to promote safety during the handling of loads.

If you are responsible for assisting somebody to move, it is the joint responsibility of both the employer and yourself to ensure your safety and that of the person being moved.

The HSE provides guidance about the weights that can be safely lifted, but these are a general guide and are for objects, not people who can move, fidget, protest and cooperate. However, these guidelines are useful in showing how little weight can be lifted safely.



Guidance on lifting (source: *Getting to Grips with Manual Handling*, HSE).

Each box in the diagram above shows guideline weights for lifting and lowering.

Observe the activity and compare to the diagram. If the lifter's hands enter more than one box during the operation, use the smallest weight. Use an in-between weight if the hands are close to a boundary between boxes. If the operation must take place with the hands beyond the boxes, make a more detailed assessment.

The weights assume that the load is readily grasped with both hands, and the operation takes place in reasonable working conditions with the lifter in a stable body position.

Reduce the guideline weights if the handler twists to the side during the operation. As a rough guide, reduce them by 10 per cent if the handler twists beyond 45 degrees, and by 20 per cent if the handler twists beyond 90 degrees. Any operation involving more than twice the guideline weights should be rigorously assessed – even for very fit, well-trained people working under favourable conditions.

There is no such thing as a completely 'safe' manual handling operation. But working within the guidelines will cut the risk and reduce the need for a more detailed assessment.

(Source: HSE 2004.)

Functional skills



Maths

This gives you the opportunity to estimate results and use data to assess the likelihood of an outcome.

Workplace policies and procedures will also affect the way you move and position people in the care environment where you work. For example, if you work in a casualty department or an emergency operating theatre, you may be required to logroll patients who have suspected fractures to the spine. This will involve taking some of the patient's weight, but there should be agreed ways of working that identify the number of people required to perform this specific manoeuvre.

Activity 2



What does our policy say?

Each workplace is different and will have different policies relating to moving and handling. Find the moving and handling policy for your workplace and note the key points that affect your practice when moving and positioning people.

If you work in a residential care home, you may be required to roll people to help them with their personal care needs or turn people to prevent pressure areas from developing. Within the workplace, you will probably have a written moving and handling policy that addresses these issues. It is your responsibility to read workplace policies and procedures and to ensure you follow them.

2.2 Health and safety factors to take into account when moving and positioning individuals and any equipment used

There are a number of health and safety factors that you need to consider before attempting to move or position people, and you then need to plan what you are going to do. These factors include:

- the activity
- the environment
- the people being moved or positioned
- yourself and others
- equipment that may be used.

The activity

When considering the activity, you should ask yourself some questions to help plan the manoeuvre. Some questions you may ask could include the following.

- What activity are you assisting with? Are you helping the person to stand, roll, walk or turn?
- If you are assisting someone to walk to the bathroom, how far do you need to go?
- Who else could help you?
- How long will the activity take?

The environment

Before undertaking the activity, you will need to consider the environment and try to identify potential hazards. You may need to consider some of the following.

- Are there any obstacles or obstructions, which may increase the risk of you or the person tripping over?
- Are the floor surfaces level, dry and free from obstacles such as frayed carpet edges or uneven rugs?
- Is there enough space to undertake the activity?

The people being moved or positioned

The person who is being assisted to move or who is being positioned will be at the heart of the activity. It is therefore important to consider them when planning the activity. Some questions to consider may include the following.

- What can they do for themselves?
- How much support will they require?
- How can you promote their independence throughout the activity?
- Does the person have experience of the activity?
- Are there any medical devices attached to the person such as catheter bags, intravenous drips or wound drains?
- What is the person's weight and height?



Does your work clothing allow for free movement when moving and handling people?

Yourself and others

Before attempting to assist somebody to move, it is important to consider your suitability, and that of any colleagues who will be helping to undertake the activity. Some points to consider are as follows.

- Have you received moving and handling training?
- What is your general state of health and well-being?
- Are you wearing suitable clothing to perform moving and handling procedures?
- Is your footwear well fitting and supportive?

Equipment that may be used

When planning a moving and handling activity, you may identify that a piece of equipment is required such as a hoist, walking frame or slide sheet. Before using any equipment, you should check that the equipment is:

- available
- clean
- in good condition
- in good working order.

You must also consider the person being assisted – find out if they have used the equipment before and if so, whether there were any problems.

Remember you should only use equipment that you have been trained to use.

You should consider these factors each time you carry out any activity that involves you in physically moving a person from one place to another. A suggested checklist is shown below. This can be used to help identify health and safety factors that you need to consider before moving and handling somebody. You may need to adapt this checklist to fit your own place of work and the circumstances in which you work.

1. Is the person weight-bearing?
2. Is the person unsteady?
3. What is the general level of mobility?
4. a) What is the person's weight?
b) What is the person's height?
c) How many people does this lift require? (Work this out on the scale devised by your workplace.)
5. What lifting equipment is required?
6. Is equipment available?
7. If not, is there a safe alternative?
8. Are the required number of people available?
9. What is the purpose of the move?
10. Can this be achieved?

Functional skills



Maths

You can practise converting metric to imperial measurements by working out a person's weight and height.

Functional skills**English: Reading**

You are using your reading skills to read and understand the main points in the text, and use the information to answer the set questions.

Doing it well**Undertaking moving and handling activities**

Before undertaking any moving and handling activities, check that:

- you have received moving and handling training
- you are wearing the correct clothing
- the environment is safe
- any moving and handling equipment is safe and clean
- you have help if you need it
- you are involving the person being moved.

Case study**What a pain!**

Karolina has just begun a new job as a Health Care Assistant (HCA) in a busy general surgical ward. She is paired up with Margaret, another HCA, and is asked to work with her and assist patients with their personal care needs.

