



MOVING AND HANDLING POLICY

**This is a joint policy between the
Community and Adult care Directorate and
NHS Gloucestershire**

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Moving and Handling Policy

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Moving and Handling Policy

Draft

1. Policy Statement

- 1.1 The aim of the Health and Social Care community and their contracted domiciliary care providers is to avoid the manual moving of people and loads where there is a risk of injury, so far as is reasonably practicable. This should be commensurate with the best interests, dignity, promotion of independence and rights that people have under the Human Rights Act 1998.
- 1.2 This policy describes how the balance between the health and safety of employees, relief workers, agency staff and others is not placed at risk, so far as is reasonably practicable when assisting individuals whose functional ability and/or ability to comply with the procedure is impaired.

2. Purpose of the Policy

The purpose of the policy is to ensure that:

- We work towards a common approach within Health and Social Care environments.
- A service that meets agreed standards is maintained throughout the partner organisations.
- Safety and comfort for the individual is maximised.
- The risk of injury to staff and individuals is minimised.
- Legal requirements are met.
- The wishes of the individual are considered within the principles of person centred planning.

3. Scope

This policy applies to all employees in NHS Gloucestershire and Adult Social Care, and the employees of the contracted agencies delivering personal care. Where there is conflict in policy, moving and handling leads/health and safety managers/advisors must be consulted on a case by case basis.

For children and young people in education settings, a separate policy exists: www.gloucestershire.gov.uk/index.cfm?articleid=11015¹

4. Legal Context

The Health and Safety at Work etc Act 1974 is the basis of all health and safety legislation and sets out the legal requirements, which employers have towards employees and others, and employees have to themselves and each other. (HASWA)

¹ October 2006

The Manual Handling Operations Regulations 1992 were introduced to enable the UK to implement the European Directive 901269/EEC, which made a risk assessment approach a requirement.

The Management of Health and Safety at Work Regulations 1999, place an obligation on employers to carry out a suitable and sufficient assessment of the risks whilst they are at work.

The Lifting operations and lifting Equipment Regulation (LOLER) 1998.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (RIDDOR)

The Provision and Use of Work Equipment Regulations 1998. (PUWER)

The Human Rights Act 1998 (HRA)

The above is not an exhaustive list

Mandatory Procedures

5. Manual Handling

5.1 In the context of this document manual handling refers to the moving and handling of any load. Current legislation states “Each employer shall avoid hazardous manual handling, so far as is reasonably practicable, therefore manual handling is not prohibited and requires a balanced approach to ensure that:

- Employees are not required to perform tasks that put them and/or individuals at risk, unreasonably.
- Individuals’ personal wishes on mobility assistance are respected wherever possible as is their independence and autonomy.

5.2 The aim should be to meet the individuals’ wishes using the principles of Putting People First in assessing their needs for independence without compromising the safety of anyone concerned with their health and well being. The dignity, autonomy and privacy of the individual should be respected at all times. For individuals who are unable or incapable of expressing their wishes see section 8.

5.3 Managers and staff should consider risk control strategies:

- **E**liminate the risk, **R**educe the risk, **I**solate the risk, **C**ontrol the risk (ERIC)
- Re-designing the task to avoid moving the individual or the load.
- Reducing the weight risk of any load to be lifted.

- The use of mechanical lifting equipment and small handling equipment.
- 5.4 As part of this process individuals should be encouraged to assist in their own transfers as far as possible and appropriate moving and handling equipment should be used to reduce the risk of any injury to themselves and staff.
 - 5.5 There may be cases where there is no reasonably practicable alternative to manual moving and in such circumstance a detailed risk assessment must be completed identifying all elements of risks and staff skills and capabilities which need to be factored in.
 - 5.6 Where a manual handling risk assessment has identified a two person manual move best practice requires that both people are trained. Alternatively, at the line manager's discretion one employee assisted by a trained and/or competent (as deemed by a physiotherapist, occupational therapist or similar professional) informal/unpaid carer may be permitted, if this is supported by the findings of a full risk assessment as detailed in section 5.5 which takes into account needs and capabilities.
 - 5.7 An individual's state of health, both physical and mental, must be taken into account before trying to manually handle them and an appropriate health care professional be alerted if there is a concern. (see sections 8 & 9 for additional guidance).
 - 5.8 Manual handling training will be provided in accordance with the organisations training policy. Ad hoc training may be provided in certain circumstances.
 - 5.9 All accidents, handling incidents and near misses must be reported promptly to the appropriate person within that organisation e.g. line manager and/or health and safety manager in accordance with the reporting procedures of the organisation.

