

# Manual Handling

Based on the ANMF  
‘No Lift, no injury’ protocol



NursEd  
Healthcare Australia

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# Manual Handling

Healthcare Australia endorses a no lift policy and bases its training on the ANMF 'No lift, no injury' method (Bonner & Pockock 2004). Following successful completion of this theoretical package and multi-choice assessment quiz you must attend a 1.5 hour practical assessment or supply valid evidence of completion from elsewhere.



This course is endorsed by APEC No 061122359 as authorised by Australian College of Nursing (ACN) according to approved criteria.

Completion attracts **1 ACN CNE point** as part of ACN's Life Long Learning Program (3LP) (Equivalent to 1 hour CPD)



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**MANUAL HANDLING** is defined as any activity that requires an individual to exert a force to push, pull, lift, carry, lower, restrain any person, animal or thing. Within Nursing and Aged Care this means that Manual Handling consists of more than just moving/assisting our clients. The way we wind up the end of a bed; the way we sit at the desk to write our notes at the end of the day; the way we move linen bags all contribute to the Manual Handling demands we put on our body in a day.

### **ANMF No Lift No Injury Policy**

- Eliminate the manual lifting of people in all but life threatening or exceptional situations
- Maintain and promote client independence
- Provide assistance if it doesn't involve lifting most or all of a client's weight
- Provide support to clients unable to lift themselves by using lifting aids including mechanical lifting machines, hoists and rigid or fabric sliding devices

### **Definition of Manual Handling**

**Manual Handling is described as any activity, which requires a person to exert force in order to...**

- Lift
- Lower
- Push
- Pull
- Carry
- Move
- Hold, or
- Restrain

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## Legislative Framework

### The WHS Act (2012)

- States in Australia all have differing Occupational Health and Safety Acts. Links to these different Acts can be found through [www.australia.gov.au](http://www.australia.gov.au).
- The national harmonised Work Health and Safety (WHS) commenced 2012.
- Most sections of the differing acts have common themes and substantially the same substance, with emphasis on: **Hazard Identification, Risk Assessment and Risk Control.**

### Manual Handling Regulations

- Provides legislative guidelines for Manual Handling compliance within workplaces. They provide the framework of design, consultation, assessment, control and training to be implemented in the workplace.

### Code of Practice (Manual Handling)

- A guide towards assisting the implementation of the manual handling regulations

### Industry Guidelines (Manual Handling)

- Some industries that have been identified as being particularly at risk in particular sectors have guidelines or competencies developed in that sector. In aged care, there are Manual Competencies for Nurses.

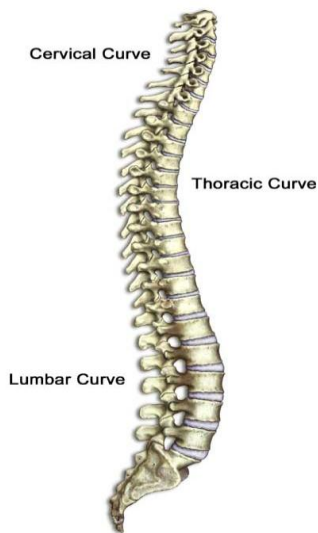
### Broad Employees Responsibilities under the Legislation

- Report any manual handling hazards
- Use correct procedures and equipment to reduce risk to you and others
- Protect your health and safety, and the health & safety of your work colleagues

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## Anatomy of the Spine

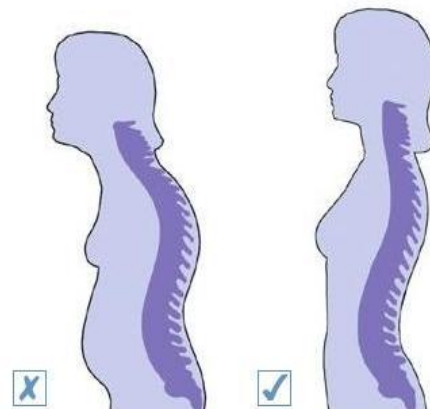


The spine is central to our whole body's function, providing a stable base for our limbs and head and protecting our nervous system from harm.