Margaret and Karolina have been asked to look after bay 5, which is a six-bedded male bay. All the patients have had operations for leg fractures. Four of the men say they are able to meet their own care needs, but Arthur and David say that they require assistance. Margaret tells Karolina to go and help Arthur while she assists David; Karolina feels unable to say no, as she is new. However, because Karolina has not completed any moving and handling training, she is unaware that it is the hospital policy not to lift patients and that lifting equipment, such as a hoist, should always be used.

When Karolina gets Arthur into the shower, he insists he can stand unaided and wash himself, but Karolina is unaware that Arthur should be sitting down. She goes to get a towel for him, but upon her return, she finds Arthur on the shower floor. He asks Karolina to help lift him up, which she does, but as she straightens, she turns to sit Arthur on the commode and feels a sudden sharp pain in her back and is unable to move. Karolina pulls the emergency cord for help.

When help arrives, Karolina has to explain what has happened. The ward sister is not happy!

1. How could this situation have been avoided?
2. What did Karolina do wrong?
3. Was Margaret at fault, and if so, why?
4. When Karolina found Arthur on the floor, what should she have done?

3. Be able to minimise risk before moving and positioning individuals

3.1 Accessing up-to-date copies of risk assessment documentation

Risk assessments are formal documents used to identify risks associated with certain activities. Some care establishments use generic risk assessments, which are fine to use; however, if a generic risk assessment form is used, it needs to be followed up with

thorough risk assessment of each task. For example, a hospital or large care home may use a generic moving and handling risk assessment for the entire organisation, but this will then be adapted to meet the needs of each specific area and each person where the care is to be delivered; this could even include somebody's home.

Under health and safety legislation, employers have a responsibility to examine and assess all procedures taking place in the working environment, which involve risk. All risks must be noted and assessed, and action should be taken to diminish the risks as far as realistically possible. Employers are required to provide adequate equipment for moving and positioning people who require assistance.

Health and safety legislation places responsibilities on both the employer and the employee, and both must take active responsibility for reducing risk.

The employer's duties are to:

- avoid the need for hazardous moving and handling as far as is reasonably practicable
- assess the risk of injury from any hazardous moving and handling that cannot be avoided
- reduce the risk of injury from hazardous moving and handling, as far as reasonably practicable
- review moving and handling policies and procedures on a regular basis.

Employees' duties are to:

- follow appropriate systems of work laid down for their safety
- make proper use of equipment provided to minimise the risk of injury
- cooperate with the employer on health and safety matters; a care assistant who fails to use a hoist that has been provided is putting themselves at risk of injury, and the employer is unlikely to be found liable
- apply the duties of employers, as appropriate, to their own manual handling activities
- take care to ensure that their activities do not put others at risk.

The risk assessments completed by your employer will be general risk assessments for your work environment. Every time you move or position somebody, you will need to make an assessment of the risks involved in performing that activity. Even if you assist the person every day, you must still assess the risks on every occasion before starting the activity.

It is important to remember that no two lifts are the same and there will always be some aspect that will be different. These aspects could be to do with the person, their mood or just how they are feeling on that particular day. The environment may have changed since the last activity, or it could be about you and your health.

3.2 Preparatory checks using the care plan and the moving and handling risk assessment

Before assisting somebody to move, it is important that you access up-to-date information regarding their:

- moving and handling requirements
- ability to cooperate
- health condition
- moving and handling requirements.

The two documents that you should access are the person's support plan and their moving and handling risk assessment. Both these documents should be read in conjunction with each other, as the support plan will provide specific information on the person themselves and should include information such as:

SUPPORT PLAN REQUIREMENTS			
Name Daniel Baker		Date of Birth 21.12.72	
Relevant information RTA resulting in open compound fractures to both legs			
Unit Woodrush Rehab Unit		Date of Plan 02.02.11	
Planned Activity	Target Date	Nursing Requirement	Date Achieved
To minimise effects of immobility	08.02.11	1) Assess risk of pressure sores and address any issues arising from the assessment.	08.02.11
To safely use crutches to mobilise with support	28.02.11	1) Arrange physiotherapist assessment and input. 2) Encourage and support short walks to and from the bathroom.	
To safely use crutches to mobilise without support	07.03.11	1) Reduce support whilst observing safety. 2) Withdraw physical support giving only verbal support.	

SUPPORT PLAN REQUIREMENTS			
Name Daniel Baker		Date of Birth 21.12.72	
Relevant information RTA resulting in open compound fractures to both legs. Subsequent infection at sight of wound on right leg.			
Unit Woodrush Rehab unit		Date of Plan 01.03.11	
Planned Activity	Target Date	Nursing Requirement	Date Achieved
To safely use crutches to mobilise without support	14.03.11	1. Due to an infection of the wound full mobility has been delayed. Continue reducing support whilst observing safety.	
To exercise leg muscles whilst lying in bed		1. Encourage lifting of legs from the bed, individually, to a height of 12 (twelve) centimetres measured from the heels to exercise thigh muscles three times daily. 2. Encourage movement of toes to increase blood flow throughout the day.	

The support plan is important and must be read prior to moving or positioning somebody.



Activity 3

What does your assessment say?

Read the moving and handling support plans and risk assessments for people you support within your work setting.

1. What information do they tell you?
2. How does the information help you plan for moving and handling activities?
3. Can you think how your documentation could be improved?



Are wet or slippery floors always properly identified in your workplace?

Key term

Sacrum – the bony part of the back located at the base of the spine



3.3 Identifying any immediate risks to the individual

Just because you have read somebody's support plan and risk assessment, it does not mean that all the risks have been identified and that others may not occur. It is important that you check the person, equipment and the environment before undertaking any moving and positioning activities. For example, you should consider if the person is still able to cooperate with the activity, and check for catheter bags, intravenous drips or wound drains and that equipment is clean and safe. You may also want to check that the person's footwear is suitable for the activity and check the floor for any obstacles. It is particularly important to watch out for freshly washed floors and wet floor signs.

When positioning people who are unable to move themselves, such as those who have suffered from a severe stroke, it is important to remember to check their pressure areas, particularly the elbows, heels and **sacrum**. Poor positioning techniques can cause pressure areas to develop.

