MOVING AND TRANSFERRING (HANDLING)

Moving and transferring refers to the safe techniques and procedures used for lifting, carrying, pushing, pulling and generally moving objects or people. It involves proper manual handling of loads to prevent injury and ensure safety (*Caringforcare, 2023*). Health care workers are at risk of musculoskeletal injury when their work involves moving and handling residents. Incorrect, unsafe moving and handling practices can cause musculoskeletal injuries, pain and loss of function, which in turn can lead to absenteeism, burnout, staff turnover and early retirement. Moving and transferring also puts residents at risk of skin tears, broken limbs and bruising.

Alert

STOP – THINK – ASK

The most physically demanding tasks that carers perform involve repositioning residents in bed/chair and transferring them from the bed to a stretcher. Repositioning residents can appear to be a straightforward activity, but it can lead to injuries to staff and residents if undertaken incorrectly.

IDENTIFY

Handling tasks associated with injuries to carers

- Transferring resident between bed and chair
- Transferring between chair and toilet
- Supporting in shower
- Making lateral transfers between bed and stretcher
- Repositioning in bed
- Repositioning in a chair
- Helping resident move from sitting to standing
- Preventing resident from falling

Know and follow your facility policy and procedures

Have you been trained? Do you know how to use the equipment provided?

All staff should receive specific education and training on moving and handling residents' safely

- Be responsible and accountable for your own moving and handling practice
- Ensure equipment is safe and clean before and after use. Store it correctly, eg, hoist on charge, brakes on
- Use the appropriate equipment for the task, eg, equipment with a safe working load for bariatric patients
- Report all incidents, concerns and potential hazards to the registered nurse, clinical nurse manager or facility manager promptly. Don't use equipment if you are not trained in using it

IDENTIFY

Assess the environment

An environmental assessment includes assessing the physical space, equipment available, floor surfaces, clutter, lighting, noise and temperature

Do remove any clutter and check that there are no trip hazards, you have adequate lighting and you have enough space to move

Assess the resident (load) – know your resident

Before you move a resident – STOP and review resident's care plan – THINK safety first and ASK questions for risk assessment

Resident characteristics that can affect moving and transferring risks include (but are not limited to) their size, height and weight, level of dependency and mobility, as well as their ability to understand and follow instructions

RISK ASSESSMENT

Before you move a resident, first refer to their care plan to determine their ability to move, sit, balance, stand, transfer and walk

1. How alert or sleepy is the resident today?
2. Are they showing signs and symptoms that suggest delirium or acute deterioration?
3. What is their current mobility? Do they have impaired mobility? Do they mobilise with walking aids and appropriate footwear?
4. Do they have a risk or history of falls? If yes, this may suggest some impaired balance or unsteadiness
5. Do they have sensory deficits – hearing/vision impairments? If so, ensure the resident can hear and see you before you move them
6. What is their weight? A higher body mass index (BMI) increases risk
7. What is their level of fatigue and weakness? Greater frailty increases risk
8. Are they in pain or discomfort? This can impact on their desire to move, bear weight and walk
9. Do they understand what you are asking of them? Can they follow instructions?
10. Are there language and cultural differences you need to consider?

See care guides: *Delirium; Acute deterioration; Falls; Dementia; Syncope and collapse*

Check the hoist slings each time before using the hoist – pull the straps, check for fraying. Ensure hoists slings are on the resident correctly and attached to the hoist correctly. Ensure the resident has the correct sling and that it is the correct size for them

ACTION

Before you move a resident

STOP to review resident's care plan
THINK safety first and ASK yourself

- How do I do this safely to protect myself and the resident?
- What are the potential risks of this move?
- Has someone shown me how to do this correctly?
- Do I need more staff to help? How many staff are needed for this task?
- Do I need specialised equipment? What equipment should I use? Do I know how to use this equipment (hoist, Molift Raiser, transfer belt, sliding sheet)?
- Have I been trained in how to use the equipment?
- Is the equipment appropriate for this transfer and for this resident? What does the resident's care plan say?
- Review previous moving and handling instructions from the physiotherapist. Review care plan, if available

Do not go ahead with the transfer unless you know what to do

RECORD

Document in progress notes and update care plan withspecifics on how a person mobilises or transfers. For example:

- **Walked to lounge with walking frame and supervision**
- **Taken to lounge in wheelchair**