Reading and learning more and gaining a basic understanding how it works helps to look after it better!

## Posture

Good posture is the position in which our muscles work with minimal effort, whilst maintaining the natural shape of the spine. This places the spine in its most efficient and powerful position. Acute discomfort and long term degeneration can result from sustained changes to this good posture.



When we slouch, we allow our muscles to relax, placing the strain of supporting our weight on the ligaments and joints. In the short term this feels relaxing, as the muscles feel good, but if sustained, the load on the other structures will lead to greater long-term problems.

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## Abdominal Stabilising

Research has shown that the most important abdominal muscles for providing spinal stability are your deep abdominal muscles. These muscles form a 'corset-like' band around your lower trunk. They are activated with and support good posture. These deep abdominal muscles are much more important than the superficial muscles, which are strengthened with exercises such as sit-ups and trunk curls.

To activate your deep abdominal muscles, start with good, upright posture. Maintain normal breathing and draw your belly button gently towards your spine.

Exercise programs using Pilates principles or Gym Balls often focus on abdominal stability. It is essential that the basic idea of 'bracing' our abdominal muscles is integrated in to normal, everyday movement. Even just sitting with good posture strengthens our deep abdominal muscles.

### What kinds of injuries can result from Manual Handling?

Unsafe manual handling may cause a variety of injuries and conditions including:

- Muscle sprains and strains
- Injuries to muscles, ligaments, back injuries
- Injuries to soft tissues such as nerves, ligaments and tendons in the wrists, arms , shoulders, neck or legs
- Abdominal hernias
- Injuries resulting in chronic pain

Some of these conditions are known as repetitive strain injury (RSI), occupational overused syndrome (OOS), cumulative trauma disorder (CTD) and work-related musculoskeletal disorder (WRMSD).

In the Manual Handling Regulations, all of these conditions are referred to as musculoskeletal disorders (MSD).

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## Understanding Hazard and Risk

Hazards are factors in the workplace that have the potential to cause injury or ill health. Risk is the likelihood of a particular hazard causing an injury. The focus should be on eliminating or minimizing the risk of injury.

Lifting and moving people who are aged, injured, ill or disabled is an example of a hazard in the healthcare environment which cannot be eliminated.

The ANMF **No Lift No Injury** Policy aims to reduce the risk of injury by:

- Eliminating the manual lifting of people in all but life threatening or exceptional situations
- Maintaining and promoting client independence
- Providing assistance if it doesn't involve lifting most or all of a client's weight
- Providing support to clients unable to lift themselves, by using lifting aids including mechanical lifting machines, hoists and rigid or fabric sliding devices.

## Manual Handling Definitions

**HAZARD:** The potential to cause injury or illness.

This means a present or potential danger which may or may not be visible and can apply to:

- Methods being used to perform a task
- Machines in use
- Substances in use, storage or transit
- General workplace practices and procedures

**RISK:** The probability and consequence of occurrence of injury or illness; this means the likelihood of a person sustaining an injury or illness because of exposure to the hazard.

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## Hazard Management

**Hazard Identification:** Consultation with employees, direct observations, client assessments, review of injury records

**Risk Assessment:** Risk assessment is the process of evaluating the likelihood and consequence of injury or illness arising from exposure to an identified hazard. Assessments include actions and movements, working posture and position, characteristics of loads and equipment.

**Risk Control:** The process is used to eliminate or, where not possible, minimize the risk of injury or illness.

### The Hierarchy of Risk Control.

- Eliminate the task
- Substitute the task. This involves replacing a hazardous work process/procedure with a non hazardous or less hazardous one.
- Engineering controls. If a hazard cannot be eliminated, the next preferred option is to control the risk e.g. use a stand hoist rather than physically assisting a client to stand.
- Administrative controls. Introduction of alternative work practices to reduce the risk
- Personal Protective equipment. E.g. support belts.

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## Best Practice Manual Handling

### Lifting

If performed poorly, lifting places significant strain on many parts of our body. It is important to plan your lift well and execute the movement with excellent body position, even with light objects.