3.4 Actions to take in relation to identified risks

Once risks have been identified on a risk assessment form, risk control measures will be put in place to minimise the risk of harm. For example, it may be identified that the care worker is at risk of back injury from adopting an awkward position such as twisting or bending while assisting somebody to stand. This risk could be removed or minimised by:

- using a stand aid
- ensuring there is sufficient space to undertake the activity
- encouraging the person to do as much for themselves as possible
- ensuring all care staff supporting the person have received moving and handling training, so they are aware of the correct techniques to use
- ensuring there are sufficient numbers of staff for the task.

However, there are some situations where it is difficult to remove hazards, such as when working in someone's own home. In situations such as this, your employer will still perform a risk assessment and put risk control measures in place, but what they will not be able to do is remove the environmental hazards such as lack of space, worn carpeting and beds of a fixed height and width that cannot be moved.

As a care worker, it is your responsibility to ensure that you follow the risk control measures put in place by your employer. Failure to do so could result in injury to the person you are supporting, or yourself.

Prior to undertaking a moving or positioning activity, you may notice a risk that has only recently developed such as a change in the person's ability to cooperate with the activity or a change in their health – we all have off days! If you identify a new risk, you need to identify risk control measures that will enable you to remove or minimise the risk. If somebody's health condition has changed, resulting in them being unable to assist in the activity, you may need to use equipment like a hoist, or you may need to ask a fellow colleague to assist you. Before undertaking a moving or positioning activity with somebody whose health condition has changed, you should ask a senior carer or your manager for additional advice and guidance.

Whatever action is taken or risk control methods put in place, you will need to document this in the person's support plan along with an explanation of why you needed to deviate from the person's risk assessment. It is also important to document if somebody refuses to be moved or positioned, because if their health suffers as a result of not being moved and you have not recorded this, it will be deemed that the move did not take place and it will be seen as your responsibility.

Activity 4

What does your risk assessment say?

Look at the moving and handling risk assessments for people you support.

1. What risks have been identified?
2. What control measures are in place?
3. What actions do you need to do as a care worker?



3.5 Action to take if the individual's wishes conflict with their plan of care in relation to health and safety and their risk assessment

Sometimes workplace policies and procedures in relation to moving and handling may conflict with someone's wishes. For example, some workplaces have adopted 'no-lifting' policies which mean that hoists are used for all people – but what if a person does not want to be hoisted? If dealt with incorrectly, this could leave people feeling unvalued, humiliated, distressed and degraded. You could also find yourself in trouble, because the person's basic human rights may have been violated.

To prevent conflicts from developing between people and workplace policies relating to moving and positioning, it is best to involve people in their own risk assessments and mobility support plans in the first

Reflect

Think about how people are encouraged to participate actively in their moving and positioning support plan and risk assessment. Do you offer choice to the people you support? How could you improve what you do?



place, if appropriate. Risk assessments should focus on the needs of the person, not just the needs of the service provider. Where possible, people should be placed at the centre of the planning process and given choice over their moving and positioning requirements, as they will have the best knowledge of their own mobility. The wishes of the person need to be balanced with the need to ensure that care staff are not put at risk through moving and positioning activities. Balancing the wishes of somebody with the rights of care workers will help promote a person's independence, autonomy and dignity.

However, sometimes, a person's condition can change and their mobility can improve as well as deteriorate. This may lead to them changing their mind on how they wish to be moved or positioned. If their wishes conflict with their plan of support, it is important that you document this in the person's support plan and inform your manager. If the person wants to do more for themselves, you should encourage this, but be aware of their limitations – are they trying to do too much too soon? If the person refuses to be moved or turned, you should encourage them to move as much as possible by themselves. As a care worker, you need to inform people of any risks associated with their actions such as the risk of developing pressure sores or a possible deterioration in their health, such as developing a chest infection. It is important that you document information in the support plan clearly, along with any actions that you have performed.

3.6 Preparing the immediate environment

To reduce the risk of injury from carrying out a moving or positioning activity, it is important to ensure there is sufficient space to perform the activity and any potential hazards are removed before starting the procedure. You will need to consider the requirements of the person you are supporting and any other people involved in the activity.

When assisting a person to stand and move from one location to another, you will need to make sure there is room for you to stand by the person and support them and that there is sufficient room for the person to stand and move. If you are using equipment such as a walking frame or hoist, you will need to ensure there is sufficient room for this too. To create the space required, you may need to move furniture or other pieces of equipment that are in the way, because if these are in the way and limit the amount of space you have, they will be causing a hazard and a potential risk to you and the person you are supporting. You may also want to check the floor to make sure there are no trip hazards such as a shoe or curled rug.

If you work in a hospital or nursing home environment, you may need to turn patients to help prevent pressure sores from developing. Before commencing the turn, you should ensure you have enough space in which to perform the move. This may mean you will have to move the bed away from a wall or move a bedside locker. You will also need to ensure that any equipment attached to the patient is

free to travel during the activity. You may need to consider catheter bags, intravenous fluids or wound drains. Failure to consider these factors could result in causing the patient undue pain and/or discomfort.



Is there sufficient space to perform moving and positioning tasks here?



How could this have been prevented?

It is important to remember that if you are working in a care setting or in somebody's own home, you should make sure that any furniture is returned to its original position after the activity. This will ensure the person will be able to locate their personal items in their usual places and feel reassured by the familiar surroundings.



It is important to maintain your personal hygiene and to wear sensible clothing when assisting people.

Activity 5



Keep it clean

Find out what your workplace policy is on infection control when assisting with moving and positioning activities. What are your employer's responsibilities and what are your responsibilities?

3.7 Standard precautions for infection prevention and control

When assisting a person with moving or positioning activities, you will need to consider the standard precautions that you will use to minimise the risk of infection. As a minimum you will need to ensure that you wash your hands before and after the activity. However, hand washing alone may not be sufficient for the activity you are involved in.

