

Moving and positioning an individual in healthcare



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Meaning and definition: Moving and handling is defined as any activity that connects pushing, pulling, carrying, lifting or moving where the above activities place people at danger and must not be carried out without thought and awareness to organizational policies and procedures. Moving and positioning is a significant area in health and social care as there are hundreds of injuries every year as a result of accidents acquired when we move people where an accident may cause serious injury to the individual being moved and have long term effects on the care worker carrying out the move, which may consequence in disability and pain for the rest of our lives. We should remember that injury can also be acquires as a result of not moving a non-living object properly (nvqresources. com).

Elements of competence

HSC360a prepare the equipment, the environment and the individual for moving and positioning:

Before we carry out any activity at work that involves moving and handling we must be trained, to carry out the moves and also to ensure we have sufficient knowledge of our own body to work. Safely moving and handling incidents occur as a result of lack of awareness, slippery floors, lack of preparation, faulty equipment, lack of co-operation from the individual, poorly trained and ill prepared staff Health and safety measures()

Health and safety measures: All features of health and safety are enclosed by legislation.

Legislation of moving and handling: The legislation is based on the idea that the prevention of accidents or injury depends on the understanding of the

risk factors in a particular work situation. The more traditional approach of attempting to prevent back pain by instructing people in the basic principles of how to lift is not sufficient. The relevant legislation covering moving and handling, equipment and risk assessment can be summarized as Health and Safety at Work Act 1974, Manual Handling Operations Regulations 1992, Management of Health and Safety at Work Regulations 1999, Workplace (Health, Safety and Welfare Regulations) 1992, the provision and use of Workplace Equipment Regulations 1998, and the Lifting Operation and Lifting Equipment Regulations 1998(Cheshire East Council, 2009). We know that moving people safely is no exception.

Health and Safety at Work Act, 1974: This legislation sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other where the act explains that employers should have to make sure as far as rationally workable, the health, safety and welfare of their employees when employees are at work and any other persons will be affected by their business activities (HSE leaflet, 1996).

Management of Health and Safety at Work Regulations 1992: This regulation was refined the act 1974 where Management of Health and Safety at Work Regulations 1992 need employers to carry out risk assessments, recording the significant findings. Furthermore, Management of Health and Safety at Work Regulations 1992 also compels employers to make arrangements for implementing the health and safety measures identified as necessary by the risk assessment, appoint competent people (often themselves or company colleagues) to help them to implement the arrangements, set up emergency

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procedures provide clear information and training to employees, and work together with other employers sharing the same workplace (HSE leaflet, 1996).

Manual Handling Operations Regulations (MHOR), 1992: MHOR (1992) taken into practice on 1st January 1993 to implement European Directive 90/269/EEC and has added to the duties on employers by the Health and Safety at Work Act (1974). On the other hand, MHOR needs a risk assessment approach which takes into account whether it is rationally practicable to mechanize the process where the employers are compelled to provide equipment to keep away from the hazardous manual handling of loads. And these regulations apply wherever things or people are moved by hand or bodily force. On the other hand, the responsibility for implementing safety requirements tends to fall on personnel directly responsible for the coordination and supervision of work (McGuire, et. al, 1997; Nelson, Baptiste, 2006). The Regulations impose duties on employers, self-employed people and employees where employers must avoid all hazardous manual handling activity where it is reasonably practicable to do so. If it is not, they must assess the risks in relation to the nature of the task, the load, the working environment and the capabilities 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 moving and handling. Ensuring safety for ourselves, our colleagues and the person being moved is the combined responsibility of our and our employer. The health and safety environment supplies guidelines about weights which can be safely lifted which are very general

guides and are not a substitute for a risk assessment, because many factors can affect the risks in each situation of residents. Factors that can affect the risk are summarized as the height of the bed and hoist, the ability of the individual to assist, the environment, the amount of room to maneuver, and the skill and experience of the staff member (Nolan, et. al, 2008).

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998:

LOLER was taken into practice on 5 December 1998 which intends to reduce risks to health and safety from lifting equipment provided for use at work. LOLER requires that equipment has to be strong and stable enough for the intended load, marked to indicate safe working load, used safely: the equipment's use should be organized, planned and executed by competent people and subject to ongoing examination and inspection by competent people. LOLER (1998) covers Hoists, slings and bath hoists where the regulations state that lifting equipment has to be carefully examined by capable people at least every six months in the case of equipment used to lift people, and at least yearly in the case of other tools(Health and Safety Executive, 1998),

Provision and Use of Work Equipment Regulations (PUWER) 1998:

Provision and use of work Equipment regulations (1998) is a detailed regulation covering lifting equipment which should be suitable for its intended use, safe to use and appropriately maintained and inspected to ensure it remains safe to use, accompanied by appropriate safety measures such as warnings and markings, and used only by people who have received

adequate information, instruction and training (Health and Safety Executive, 1998),