Remember, knowing how to lift is important, but it is still only one part of the risk control process. Eliminating the need to lift, substituting lighter loads for heavier ones, and the use of mechanical aids are all more important than just “bend the knees and keep the back straight”.

When we do need to lift, the semi-squat position places our body in its strongest position for lifting from low levels. In this position your legs have their greatest strength and your spine is stable and strong. The dominant force applied by a healthcare worker should come from the lower limbs.

*Remember the basics; they put your body in a strong position!*

- Feet comfortably apart, around the load if possible.

- Knees bent to 90°.
- Spine in the natural curves, with the forward bend from the hip joints.
- Load as close to the mid-point of your ankles as possible.
- Brace abdominal muscles.



**Above:** Semi Squat

**Below:** Knights Position



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**Pushing**

Whenever you need to push a load, remember to use a wide base of support, use your body weight to initiate the movement and try to keep your elbows close to your body. Placing your strongest foot back, with your other foot closer to the load, usually gives you your strongest pushing position. **Pushing is usually more effective than pulling.**

**Pulling**

If you do need to pull an object, face the object, use both arms, place your feet in a stride stance with your stronger foot forward and use you body weight to initiate the movement. Preparation of the work area is even more important as you May need to walk backwards with the load

**Storage**

In any work area, where we store items impacts significantly on how much lifting we are required to perform.

- Store any frequently used items at bench height.
- Store only infrequently used heavy items below bench height.
- Store only infrequently used, light objects above shoulder height.

**Team transfers**

Good communication is the key. Most injuries that occur during team transfers occur because one person moves or drops the load while the other person is not prepared. Using either; **Ready Set GO or 1, 2, 3**, to synchronise the movement will optimise success

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## Lifting an Object from the Floor

The worker must assess the safety of the area before approaching the box and assess weight of box by moving it with foot prior to lifting.

- Position yourself in a semi-squat;
- Use one hand on top of the box to tilt it slightly enabling the second hand to be positioned underneath the raised side of the box;
- Lift the box up, keeping it close to your body as you do so;
- When necessary for the box to be held more securely, the box is held on one lifted leg and the first hand slides down to hold at the bottom;
- When box needs to be lowered and repositioned, the worker does this in the reverse sequences.



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## Walking Clients (Reliably Weight Bearing Clients)

- Always walk with client close to hand rail when possible (on client's strong side if only one worker);
- Worker walks on the side and slightly behind client. Worker's near hand is positioned in the middle of client's back about the waistline. Worker positions front hand in 'duckbill' position for client to hold;
- Take frequent breaks if required;
- Use a walking belt to prevent client putting weight on worker (if needed).



### KEY POINTS

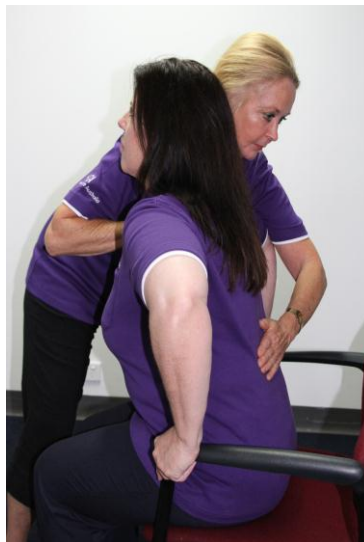
- Correct position of client and worker;
- Communication with both parties;
- Walk at client's comfortable pace.

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## Sit to Stand Transfer, One Person Assist (Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, feet under knees and approximately shoulders width apart.
- Worker stands beside the client, facing in the same direction, their forward foot blocking client's foot (if needed), back foot at side of chair.
- Encourage client to move forward in chair (deep chair).
- Worker places their near hand on the centre of the client's lower back, other hand is placed on top of client shoulder closet to carer for support.
- The client places their hands on the chair and pushes up to assist to stand as able (not on walking frame etc).
- The worker's hand applies slight pressure in an upward sweeping motion to assist the move.
- The worker transfers their body weight from the back leg to the front position with the move.
- The worker holds hand as a 'duckbill' for client to be supported on standing.