When risk assessing the moving or positioning activity, you will also need to assess the risk of infection. The chances are that if you are assisting somebody to walk from the living room to the dining room in a residential care home or within the person's own home, hand washing alone may be sufficient. If, however, you are assisting with the repositioning of a patient who has had a severe stroke and is incontinent, you will probably consider hand washing, gloves and an apron. Once you have performed the activity, you should remove aprons and gloves, and dispose of them according to your organisation's policy. You must wash your hands after patient contact and before moving on to the next person. If you work in the community, you may not have access to a sink to wash your hands, so your employer should provide you with antibacterial hand gel which can be used until you can wash your hands. Hand gels should only be used as an interim measure until you are able to perform a proper hand wash; they are not a suitable replacement for good hand washing.

Uniforms must be kept clean and tidy, and you should wear a clean uniform every day. Tunics should have short sleeves to prevent them from dragging in body fluids when undertaking moving and positioning procedures. Remember: do not go to the shops in your uniform, because you could be spreading bacteria and infectious agents!

Personal hygiene is also important in the fight against infection. You should keep your nails short; this also helps prevent accidentally harming the person when you are assisting them to move. Hair should be kept clean and long hair tied back out of the way. Watches and rings should not be worn because they can scratch the person and rings can harbour bacteria.

Case study

Lifting policies and the rights of people

Vivien is a senior care worker and works at Badgers Rest, a short-stay residential care home for people who have suffered a stroke at an early age. Martin is 45 and is at Badgers Rest because he had a stroke last year. He is currently unable to look after himself at home, because he weighs 26 stone and the stroke left him with a slight left-sided weakness. Martin is able to weight bear, but he needs support. However, Badgers Rest have a no-lifting policy and the staff hoist him because he is classed a **bariatric** patient.

Martin has refused to be hoisted today as he feels that it is undignified and he wants to mobilise as soon as he can to get home. The care staff report his behaviour to Vivien, who tells Martin that unless he agrees to be hoisted, he will have to stay in bed, because she is not prepared to risk the health and safety of the staff. Martin tries to explain to Vivien that he is able to weight bear and only needs some support, but Vivien is not

interested and tells Martin that he is a health and safety risk, and he needs to lose some weight.

Martin feels angry and upset, and tells Vivien he will be making a formal complaint. Vivien tells him he can do what he wants and that it will make no difference to her decision, because health and safety law always comes first.

Later in the day, Martin's son comes to visit and sees that his father is upset. Martin explains the situation to his son, who becomes angry and tells him that he will go to the Citizens Advice Bureau for legal advice.

1. Is Badgers Rest right to have a no-lifting policy?
2. What does the HSE say about no-lifting policies?
3. Have Martin's human rights been violated?
4. Was it possible to have a situation that ensured the safety of the staff and promoted Martin's independence? Explain what you would do.

Key term



Bariatric – a term used for a person whose weight exceeds 25 stone

Functional skills



English: Writing

When responding to questions, you will have the opportunity to write clearly and coherently, using enough detail to cover the necessary points. You will need to proofread work to ensure that spelling, punctuation and grammar are accurate. Information should be presented in a logical sequence for clarity.

4. Be able to prepare individuals before moving and positioning

4.1 Effective communication with the individual to ensure that they understand the details and reasons for the action/ activity being undertaken, and agree the level of support required

The use of effective communication is extremely important when preparing people for moving or positioning. Most people who have a disability will be knowledgeable about how to deal with their disability. You should involve the person in their move or positioning activity and ask them for the most effective ways for them to be moved. This will also help to avoid undue pain and discomfort during the moving or positioning activity.

If you are supporting somebody who is being moved or positioned for the first time, you will need to explain the reasons for the activity and what you will be doing. You will need to find out from the person what they can do for themselves, so you can promote their independence as far as possible. Effective communication skills will need to be used when supporting somebody, which will include:

- slow, clear speech
- eye contact
- avoiding medical terminology and jargon that might confuse the person you are supporting.

If the person becomes upset, you may need to use appropriate touch to comfort and reassure them. People who suffer with dementia may be confused and might not be able to contribute actively to discussion about the best way to carry out the moving or positioning activity. If this is the case, it is essential that you consider the best options for the person.



How does discussing the person's preferences about being moved help?

Functional skills



English: Speaking and listening

When moving somebody, you will have the opportunity to present your verbal information to them using clear speech and appropriate language.

Doing it well



Preparing people for moving and positioning activities

- Explain what you are going to do.
- Find out what is comfortable for the person.
- Agree the level of support required.
- Find out what the person can do for themselves.
- Reassure the person.

Unconscious or semiconscious people should also have procedures explained to them, because there is evidence to indicate that people who are unconscious can sometimes still hear what is going on. By talking to and reassuring the unconscious patient, you are also demonstrating respect for them.

4.2 Obtaining valid consent for the planned activity

Prior to moving or positioning somebody, you must obtain the valid consent of the person. This is consent that has been given voluntarily by somebody who has been appropriately informed about an activity and who has the capacity to understand what the activity involves.

To obtain valid consent, you will need to explain to the person being moved or positioned what you are planning to do, how you plan to do it and any risks involved. Before giving you their consent, the person may ask you specific questions about the activity. For example, they may ask about equipment that is going to be used and if it is safe. You need to answer these questions and ensure the person is happy before undertaking the activity. Consent should be gained each time you prepare to perform the activity, because a person may change their mind. The consent you gain from people for moving and positioning activities does not have to be written on a consent form, as verbal consent is sufficient, but you should record the main facts discussed in the person's support plan. Failure to obtain valid consent could result in allegations of assault being made against you.