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995): This regulation compels the employers to report major injuries, dangerous occurrences and diseases. If there is an accident connected with work including an act of physical violence and employee, or a self-employed person working on premises, suffers an over-three-day injury it must send a completed accident report form (F2508) to the enforcing authority within ten days. An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days. On the other hand, if an employee suffered a moving and handling injury that resulted in inability to do her/his usual work for more than three days, the employer would be obliged to report. For example, a care assistant suffers a back injury when lifting a heavy load and is unable to work for four days. Major injuries are fracture other than to fingers, thumbs or toes, amputation, and dislocation of the shoulder, hip, knee or spine and the dangerous occurrences covers collapse, and overturning or failure of load-bearing parts of lifts and lifting equipment(Health and Safety Executive, 1999; Health and Safety Executive, 2001).

Management of Health and Safety at Work Regulations (1999): Regulations (1992) were cancelled and replaced with the Management of Health and Safety at Work Regulations 1999 that re-enacted the provisions of the 1992 regulations and merged modification made to the 1992 regulations.

Regulations also cancel the Management of Health and Safety at Work Regulations 1994. This regulations was taken into practice on 29 December

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1999 and include implement principles of prevention in regulations rather than through an Approved Code of Practice, clarify that employers should use capable employees in preference to external sources for competent advice and assistance on health and safety, include a specific requirement to arrange necessary contacts with emergency services regarding first aid, emergency medical care and rescue and designate workers to implement fire fire-fighting procedures, and make it explicit that it is not a defense for employers to claim that they were unable to meet their obligations because of any act or default by employees or competent persons(HSE Press Release C058: 99, 1999).

Views, preferences, and choice of residents: We must develop and maintain the relationship that promotes views, preference and need of individual. The people I work with are old and having dementia and they have a right to choose the way they are cared for. I should always let them be as independent as possible according to their condition. I support individual to communicate their views and preference in according to their need and priorities. I help and support resident as individual and with respect and dignity. For example: What time they wish to get up and have their meals? What they want to wear? What they wish to do during the day? Whether they want to stay in their room or wish to go to the lounge? I encourage the individual to take as much responsibilities themselves if they are able and it is possible (Burrbridges, et. al 2003).

The beliefs and preferences of an individual affect the way of moving and positioning the residents. We should find out their likes and preference and should not force them whatever they do not like. For example, clients from <https://assignbuster.com/moving-and-positioning-an-individual-in-healthcare/>

cultural backgrounds like, Middle Eastern and some Asian cultures may not wish to be moved, touched, or seen unclothed by healthcare professionals of the opposite sex where some Asian cultures wish to be involved in care to the point that they may watch over the patient around the clock, taking shifts, and they might wish to do the turning. On the other hand, some people simply favor not to be moved due to shyness. However, patients must be turned one way or another because of the safety risks posed to skin integrity, formation of contractures which limit range of motion and mobility (Burridges, et. al 2003).

Role of care to encourage independency to residents:

We should provide active support to encourage an individual to participate and manage their own work . The dignity, and privacy of an individual must be respected all the times which help to maintain their self esteem and sense of well being.

Environment and equipments before moving and handling individual

When I have to move the person then I should be careful and I must explain the person before assist them, what is going to happen and try as much as possible to keep away from lifting altogether, trying rather to roll, to slide or to turn the person. The use of simple and fairly inexpensive aids will eliminate the need lifting or heavy handling. Moving and handling has special rules: I need to make sure that I have enough space to move smoothly and freely. Move any obstructions for space to move, place my feet comfortably apart so that I have a firm base. Always stand as close as possible to the person to be moved, bend at the knees so that I can use the strong leg

muscles, do not bend or twist at the waist. Try to maintain the ' S' shape of My spine to help to reduce the strain on my back ([www. paupdate. org/moving](http://www.paupdate.org/moving)).

Infection controls:

Meaning: Infection control is an important part of an effective risk management program to improve the quality of residential care and the occupational health of staff. Hygiene is very important factor to prevent cross infection as we always work closely with the residents (Infection, 2004). The infection that spread from one person to another is called cross infection which is very essential to control in a care home. It is very important to take standard precaution to minimize the risk of cross infection.

We must wear gloves as it act as a protective barrier against infection.

Hand washing should be done : before and after performing any procedure, after contact with any body fluid, soiled linen or clinical waste , before starting and after finishing work, after eating, after using the toilet, after coughing, sneezing, or blowing our nose,

We should wear protective clothing as it helps to reduce the spread of infection by preventing infection getting on our clothes and spreading to the next person we come into contact with.