### KEY POINTS

- Client and worker positioned correctly
- Communication with both parties
- Weight transfer

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## Sit to Stand Transfer, Two Person Assist (Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, feet under knees and approximately shoulders width apart.
- Both workers stand either side with client facing over their shoulders, their forward foot blocking client's foot (if needed), or at side, parallel, back foot at side of chair.
- Each worker places their near hand over the client's shoulder, bracing the front of the client's body with their forearm.
- The workers place their second hand under the buttocks of the client.
- Move client forward with upper hand and push forward with lower hand to stand client up. The client places their hands on the chair and pushes up to assist to stand as able. The workers' force is provided by the hand under the client's buttock, NOT from under the arm. The workers' front feet move back during move and their forearm remains in front of client's shoulder for support.
- To sit client, lean them forward prior to sitting to position buttocks well back in the chair.



**Please Note:** the 'Duckbill' hand position is with fingers held together and the thumb tucked underneath. This allows the worker to withdraw their hand easily when/if necessary and prevents potential injury to them

### KEY POINTS

- Client and worker positioned correctly
- Support – from the buttocks of the client
- Communication with all parties

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## Lie to Sit Transfer, One Person Assist (Semi-Independent Client)

- With the bed height adjusted correctly, and the back of the bed placed in a sitting position, place a small folded square of slide sheet under the client's buttocks. This helps them turn in the bed without creating friction that may cause skin damage;
- The client can assist by placing their hands next to their thighs and pushing down to elevate themselves slightly;
- Instruct the client to place their hands flat on the bed. Next to their thighs once again;
- Ask the client to push onto the bed with both hands and move their legs over the side of the bed while turning their upper body with the aid of the slippery sheet under their buttocks. Assist lightly with hand under lower shoulder as needed for support;
- Worker must position front foot in direction of movement and transfer weight with move from back foot to front.



### KEY POINTS

- Communication with the client and their cooperation;
- Correct bed height;
- Transfer of worker's weight with movement.

**Note:** To transfer client to stand from sitting on the side of the bed to standing is the same procedure as from the chair.

Having the client's feet slightly off the floor allows the client to step onto their feet rather than pushing up on to their feet. Walking aids should not be placed in front of clients until the client is standing.

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## Lie to Sit Transfer (Pivot Method): One Person Assist (*Semi-Independent Client*)

- Ensure that the bed height is adjusted to workers correct height and that the bed rest is raised to an upright position (the client should now be in a sitting position);
- The client places both hands beside their thighs and pushes down and where possible elevates themselves slightly, if they cannot push themselves up, then the client can tilt themselves. As they do this a small square of doubled slide sheet can be placed under their buttocks;
- Pivot client – carer places a slide sheet/sheet around the clients legs. The carer holds the slide sheet taut and with hands at the end of the slide sheet. The carer holds the sheet taut and walk backwards towards the head of the bed, thereby promoting the pivot turning of the client;
- Client may keep hands on bed to assist with move and for support;
- Once on the side of the bed with legs over the side, the client can then stand up;
- Two workers can assist to stand resident where needed, or use stand aid hoist for weight bearing clients.



### KEY POINTS

- Correct bed height with bed rest in upright position;
- Slide sheet positioned;
- Communication with all parties.

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## Lie to Sit Transfer, Two Person Assist with Hoist (Dependent Client)

With the use of the correct sling and hoist a worker is able to transfer client from one piece of equipment to another:

- Position and ensure correct height for shortest worker (e.g. bed height);
- Roll client side to side to fit hoist sling. **Do not pull forward.** Workers to be positioned on each side to roll the client;
- Workers maintain safe body position, stepping and moving body as needed;
- Yoked hoists will make sitting client up straight easier;
- Position hoist ensuring that brakes are not applied throughout procedure;
- Attach sling. Ensure safe practice is applied attaching sling;
- For sitting position choose short attachment on top of sling, long at bottom;
- Raise client with hoist and position in chair or on bed. (Do not transfer client long distances in the sling);
- When turning hoist, push from side to straighten and prevent twisting the body;



- **Do not** put brake on when lowering client into chair (allows hoist to move back rather than tipping the chair);
- Ensure sling is pulled back away from the sensitive groin area, towards the knees, all creases and kinks eliminated.