People who lack the capacity to make a decision about being moved or positioned, such as people with dementia or who are unconscious due to a stroke or other condition, should not have their care needs ignored. People who are deemed to be incapable of giving valid consent will fall under the Mental Capacity Act 2005. This will allow consent to be given on behalf of the person. This consent may be given by a relative, a legal advocate such as a solicitor or a care professional, provided they can demonstrate that the activity was undertaken in the best interests of the patient.

Reflect



Reflect on how you obtain valid consent from people you help to support. Do you obtain valid consent each time you perform an activity? Should we have to obtain consent for simple activities such as moving or positioning, especially when the activity is designed to minimise the risk of further harm such as the development of a pressure sore? How could you improve your practice?

5. Be able to move and position an individual

5.1 Ensuring that the individual is positioned using the agreed technique and in a way that will avoid causing undue pain or discomfort

Once you have carried out all the preparations for the moving or positioning activity, you can then perform the activity, but it is important that you undertake this activity in accordance with the person's support plan. This will have the techniques for the activity documented, along with information about the level of support required.

By following the information within the person's support plan, you can reduce the risk of causing undue pain or discomfort. For example, if a person is very anxious when they are being hoisted, this information should be recorded on the support plan, along with any action taken. This will allow other care workers to be aware of any issues and enable them to carry out the manoeuvre without causing additional distress, pain or discomfort.

Activity 6



Stick to the plan

Look at the support plans for people you support with moving or positioning. Are the plans up to date and do they provide you with information about the best way to move the people concerned?

Explain how you use the support plan to help you plan somebody's moving or positioning activity.

5.2 Effective communication with any others involved in the manoeuvre

Most moving and positioning activities will require more than one care worker. It is important when more than one care worker is involved in a manoeuvre that there is effective communication between the care workers and that one of the care workers takes the lead. If you are to work effectively as a team, you will need to follow some simple rules.

- Carry out a risk assessment.
- Decide who is going to lead the activity.
- The person leading the activity must check that everyone is ready.
- They will agree the action word to be used such as 'One, two, three, lift' or 'Ready, steady, move'.
- Everyone must follow the instructions of the person leading the activity.

When assisting somebody to transfer from a bed or chair to a wheelchair, it is possible that this activity can be done with one care worker providing assistance. The care worker may need to steady the person as they use the transfer board. However, if the person requiring assistance has additional risk factors such as being obese or tall, or has a serious disability, then alternative transfer methods should be considered such as a hoist. You may also need to think about whether you need more people to help with the activity.

Functional skills



English: Speaking and listening

This activity will give you the opportunity to have a group discussion where you can contribute your findings. You can use the information from the support plan to present your ideas and opinions.

You may be required to help turn people in their beds because they are unable to do this for themselves. This may be because they are:

- unconscious following a stroke or an operation
- suffering with a severe illness such as motor neurone disease
- paralysed
- recovering from an operation.

When supporting positioning activities, you should:

- follow the support plan and risk assessment
- perform the manoeuvre with at least two workers
- ensure one care worker leads the activity so both care workers work together as a team and move the person at the same time. This will help prevent injury to yourself and/or the person.
- roll the person using a transfer aid such as a glide sheet or board
- support the person with pillows or packing to prevent them from rolling back on to their back.

When the person needs to be turned again, the pillows can be removed and the person may be allowed to lie on their back for a while. The next time they are turned, they will be placed on to their opposite side.

5.3 Aids and equipment that may be used for moving and positioning

Some moving and handling equipment is covered by the Lifting Operations and Lifting Equipment Regulations (LOLER). This came into force in 1998 and covers risks to health and safety from lifting equipment provided for use at work. LOLER requires that equipment is:

- strong and stable enough for the intended load
- marked to indicate safe working load
- used safely – the equipment's use should be organised, planned and executed by competent people
- subject to ongoing examination and inspection by competent people.

Hoists, slings and bath hoists are covered by the Regulations. They state that a competent person must thoroughly examine equipment that is used to lift people at least every six months, and examine other equipment at least every year.

In your workplace, it is important that you check lifting equipment every time you use it to ensure it is safe, clean and appropriate for the person. If you discover the equipment is worn, damaged or appears to be unsafe, you should withdraw it from service, label the equipment with a faulty label and report it to your supervisor. You must do this even if it means having to change the person's moving and handling assessment. It is not acceptable to take risks with equipment which may be faulty. It is better for the person to wait for

Activity 7

Effective communication

Think about examples of when you have used effective communication when moving or positioning people. Write a brief account explaining why effective communication is important when undertaking moving or positioning activities. What are the potential dangers of uncoordinated moves?



the moving activity or be moved in a different way rather than being exposed to the risk of harm from potentially unsafe equipment.

Before using equipment, you should also make sure that you have been trained to use the equipment and that you have read the instruction manual for each piece of equipment you use. The manual will include a safety checklist, so make sure you follow it.

There are many different types of moving and positioning equipment used within care settings to assist with moving and positioning activities. These can be split into three main categories:

- equipment that takes the full weight of the person, such as hoists, slings and slide sheets
- equipment that takes some of the person's weight, such as slide boards and slide sheets
- equipment that is designed to assist the person to help themselves, such as lifting handles, grab handles and raised toilet seats.



Lifting handles above a bed can help a person to move themselves.

Using equipment

Before using a piece of equipment, it is important that you read the instruction manual and follow the manufacturer's instructions. You should attend equipment training events organised by your employer.

Hoists

There are two main types of hoist.

- **Ceiling hoists** are fixed to the ceiling and run along a track. They take up less room than a portable hoist and can be fitted to a ceiling in a person's home.
- **Portable hoists** take up more room than a ceiling hoist and may not be possible to have in a person's home; however, they can be moved from one room to another.

Both hoists require the person being moved to be placed in a sling. Slings are colour-coded by weight ranges, so it is important that you confirm the weight of the person being moved and use the corresponding sling. When placing the sling on the person, you must ensure that the seams of the sling face outwards, as these are rough and can easily damage delicate skin. When attaching the sling to the hoist, take care not to pinch the skin, as this can be painful and cause the person undue discomfort. Once the sling has been attached to the hoist, the person can be lifted and moved to the required location.