We should tie up our hair because it may disturb our visible path to handle our residents, may entangled in equipment which may cause a serious injury as well as may come into contact with the individuals that can spread infection.

Clinical instruments, syringe bottles gloves, aprons, needle, glass should be dispose in yellow sharp container or bag.

It is very important to clean all the equipments after using each resident because infections can breakthrough one person to another person on instrument, equipments and linen.

Waste should be disposed properly in the right place. Clinical waste has to be thrown in yellow bag/bin soiled linen should be collected in a red bag for the laundry. Recyclable instruments and equipments should be disposed in the blue bin (Nolan, 2005).

Health and safety measures:

Individual care plan: A nursing care plan can be defined as a set of actions the nurse/health care personal will implement to resolve nursing problems identified by assessment where the creation of the plan is an intermediate stage of the nursing process (en. wikipedia. org/wiki/nursing care plan).

The care plan contains information about person's day to day care . It should give details of any assistance required to wash or bath it may include using a bath hoist . It will also include the person's preference, for example if the person prefers to bath or shower. It should give details of the person's mobility. If the person uses a frame to walk this should be recorded. If a person requires walking aid and the help of one or two members of staff to walk, this has to be recorded in the care plan (Nazarko 2000).

Model of care plan and its reflection to my work:

Assessment Data

Nursing Diagnosis

Goals

Nursing interventions

Expected Outcomes

Immediate risk to individual:

Meaning and importance of communication in moving and handling individuals: Communication can be defined as a dynamic process in which people attempt to share their internal states with other people through the use of different symbols (McDaniel, et. al, 2009). Any decision that we make is only as good as the information it is based on. Communication is vitally important to the quality of care. Staff needs to communicate effectively if they are to give the best possible care. As a care assistant, we have to work closely with residents where residents may express their condition with us. For example, a resident may say " he/she is finding difficult walk around because the pain in her/his knees is so bad and the tablets which she/he is having is not working". This is significant information which we have to report our nurse, because effective communication leads to the residents receiving effective treatment to control pain and improve mobility. As I m working with vulnerable and old people, they are dependable on care staff working in the home . Therefore we have a duty to act in a professional way and protect the confidentiality of information that achieve during their care(Heath, and Ford, 1996).

Risk assessment:

Meaning of risk assessment: Risk assessment is the most important factor to decide what a hazard in the workplace is. It is clear that precautions should be put into place so that the risk is minimized with altogether when the risk is determined to be significant enough. In other words, It is a legal requirement to avoid manual handling which could increase the risk of injury. Risk assessment is unavoidable therefore the employer must make an assessment; take appropriate measures to remove or reduce the risk of injury; provide information on the load; and review risk assessments (www.paupdate.org/moving). In other words, a risk assessment considers the probability of an incident occurring and the severity of the injury or damage that may occur. The necessary steps are conclude as to look at the hazards, to decide who might be harmed and how, to evaluate the risks and decide whether the existing precautions are adequate or whether more should be done, to record findings, and to review assessment and revise if necessary(www.selworthy.somerset.sch.uk/.../Moving%20and%20Handling%20Policy.doc).

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The first step is to look for hazards: Being a social career, we have to go round of the workplace and check for potential dangers which will minimize the risks towards residents as well as whole team members

The second step is to decide who might be harmed and how: We have to decide who might be particularly at risk and how we can remove potential harm to residents as well as ourselves and service users

We can summarize the third step that health care assistants must analyze whether there have been sufficient precautions put into place to counter the hazard.

The next step is to record findings: On the way of risk assessment, we have to inform to senior staff or nurse in-charge verbally or mention on the record

We should always check that the risk assessment has been carried out before we conduct any tasks and then to follow the steps identified in the assessment to reduce the risk (Nolan, 2005).

Similarly, risk related with lifting and moving people can be arranged in a systematic, practical way by applying the risk management principles outlined by € € identifying the factors likely to cause injury, € assessing the potential risks to workers and other persons affected by the work, € implementing control measures to eliminate or reduce the risks, and € monitoring and review the effectiveness of the control measures(Act worker, 2000).

Fact about back injuries:

Our back is at work 24 hrs a day which has to hold our entire body and support most of our weight. Most of the injuries involved are sprain and strain caused by poor posture followed by repeated over a long period of time. Our body is like a machine which needs to be cared properly to

perform a work without any problem. Therefore we can prevent back injuries by learning the best way to sit stand and lift (<http://www.nvqmadefsimple.com/nvq-3/hsc-358-hsc-360>).

Research finding of Nurse Education in Practice has summarized the poor practice of moving and handling of individuals in Nursing homes are use of bed sheets to drag patients up the bed, non-completion of risk assessments, no assessment of patients' abilities, lifting/using condemned techniques, supporting the patient's weight, poor communication, poor management of equipment, and non-completion of equipment safety checks (Jones, and Cornish, 2010).