### KEY POINTS

- Correct bed height;
- Hoist in the correct position;
- NO LIFT and NO BENDING!
- Sling positioned;
- Communication with all parties.

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## Slide Sheet Transfer, Rolling Side to Side

- This is a **two person manoeuvre**. Ensure the bed height is adjusted correctly;
- The client is placed on their back and tilted slightly, a doubled slide sheet is placed under them. **Do Not Turn – Tilt;**
- Carer One (doing the turn) will have the two edges of the slide sheet facing them;
- Carer One will grab the top slide sheet palms up and in a backward lunge with arms kept straight and taut, will do a backward lunge and maintain/hold that position;
- At the same time, Carer Two will have both hands placed on the client one on the out arm bicep location and the other placed on the outer thigh. Their palms will be placed flat with their fingertips facing the head and toes;
- Together as a team, Carer One will lunge back with the slide sheet gripped firmly and Carer Two will push slightly with their hands and position client on side of the bed;
- As Carer One is maintaining the position with arms taut close to their chest and in the backward lunge Carer Two will push excess slide sheet under the client for easy removal;
- When both Carers are ready, Carer One will step forward in the lunge movement with sheet firmly gripped and with both arms straight and taut this manoeuvre will roll the client onto the desired side. Carer Two will place their hands on client's hip and behind shoulder to support the client while the slide sheet is removed and pillows are placed behind them;
- The slide sheet is removed using the lunge manoeuvre Carer One will grip the top sheet (with hands palm up) in the middle of the slide sheet and lunge backwards removing the sheet from under the client. This may take more than one attempt.

### KEY POINTS

- Force – leg strength and weight transfer (backwards and forwards);
- Communication with co-worker and client;
- Fold position of slide sheet (if using single slide sheet folded).

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## Slide Sheet Transfer: Moving up the Bed

### Procedure 1:

#### Self-propelled for clients with leg strength (1 x Assist)

- The bed height is adjusted to suit the carer;
- Slide sheet is placed under client in the same way as for the previous transfer except that the open ends of the folded slide sheet face up the bed with open ends visible under the client's shoulders. Use 2 slide sheets for taller clients. Bend client legs, knees up, feet flat on bed, Use a non slip foot mat if available. Arms across chest;
- Participant one holds client's feet firmly on the bed and asks the client to look at the end of the bed and then push through their feet to facilitate a move up the bed;
- Ensure an extra pillow is placed at the bed head to protect the semi-independent client from hurting themselves;
- Use a 2<sup>nd</sup> carer to assist if need.

#### KEY POINTS

- Bed height adjusted;
- Communication between worker and client;
- Move on command (not earlier);
- Force from client's legs;
- Utilise tilt action of bed to facilitate move if needed for Bariatric clients.

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## Procedure 2: Dependent Client (2 x Assist using Forward Backward Lunge)

- The bed height is adjusted to suit the shorter of the two workers;
- Slide sheet is placed under client in the same way as for the previous transfer. Use 2 slide sheets for taller clients. Bend client legs, knees up, feet flat, (prevents dragging heels), arms across chest;
- Workers position at the top end of the bed behind the client and face the bottom end of the bed in a backward forward lunge;
- Both workers lean forward and grip the top layer of the slide sheet with palms up and wrists locked. One hand positioned at top of client's shoulder and the other on the client's arm near the shoulder;
- The two workers stand in a forward lunge position;
- Client lifts their head forward. (Set);
- The two workers transfer their weight from front leg to back as they move client towards them.

### KEY POINTS

- Bed adjusted;
- Communication between two workers and client;
- Move on command (not earlier);
- Transfer weight from front leg to back leg.