Remember, you must familiarise yourself with the hoists in your workplace and request training before you attempt to operate them.



Have you used a hoist in your workplace?

Slide sheets

Slide sheets are made from thin pieces of friction-free material which slide over each other; some are designed for single use only and some can be washed and then reused. The slide sheet requires at least two people standing on opposite sides of the bed. The slide sheet is placed half under the person and half under the sheet the person is lying on. One worker then pulls and the other pushes. The sheet, complete with person, slides easily from one worker to the other. It is important that slide sheets are not shared between people, as this increases the risk of infection. Each person should have their own slide sheet, which should be laundered or disposed of after use.

Slide boards

A slide board is a small board made from wood or plastic that is placed between a bed and a chair or wheelchair. The person then slides across the board from bed to chair, and vice versa. The care worker should provide some assistance by steadying the board and giving verbal encouragement.

Turn discs

Turning discs are used to turn the person, in either a sitting or standing position, and can be useful for patients who are able to stand. They are particularly useful for getting in and out of vehicles.

Lifting handle

A lifting handle is normally fixed above a person's bed and hangs from a metal frame. It is designed to allow the person to pull the upper part of their body off the bed so they can reposition themselves and thus enables them to be more independent.

Handling belts

A handling belt is a broad belt which goes around the person's waist. The belt has handles on the outside which enables the care worker to assist the person to rise from a chair, or provide support by holding on to the handles. The belt prevents the person from being held by the arms.

5.4 Using equipment to maintain the individual in the appropriate position

Once somebody has been successfully positioned, they may not be able to maintain the new position without the use of additional specialist equipment such as pillows, one-way glide anti-slip sheets and wedges.

Pillows

Apart from being used to help position somebody's head, pillows are also commonly used to help maintain a person's position once they have been turned on their side, to prevent them from falling on to their back again. For example, a person who is slipping in and out of consciousness may roll on to their back without realising. This may increase their risk of developing a pressure sore, if they have already been lying on their back for a while, or of choking on their vomit.

Pillows can also be used to provide support for people who have a one-sided weakness, such as that caused by a stroke. If the person is placed in a chair, the pillow can be placed under their weak arm to help prevent it from dropping to the side or in their lap.

One-way glide anti-slip sheets

One-way glide anti-slip sheets come in a variety of sizes and can normally be used on any surface such as a bed, chair or wheelchair. The sheets work by only sliding in one direction. The direction of movement is normally indicated with arrows, and the sheet helps stop the person sliding forward in their chair. The sheet is positioned on a chair or wheelchair before the person sits down and because the sheet will slide one way, the person can be assisted further back in the chair quite easily. If the sheet is used to maintain an upright position in bed, the sheet is placed under the person and like in the chair, the person can be supported to sit up in the bed without sliding down.

Activity 8**What equipment do you use?**

Find out what moving and handling equipment is available for you to use within your workplace. Write a guide describing to how you should use each piece of equipment.

Functional skills**English: Writing**

Use the correct format for writing your guide. Write clearly and coherently, ensuring that sufficient detail is included so that the reader can benefit from your guidance. Proofread work to ensure that all sentences make sense and that spelling, punctuation and grammar are accurate. Use suitable language at all times.

Key term



Vena cava – a large vein that returns blood to the right atrium of the heart

Activity 9



Maintain that position!

Investigate the positioning equipment you use within your work setting and write a brief statement about each piece of equipment.

Wedges

If you work in a clinical setting such as a maternity ward, you may need to use wedges to help position the expectant mother. The wedge is inserted under the right side of the patient, which tilts them to the left. This action takes the pressure of the baby off the mother's **vena cava** and allows normal blood flow back to the heart.

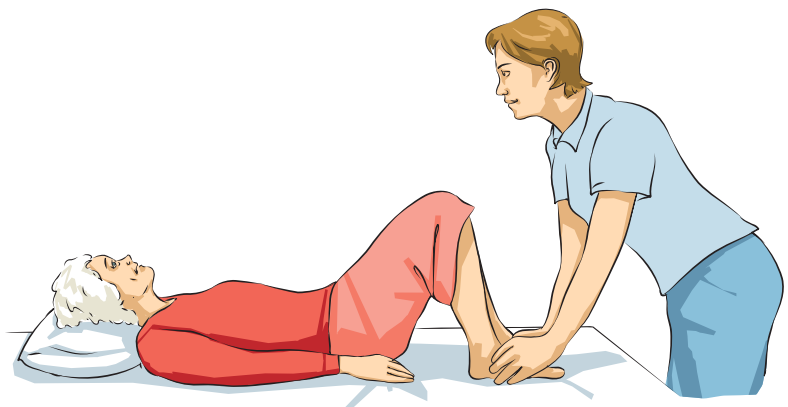
5.5 Encouraging the individual's active participation in the manoeuvre

It is important that you encourage people to participate actively as much as possible in any moving and positioning activity. When people become unwell or go into hospital, there is a temptation for them to believe that they can do far less than they are capable of. In the past, some staff encouraged this behaviour because they found it quicker and easier to take over and do things for the person, rather than wait for them to do it for themselves. However, it is the responsibility of all care staff to actively promote the independence of people. For example, you could promote a person's independence by encouraging them to get out of bed.

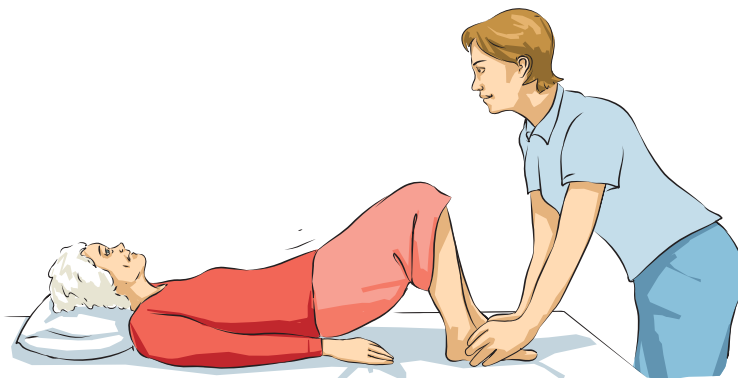
You can encourage somebody to turn over in the bed rather than manually rolling them. This could then allow you to change their bedding, assist them with a bed bath or to change their clothes. There are some simple instructions to help the person to do this.