Practice Guidance

6. Risk Assessments

- 6.1 Risk assessments must be completed for any essential moving and handling tasks.
- 6.3 The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multi-disciplinary agency working is involved for risk assessments to be jointly completed.

- 6.4 When making a moving and handling risk assessment, there are some factors that must be considered.

TILE (Task – Individual – Load – Environment). More detail of these are listed in the Code of Practice in the Appendix.

- 6.5 The nominated professional, whether internal or external to the organisation carrying out the care tasks, must be contacted for advice on preferred moves in difficult situations e.g. where space constraints in a person's home are a limiting factor.

- 6.6 The current risk assessment must be stored with the individual's information file within the home, unless the individual objects to information files in their home a safe system of work plan must be left in the home even if no other details are stored there because it must be easily accessible to staff.

Where there is a joint risk assessment then a copy should be retained on all files within the home. In community hospitals and establishments the assessments need to be kept on individual's files and staff made aware of their location.

- 6.7 Risk assessments should be reviewed in accordance with local working practices and policies or if there is reason to suspect that it is no longer valid; or where there has been a significant change in circumstances. Any changes should be recorded on the care plan.

7. Rehabilitation Requirements

- 7.1 In the rehabilitation of individuals, it is advisable that a multi-disciplinary team approach is adopted using Risk Assessment before deciding which handling aids and techniques should be used. To ensure that agreed care plans are implemented through joint working, it is essential for the various organisations to take responsibility for their own acts and omissions.

- 7.2 In a joint statement by the chartered society of physiotherapists, college of occupational therapy, royal college of nursing – partnership in the manual handling of patients (1997). It is stated that there may seem to be a conflict between safer handling policies and the rehabilitation or maintenance need of the patient, however both health and safety and professional procedures call for therapists to assess their patients and devise suitable management programmes. Assessment for core treatment plans are not separate from those for the reduction of manual handling risks/hazards and decisions on the methods of moving the patients together with treatment plans flow from the same decision making process.

7.3 It is recognised by the organisations that there are different levels of skills and training within various professions and that there may occasionally be individuals who will require different handling to those methods outlined in this document. This is acceptable as long as the situations have been risk assessed and that the agreed method of handling is performed by trained staff. Documentation and agreement by managers must be completed in all these identified situations e.g. It may be a necessary component of assessment for relevant employees who are suitably trained to supervise and prompt individuals on steps or stairs by observing them closely and assisting in accordance with the requirements of the care plan.

This practice, however, necessary on occasions, is not a recommended method of dealing with stairs on a regular and long term basis. (Please refer to ACPIN Guidelines – Appendix 2)

8. Individuals who have Difficulties Expressing their Views or may Lack Mental Capacity

- 8.1 Where the individuals have mental capacity in relation to the moving and handling decision but have difficulty expressing their wishes employees should make all reasonable attempts to ascertain their wishes by making use of interpreters, non-verbal communication, technological aids, independent advocates and the views expressed through others.
- 8.2 Where individuals may lack capacity in relation to the moving and handling decision staff should undertake a mental capacity assessment using the mental capacity assessment & best interests FACE form (MCA2). Where the individual is not supported by anyone (friend, carer, or relative) during the assessment process they should be offered the services of an advocate. An advocate can be contacted on 0800 644 6448.

The Mental Capacity Assessment & Best Interests FACE form MCA2 can be accessed from an individual's ERIC record by clicking on:

- Documents, then;
- new template, then;
- document group
- Select "Adult Electronic" or 'adult printable'then;
- Select "Mental Capacity Assessment & Best Interests form"

Refer to [guidance on Mental Capacity Act](#) for further information.