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## Slide Sheet Transfer: Moving up the Bed Counter Balance Manoeuvre

- The bed height is adjusted to suit the shorter of the two workers. The taller worker must bend their knees to maintain good posture;
- Slide sheet is placed under the client in the same way as for previous transfer except that the open ends of the folded sheet face up/down in the bed (edges face the head of the bed). Use 2 slide sheets for taller clients. If possible, bend client legs, knees up, feet flat (prevents dragging heels), arms across chest;
- Both workers hold the top layer of the slide sheet with the palms up grip and wrists locked;
- The two workers stand in a side-lunge position, with feet the same distance apart (Ready);
- The two workers counterbalance as the client lifts their head, if possible.(Set);
- The two workers lunge up the bed maintain counter balance with knuckles just skimming the slide sheet (Go);
- Ensure only horizontal movement occurs and that both workers stop the lunge before their top hand goes past their top foot;
- **DO NOT** attempt this maneuver unless your partner knows how to do it the correct/safe way and the load is equally distributed.

### KEY POINTS

- Bed height adjusted;
- Communication between two workers and client;
- Move on command (not earlier);
- Force – from horizontal lunge and leg strength, not arms;
- Do not allow top hand to move up the bed past your top foot.



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## Moving Client from Bed to Bed with Board Slide

- Ensure area is clear and bed is correct height with receiving bed slightly lower than occupied bed;
- Position slide sheet lengthwise under client using rolling method;
- Position client hands across their chest to their shoulders;
- Move receiving bed parallel and close as possible to occupied bed;
- Ensure brakes of beds are on;
- Worker (1) near occupied bed turns client toward them slightly using a slide sheet;
- Worker (2) on receiving side position the pat slide under the slide sheet and client;
- Pat slide should be under slightly greater than half of the client and covering the joining of the beds;
- Client is carefully released onto their back;
- Palms up, workers (2) commence to pull client across on the slide sheet and workers (1) support the client with hands, fingers down;
- Move is performed in stages allowing workers to reposition to eliminate stretching, twisting and crowding;
- Board slide and slide sheet is removed using client roll method.

### KEY POINTS

- Communication with colleagues, client and their cooperation;
- Correct positioning of beds and use of breaks;
- Correct positioning of pat slide and slide sheet;
- Correct and safe positioning of the worker/s.

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## Assisting a Client off the Floor *(independent, non-injured client)*

- Only attempt this transfer once situation has been assessed suitably. Remember that the best option may be to leave the client on the floor with a blanket and pillow. Client may be moved to suitable area using 2 slide sheets;
- Instruct the client to bend knees and roll onto their side. Worker to be positioned the side client rolls. Client to position their hand flat on the floor, push up with their arms to a semi sit position and then roll onto their knees. into a crawl position;
- Place one chair directly in front of the client and have the client place their hands on the chair. Place 2<sup>nd</sup> chair behind client, let them feel the chair against their bottom;
- Instruct the client to place one foot flat on the floor (half kneeling) and then to push their buttock up and back on to the chair behind them and instruct client to slide back onto the chair. Position the 2<sup>nd</sup> chair on an angle behind client's relative buttock.

### KEY POINTS

- Communication with client and their cooperation;
- NO LIFT! NO BENDING!
- If client is unable to move through all stages use a mechanical aid to lift them.

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## Assisting a Client off the Floor (*Dependent client*)

- Client may be moved to suitable area using 2 slide sheets;
- Roll client side to side to fit hoist sling. Workers to be positioned on each side of the client;
- Maintain safe posture during moves (work from kneeling - squatting position and move body and feet to eliminate any twisting);
- Ensure that the lifter will lower sufficiently to lift from the floor;
- Full body sling should be used to lift from the floor to give maximum support;
- Position hoist from client's feet end instruct the client to bend knees (if possible) and roll hoist under their knees on an angle. Do not use brakes on hoist to enable safe positioning;
- Raise client with hoist and position in chair or on bed. (Do not transfer client long distances or raise the sling to its maximum height while in use);
- If the client has a suspected hip injury, make them comfortable on the floor and await the ambulance.