1. Ask the person to turn their head in the direction you want them to move.
2. Ask them to bend the leg on the other side and put their foot flat on the bed.
3. Ask them to reach across their body with their opposite arm. This will help the upper part of their body to turn into the roll. By pushing their foot into the bed, they should be able to turn themselves over.

If a person needs to use a bedpan, you can get them to assist in the move by following these instructions.



1. Ask the person to place their arms by their side and bend their knees.



2. Ask them to keep their feet flat on the bed and lift their bottom by pushing down on their feet and hands.

Encouraging people to participate actively in moving and positioning activities is important as it can increase their self-esteem and promote their independence, as well as making the procedure easier for the care worker.

Doing it well



Encouraging people to actively participate

- Use encouraging words.
- Reassure them that you are there to help.
- Build up their confidence and get them to do a little more each day.
- Ensure you do not push them too far too soon.
- Point out the benefits of participating.
- Give choice.

5.6 Monitoring the individual throughout the activity so that the procedure can be stopped if there is any adverse reaction

Throughout the moving or positioning activity, it is important that the person is continually monitored so the manoeuvre can be stopped if there are any adverse reactions. If the person is able to tell you if they are in pain or do not feel well, encourage them to inform you of any pain or discomfort during the activity. You should also talk to the person throughout and provide support and encouragement, and ask them if they are OK. Observational skills are also necessary to ensure the person is safe at all times. For example, when hoisting a person, ensure all their limbs are within the hoist or that the material of the sling is not pinching their skin.

When caring for an unconscious person, they will be unable to tell you if they are experiencing pain or discomfort. It is therefore important that you use effective observation skills and look and listen for signs of pain and discomfort, such as facial grimacing or groaning, and that you stop the activity immediately if you notice any of these signs.

5.7 How to report and record the activity noting when the next positioning manoeuvre is due

Once a person has been moved or positioned, it is important that any information gained from the activity is shared with other people involved in their care, so that they are aware of any changes or important updates. For example, you may have identified a more effective way of moving the person or used a slightly different technique which the person preferred, or it may just be that you need to record the time of a routine turn.

However, you may have noticed a change in the person's condition, such as:

- mood change
- reduced cooperation
- being quieter than normal
- loss of confidence
- signs of increased pain.

This information should be recorded in the person's support plan and must be reported to your supervisor. Any changes may be indications of an overall change in the person's condition and must never be ignored.

The information you record should be:

- clear
- easily understood
- a good description of the person's needs
- accurate
- signed
- dated.

If the support plan is for somebody who requires regular positioning, it will state how frequently this should be done. It is important that once the person has been repositioned, you update their support plan and sign, time and date it so that others know the person has been positioned. If the support plan does not show this information, it will be assumed that the activity has not taken place. If the person develops a pressure sore and you have not recorded the activity in their support plan, it will be assumed that you neglected your duty and you could be accused of abuse.

Case study**Lena's fall**

Bryn works for a large care agency that specialises in home care. He has just returned to work on the early shift following a two-week holiday. Bryn quickly settles back into work mode and becomes busy assisting people in their own homes with their personal care needs.

Lena has Parkinson's disease and has lived on her own since her husband died two years ago. Up until recently, she was able to walk with the aid of a walking stick, but over the past two weeks her ability to walk has decreased and she has required a walking frame to get around. Lena has also been finding it difficult to stand for long periods of time; however, she is very independent and likes to have a shower every morning. While Bryn was away, another care worker had been coming in to assist Lena. They suggested to Lena that because she likes a shower, but cannot stand for long, she should sit on a seat and then when she has finished she can call for assistance. Lena liked this idea because it promoted her independence and so did this, using an old plastic seat that was in the garage.

When Bryn arrives, he and Lena start to talk about his holiday; Bryn takes a quick look at the support plan,

sees the information about the seat being used in the shower and asks Lena about it. She explains why she has been using it, but Bryn says that the seat is not safe to use and removes it. He assists Lena to the shower and encourages her to do as much for herself as possible. He suggests that she calls him when she has finished or if she needs help.

When Bryn leaves, Lena struggles to get into the shower and becomes unsteady on her feet, wobbles and falls to the floor. She becomes upset and shouts for help. Bryn arrives and assists Lena back to her feet, helps her to dry and dress herself, and assists her back to the living room. Lena gets angry with Bryn and said that this would not have happened if she had used her seat. She tells him that she feels humiliated.

1. What should Bryn have done when he discovered that Lena was using a seat?
2. Was he right to take the seat away?
3. What else could Bryn have done?
4. How could he have supported Lena so she did not feel humiliated?

6. Know when to seek advice from and/or involve others when moving and positioning an individual

6.1 When advice and/or assistance should be sought to move or handle an individual safely

There should be sufficient information provided in a person's moving and risk assessment and mobility support plan regarding the number of people required to safely move or handle somebody safely, along with the equipment that is needed and the best techniques to use. However, there may be occasions when further advice and/or assistance will be required, such as when:

- a person's condition has changed
- there is an emergency
- there is a lack of or damaged equipment
- the person refuses to cooperate
- there has been a change in your health
- you have not received training for moving and handling equipment.