- 8.3 No-one can give consent to treatment on behalf of another adult but health & social care professionals can normally provide treatment/intervention which they believe to be in the best interests of the person, provided they have carried out an assessment of capacity & best interests assessment.
- 8.4 Under the terms of the Mental Capacity Act it is possible for individuals to make an advanced directive as to their wishes and this should be honoured whenever practicable. Staff should also check whether individuals have made an Advance Decision to refuse a particular treatment or whether they have made a Lasting Power of Attorney (LPA) Health & Welfare or have a Court of Protection appointed Deputy. If so, both of the latter become the decision maker.

9. Conflicts in Moving and Handling

- 9.1 Even when the individual and their family or advocate have been fully involved in the assessment process a small minority of people may still be reluctant to change existing practices to address the risks identified. In such cases staff should adopt the following procedure:
- Seek immediate advice from their line manager.
 - Outline the benefits/advantages/safety for all parties of the planned technique to the individual and their carers.
 - Seek alternative methods and/or equipment, if possible, from the nominated professional.
- 9.2 If all reasonable efforts to provide a service in a way acceptable to all parties have failed, then the designated service manager may consult with the health and safety manager and the legal department will decide whether this constitutes a refusal of service by the individual. The organisation has to balance its legal duties to employees under Health and Safety legislation and the quality of care to individuals.
- 9.3 It is unacceptable for unsafe work practices, which pose a risk of injury to employees, to continue, whilst a satisfactory solution is found. A balance must be found where one party's benefit does not significantly increase the other party's risk.
- 9.4 There may be occasions when disputes arise between the assessor and the service provider as to how the manoeuvre might best be

managed. In such circumstances the assessor and service provider should meet to discuss the risk assessment of the manoeuvre and the risk assessments of the actual staff involved and seek a resolution based on the assessed needs and reduction of risk to individual and employee.

10. Emergency Handling

- 10.1 Some situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. If a individual has a history of falls or collapses then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan.
- 10.2 However, there may be situations where staff have no time to get equipment or plan the move.
Consider your safety and the safety of others around you prior to taking any further action.
- 10.3 In the community, if a person falls and is unable to stand independently and is not in danger, non-medically qualified staff should make the person comfortable and seek advice from an appropriate professional. They must stay with the person until necessary assistance/equipment arrives.
- 10.4 If an individual/ patient falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff.

11. Equipment

- 11.1 Staff must avoid all unnecessary manual moving and use the appropriate equipment where it is assessed as necessary.
All equipment must be suitable for use in line with (PUWER Regulations 1998).
- 11.2 Staff must use equipment with which they have been trained. It is the responsibility of each prescriber i.e. risks assessor/ employer/moving and handling trainer to give instruction in the use of such equipment. Informal carers should not instruct care staff in the use of aids or equipment. Staff must seek guidance if they are still unsure about how to use equipment.
- 11.3 Managers must ensure that sufficient resources are available to allow the prompt provision of appropriate aids, where risk assessments are completed by the appropriate professional have identified the need. If the required equipment is not available for use then this must be

reported to the line manager and the assessed task not performed until the equipment is in place.

- 11.4 The nominated professional should advise staff of the range of mechanical and other moving and handling equipment, and encourage its use where appropriate through training and refresher sessions.
- 11.5 Managers must ensure that all such equipment used by their staff in individuals homes is logged centrally by Gloucestershire Industrial Services and that the system for the regular checking and the reporting of all faults and failures is known to all staff, individuals and carers.
- 11.6 All staff have a responsibility to use moving and handling equipment correctly and to report any malfunction or potential malfunction immediately. The equipment must be marked with a sticker and dated to alert other people to the potential problem and moved to a safe place. (It cannot be used until checked/serviced and deemed safe by a competent person.
- 11.7 All staff have a responsibility to check that the equipment is clean and in good working order before using it.
- 11.8 Equipment must be suitable and sufficient for the purpose and the person for whom it was provided after an assessment of needs. It should not be used for any other person for who it was assessed.
- 11.9 Specific lifting appliances e.g. hoists must have a current test certificate it must be signed by the competent person and must specify the safe working load and this must not be exceeded. This equipment is also required to have a thorough and documented examination by a competent person every 6 months. (LOLER 1998).