### KEY POINTS

- Communication with client and their cooperation;
- NO LIFT! NO BENDING!
- Lifting hoist lowers to floor;
- Worker safe positioning.

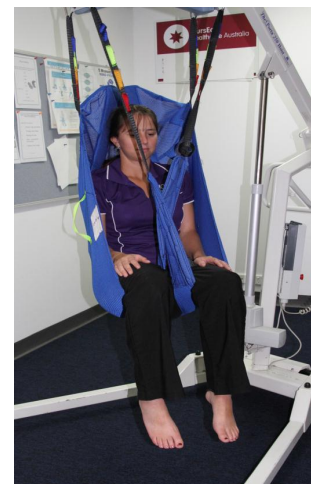
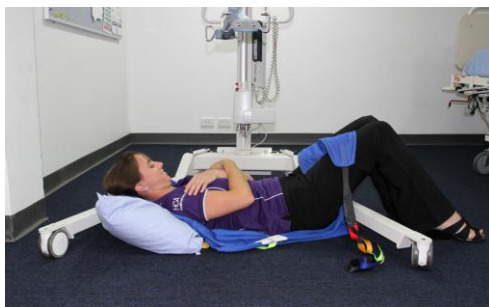
**Please note:** To move a client to a safe, clear area to raise them from the floor position two slide sheets under the client lengthwise together. Pull the top slide sheet. This move is done in stages allowing the worker to reposition their body to eliminate overstretching, crowding and twisting.

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## Use of Sling Lifters

- Position and ensure correct height for shortest worker (e.g. bed height);
- Roll client side to side to fit hoist sling (do not pull forward. Workers to be positioned on each side the client rolls);
- Workers maintain safe body position, stepping and moving body as needed;
- Yoked hoists will make sitting client up straight easier;
- Position hoist, **do not apply brakes;**
- Attach sling;
- For sitting position choose short attachment on top of sling, long at bottom;
- Raise client with hoist and position in chair or on bed. (Do not transfer client long distances in the sling);
- When turning hoist, push from side to straighten and prevent twisting the body;
- **Do not put brake on** when lowering client into chair or bed (allows hoist to move back rather than tipping the chair);
- The only time the brakes are used/on, is when the lifter is being used on a slope and during storing of the lifter.



### KEY POINTS

- Communication with client and their cooperation;
- **NO MANUAL LIFT!**
- Worker's safe body positioning.

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## Use of Stand Aid Hoist (Weight Bearing Clients)

- Position client on side of bed or chair;
- Workers maintain safe body position, stepping and moving body as needed;
- Position hoist in front of client;
- Place feet on foot place, fit knee strap where present;
- Position sling and tighten strap, instruct client to hold on handle;
- Raise hoist and move client to required position;
- Lower client to new area.

### KEY POINTS

- Communication with client and their cooperation;
- NO MANUAL LIFT!
- Worker's safe body positioning.

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## Summary of Safe Manual Handling Rules

- Always look for a better way of doing things to avoid manual handling risks;
- Place or store infrequently used heavy objects below waist level;
- Warm up – simple exercise, or do the smaller jobs first;
- Use good manual handling techniques;
- Watch where you are going when carrying or guiding a load;
- Move your feet to turn – avoid twisting the back – rotate trunk using hips to turn the whole body;
- Make sure you have a good grip of the load – and that it will not fall apart;
- Have the right equipment available – know when and how to use mechanical aids;
- Prepare for the moving of the load – use the momentum of the load (especially patients/clients) to assist movement;
- Get close to the load;
- Better to push than to pull;
- Call for HELP if you feel you cannot comfortably handle the load safely;
- Stop physical work if you are tired or fatigued.

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## Congratulations



You have completed the reading for Manual Handling theory (Part One). Please now complete the multi-choice assessment quiz.

After successfully completing the quiz you must arrange to attend a 1.5 hour practical session to demonstrate the knowledge and skills acquired.

[www.healthcareaustralia.com.au/coursesavailable](http://www.healthcareaustralia.com.au/coursesavailable)

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**Theoretical and practical programs based on the ANMF ‘No Lift, no injury’ system.**

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