A person's condition has changed

If somebody's condition deteriorates, they may not be in a position to give valid consent for the planned activity or the planned move may need to be amended to take this into account. A person's condition can improve as well as deteriorate and you may find the person you are assisting is able to do more for themselves than before. You should confirm with a senior member of staff that it is acceptable for the person to become more independent and to amend their risk assessment and support plan as necessary. For example, if you were supporting somebody who had recently suffered a heart attack, you might want to restrict the amount of activity they undertake.

There is an emergency

Although you may have a policy explaining what you need to do in the event of emergency such as if someone slips in the bath or if there is a fire, it is important to remember that the emergency may take you by surprise. For example, somebody could suddenly be taken ill with a suspected heart attack in the middle of a manoeuvre. It is a good idea to practise regularly what to do in the event of an emergency and to consider whom you would need to summon to help complete the activity safely and provide immediate care for the person.

There is a lack of or damaged equipment

Equipment that is damaged or faulty can cause serious harm or injury and should be withdrawn from use until it has been repaired or replaced. If equipment has been withdrawn from service, it may mean there is insufficient equipment to perform the manoeuvre. You will need to seek advice on how else to perform the moving activity or ask for it to be reassessed.

The person refuses to cooperate

Occasionally, people may refuse to cooperate with care workers. This is unfortunate and, if not dealt with correctly, can lead to anger and a breakdown of trust on both sides. If somebody fails to cooperate with a moving and handling request, you should remain professional and try to encourage the person to see the benefits of what you are doing. You may need to reach a compromise, which is perfectly acceptable, provided the compromise is safe for both the person and yourself. If the person will not compromise, you will need to ask a senior to step in. You must never perform a moving and handling task without the valid consent of the person or their advocate, if they have been appointed one under the Mental Capacity Act 2005.

There has been a change in your health

As a care worker, your health and well-being are important, especially if you are required to participate in moving and handling activities. If there is a change in your health condition, such as back problems, muscle sprains or you become pregnant, you will need to inform your employer, so that moving and handling risk assessments can be reviewed.

You have not received training for moving and handling equipment

Before undertaking moving and handling activities or using moving and handling equipment, you must ensure you have received recent and up-to-date training. It is your employer's responsibility to ensure moving and handling training is available for employees. It is your responsibility as an employee to attend training sessions provided by your employer. If you have not received training, you will need to talk to your manager before attempting to perform moving and handling activities. Working beyond your capabilities and knowledge may result in harm or injury to the person you are supporting or yourself.

6.2 Sources of information about moving and positioning individuals

Risk assessment and support plans are some sources of information available about moving and positioning people. However, these are specific documents for the person you are support. For more general information about the moving and positioning of people, you should

refer to your organisation's policy for moving and handling. This will probably include information on, for example:

- how to perform and record moving and handling risk assessments
- staff training requirements, including frequency of refresher training
- what to do when a person can not give valid consent
- where equipment is purchased and servicing requirements
- what to do in an emergency
- how to record adverse reactions
- how to report staff injuries.

The Health and Safety Executive (HSE) provides a range of resources including downloadable and printable materials that provide information on employers' and employees' responsibilities. The information provided ranges from general information about the law and the Manual Handling Operations Regulations to suggestions about how care settings can apply the law while meeting the needs of people.

Moving and handling training advisors are another good source of knowledge and will be able to support you with general moving and handling questions.

Legislation

- Health and Safety at Work Act 1974
- Lifting Operations and Lifting Equipment Regulations (1992) (LOLER)
- Manual Handling Operations Regulations 1992 (amended 2002)
- Mental Capacity Act 2005

Further reading and research

Below are some books, websites and agencies you can look up to continue your study of this subject. You may also find it useful to make contact with local physiotherapists and occupational therapists who visit your workplace or are based in your local area.

- www.backpain.org (Back Care, charity for healthier backs, tel: 0845 130 2704)
- www.csp.org.uk (Chartered Society of Physiotherapy)
- www.equalityhumanrights.com (Equality and Human Rights Commission)
- www.hse.gov.uk (Health and Safety Executive, tel: 0845 345 005)
- www.manualhandlingguide.co.uk (Manual Handling Guide)
- Oddy, R. (1998) *Promoting Mobility for People with Dementia* (second edition), Age Concern
- BackCare (2005) *The Guide to the Handling of People* (fifth edition)
- BackCare (1998) *The Handling of Patients* (fourth edition)

Getting ready for assessment

LO1

Learning outcome 1 will require you to demonstrate to your assessor your knowledge of the anatomy and physiology in relation to the moving and positioning of people. To do this, you could draw and label a diagram of the skeletal system and explain how joints work. You could also explain how some conditions can affect how well a person is able to move.

LO2

Your assessor will want to know that you understand the legislation and agreed ways of working when moving and positioning people. You could write a short summary of your understanding of the Manual Handling Operations Regulations and explain some of the health and safety factors that should be taken into account when moving and positioning people.

LO3

You will need to show your assessor how you minimise risk before moving and positioning people. To help you to produce evidence for this, you could show your assessor the risk assessment forms that you use within the workplace and explain how you use them to minimise risk. You could also ask a senior member of staff to write a witness testimony to explain how they have seen you minimising risks before undertaking moving and positioning people.

LO4

Your assessor will want to see you preparing people before moving and positioning them. However, it may not always be appropriate for your assessor to observe you with certain people. You should therefore ask a colleague or a senior member of staff to write a witness testimony to support you undertaking this activity. You may want to write a reflective account to support this testimony.

LO5

Learning outcome 5 requires you to demonstrate to your assessor that you are able to move and position people. Like learning outcome 4, it may be inappropriate for your assessor to observe you with certain people, so you may need to obtain an observation from a colleague or senior member of staff. You could write a guide for your assessor to explain how you would support somebody to move or be positioned.

LO6

Learning outcome 6 requires you to tell your assessor when to seek advice from and/or involve others when moving and positioning somebody. You could do this by having a professional discussion with your assessor and talking about when you may need help or advice and where you could obtain additional information about moving and positioning people. You could consider looking at the HSE website (see 'Further reading and research') to help you with this.

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