12. Training

- 12.1 All employees must receive moving and handling training in accordance with local organisational policies/procedures before being required to move any person/load. Each organisation must also take responsibility for the formal training of its trainers and managers. It must also be fit for purpose.
- 12.2 Mandatory update training session will be provided for every staff member who is involved in the moving and handling of people/loads in line with the organisation's policy. Where an employee or their manager identifies a specific need additional training will be provided.

- 12.3 All newly-employed staff involved in moving individuals must have read and demonstrated their understanding of the Moving and Handling Policy, and sign to confirm that they have done so within the relevant specified time as detailed in their induction workbooks on commencement of their employment.
- 12.4 Managers must ensure that written records of training are kept, that a system for identifying staff needing updates is in place, and that staff are put forward for appropriate training at the right time within identified frequencies.

13. Employees' Responsibilities

- 13.1 Employees must take reasonable care for their own safety, and that of others when carrying out moving and handling and attend moving and handling training as required.
- 13.2 Employees must read/review the risk assessment and moving and handling plan every time they attend to the individual and after every subsequent risk assessment review. Individuals or their representatives must also sign to say they have seen the risk assessment and agree to it.
- 13.3 Employees must use moving and handling equipment and techniques in accordance with training and written instructions received from a nominated professional and the manufacturer's instructions and guidance.
- 13.4 They must observe the principles of manual handling and use the equipment provided in accordance with instructions.
- 13.5 Employees should wear appropriate clothing and footwear i.e. (not open toed sandals) that do not constrain movement/posture when moving and handling and use the personal protective equipment provided by their organisations.
- 13.7 Employees must comply with infection control policy and procedures relevant to their organization.
- 13.8 Employees must report to their manager if they are unsure of any moving and handling procedure, or if they consider any task too difficult or likely to pose a risk of injury through the organisation's reporting procedures. They must also alert managers to the need for a review of

the risk assessment, equipment or further training. This must be documented and actioned.

- 13.9 Employees must immediately report all incidents or potential incidents arising from moving and handling in line with organisational incident reporting procedures, and any disabilities or health conditions including pregnancy, which may affect their handling capacities.
- 13.10 Employees must attend training as required to do so by their organisation.

14. Managers' Responsibilities

- 14.1 Managers must ensure, in accordance with HASWA, that no one is exposed to foreseeable risk of injury so far as is reasonably practicable.
Risk assessments must be carried out in line with this policy.
- 14.2 Managers must attend training on Health and Safety management, including risk assessment and keep themselves updated in accordance with local organisational requirements.
- 14.3 Managers must ensure that all their employees are trained in the basic skills of manual handling before being asked to move any person or load, and that they comply with the risk assessments and care plans for individuals.
- 14.4 Managers must satisfy themselves that their employees are following the principles of manual handling and not operating contrary to the way that they have been trained. They must take action if employees persist in using inappropriate or unsafe methods.
- 14.5 Managers should seek advice from the Moving and Handling advisor/trainer/appropriate professional for any unresolved issues concerning manual handling practice.
- 14.6 Managers have a duty to both individuals and staff. They have a responsibility to ensure that a balance must be found where one party's benefit does not significantly increase the risk of the other party.
- 14.7 It is essential that staff are aware of individuals with a personal budget who take on the role of an employer. They will need to conduct a risk assessment of their workplace i.e. their home and any manual handling issues. Any staff will need to be trained in moving and handling

techniques and the requirements to have lifting equipment serviced as per current applicable legislation (LOLER), is also applicable.

15. Occupational Health Department

15.1 In organisations, which have an occupational health department, advice is given on the fitness of potential employees for work. Organisations will ensure that individuals are assessed against relevant criteria to consider their ability to perform the full duties and responsibilities of the post.

15.2 If the occupational health department considers the individual to be at risk of injury the manager will be advised of what action if any is necessary.