Clothing: Research has summarised that the type of clothing a worker wears can hinder the safe moving of clients and has further concluded that clothing should be comfortable and enable freedom of movement and footwear should provide adequate grip and stability. For example, clothing factors which may lead to injury during handling because short or tight skirts which hinder the worker's correct feet and hip positioning and high-heeled shoes which prevent stability and balance. On the hand, jewellery or long, untied hair which can be grabbed or pulled by clients being moved (Designing workplaces for the safer handling of patients/residents, 1999).

The clothing which we wear during moving and handling is very important because clothing may affect the procedure, and cause injury.

Reflection:

In my nursing home where I m working, our uniform is comfortable. I wear comfortable trouser, loose tunic top and supportive shoes . I have never

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faced the problem and hindrances with my uniform during moving and handling.

Importance of proper moving and handling individuals correctly: The importance of proper handling and moving can be summarized that proper moving and handling can minimize the risk of injury where injury harms residents as well as their family members, and work colleagues (www3.hants.gov.uk/proc2206.doc). Risk assessment has two parts where employer and employees. Their roles are inseparable in order to minimize the risk and hazards.

The employer's duties are summarized to avoid the need for hazardous manual handling as far as is reasonably practicable, to assess the risk of injury from any hazardous manual handling that can't be avoided, to and reduce the risk of injury from hazardous manual handling, as far as reasonably practicable. On the other hand, employees' duties and responsibilities are concluded to follow appropriate systems of work laid down for their safety. To make proper use of equipment provided to minimize the risk of injury, to co-operate with the employer on health and safety matters. If a care assistant fails to use a hoist that has been provided, they are putting themselves at risk of injury. The employer is unlikely to be liable, to apply the duties of employers, as appropriate, to their own manual handling activities, and to taking care to ensure that their activities do not put others at risk().

Various hazards can be summarized as environmental hazards, hazards related to equipments, and hazards related to people where environmental

hazards includes slippery floors, messy corridors, rearrange furniture, worn carpet and electrical flexes. On the other hand, hazards related with equipments and materials involves faulty brakes on bed, faulty electrical machines, damaged lifting equipments, incorrectly labeled substances, leaking a damage container, and worn mobility aids. Similarly, hazards connected to people covers handling procedures, visitors to the building, intruder violent and aggressive behavior (Nolan, 2005).

Preparing for moving and handling:

We have to wash our hand and should wear suitable cloth and footwear.

We must check the care plan before starting moving an individual and assess the risk.

We must always work in pair.

We have to remove the potential hazard and prepare the immediate environment.

We should ask the individual the best way of moving how they prefer and assist accordingly.

We must explain the procedure in each and every stage even though they are unable to understand

We must explain about how the equipment operates.

We must check the agreement of the individual we are moving.

We should stop immediately if the individual is not willing to continue as we cannot move an individual without his consent (Nolan, 2005).

HSC360b Move and position the individual

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Method of moving and handling: We should always avoid manual lifting unless it is emergencies or a life threatening situation because there is no weight limit for lifting . It is very important to use the correct equipment according to an individual's need which we can find out checking the care plan. Before performing moving and handling risk assessment must be carried out to avoid the possible harm and injury (Nolan, 2006)

Principles of moving and positioning individuals: The principles of moving and handling has summarized as follows.

From the first day in practice, we must not put ourselves at risk, never lift alone, find out where all the lifting aids are

We have to assess the situation for moving the patient

We have to communicate clearly with our resident so that all know what to expect and do.

We have to avoid tensing our muscles

We have to adopt a stable posture which usually means having our feet about a hip-width apart

We have to keep our knees soft or bent

We have to keep the load as close as to our body as possible and avoiding stretching

We have to avoid twisting or bending sideways (Gilling et. al, 2001).

Equipment for moving and handling:

There are various types of moving and handling equipment available in medical field such as: hoist, transfer board /sheet, slide boards, turn discs, monkey pole or lifting handle, handling belts, patient hand block etc. The most common used equipments in our nursing home are: different type of hoist (such as standing, oxford, triangle), sliding sheet, transfer belt, before using any equipment we must read the manual hand book and follow the instruction.

Hoist: Appropriate hoists and slings have to be used for the residents according to the individual needs. The ridge of the hoist has to be faced outwards and away from the residents to protect from potential injury where we have to place the sling around or under the service users. If we use standing hoist, the sling must be placed around the waist and tighten the belt. To use hoist, theoretical knowledge is not sufficient where practical skills of the workplace is a significant part of using hoist properly. Training provided by the Nursing Home has to be taken by the care worker. If something is confused to use hoist, we have to ask our senior before using it and always work with partners (Nolan, 2006).

Sliding sheet:

Reflection from the student