Managers should take advice off occupational health but must accept responsibility if they choose not to.

15.3 If an employee should develop musculo-skeletal problems, which affect their work, then advice should be sought from the occupational health department by the manager promptly. To reduce the risk of further problems, advice may be sought from occupational health and any nominated appropriately trained professional. Employees can self-refer to occupational health.

15.4 The occupational health department will offer advice when an employee returns to work following time off with a condition or injury, which may affect their moving and handling abilities.

15.5 If an employee is considered to be permanently at risk if they return to their post, occupational health will assist the individual, human resources and the manager to decide on the appropriate course of action.

16. Implementation

Moving and Handling training will be underpinned by this policy and other relevant organisational policies. It will be monitored through the incident reporting procedures and complaints monitoring.

17. Monitoring and Review

This policy will be monitored through staff supervision, the reporting of accidents and incidents and sickness returns. The policy will be reviewed at least every two years.

Appendix 1

Code of Practice

This section should be read in conjunction with the policy although it is acknowledged that there will be some repetition of issues.

1. Safe handling and Moving of Service individuals

These practices are described more fitly in the 5th edition of the “Guide to the Handling of Patients”, published by the National Back Pain Association – in collaboration with the Royal College of Nursing.

2. Risk Assessment

2.1 To reduce the risk of injury, a structured approach to Risk Assessment should be used considering:

TASK
INDIVIDUAL CAPABILITY
LOAD
ENVIRONMENT

2.2 This is commonly known by the acronym **TILE**. Suitably qualified staffs who have undergone the appropriate training within their organisations should conduct risk assessments.

2.3 If the task cannot be avoided, steps should be taken to reduce the risk of injury by implementing safer systems of work. This includes the provision and use of equipment. Employees should be involved with any redesign of systems of work.

2.4 Making a Moving and Handling Risk Assessment

The following factors must be considered, as they will increase the risk of injury .This list is not exhaustive and can be added to for specific work areas.

2.5 The Tasks

- Is the load held at a distance from the trunk?
- Does the task make it difficult to achieve correct posture?
- Does the task involve twisting the trunk?
- Are there combined factors?

- Does the task involve excessive lifting or lowering distances?
- Does the task involve excessive pushing and pulling?
- Does the task involve any risk of sudden movement of the load?
- Does the task involve frequent or prolonged physical effort?
- Does the task involve insufficient rest or recovery periods?
- Is the task being done while seated?
- Is the load to be handled by a team? (working as a team may reduce the risk of injury but team handling must be properly planned).

2.6 Individual Capability

- Do handlers have experience with this task?
- Does the task require unusual strength, height etc.?
- Does the job put at risk those who are pregnant or who have recently given birth?
- Does the task require special knowledge or training for its safe performance?
- Is the handler fit for the task?
- Do uniform/clothing/shoes allow safe movement?
- Do the handlers work well within a team?

2.7 The Load (Individual loads are described in)

- Is the load heavy?
- Is the load bulky or unwieldy?
- Is the load difficult to grasp?
- Is the load unstable, or are its contents likely to shift?
- Is the load sharp, hot or otherwise potentially damaging?

2.8 The Working Environment

- Are there space restraints preventing good posture?
- Are there uneven, slippery or unstable floors?
- Are there variations in floor levels or work surfaces?
- Are there extremes of temperature, humidity or air movement?
- Are there poor lighting conditions?

3. Minimising Risk

3.1 It is the manager's responsibility to minimise the risks of injury by implementing measures relating to:

- The working environment
- Equipment
- Uniform/shoe policy
- The organisation
- Staffing levels
- Training of all staff
- Written instructions, safe systems of work
- Definition of roles

- Communication
 - Fitness of new and existing staff
- 3.2 By organising formal risk assessments managers will be required to draw up an action plan and budget for new measures as identified above. All involved staff will be instructed in the principles of safe moving and handling. Advice is available from the nominated professionals within the organisations.
Staff should be aware that by not following SAFE SYSTEMS of work disciplinary action could be taken.
- 3.3 **Principles of Safe Handling are:**
- Head up
 - Chin in
 - Back straight
 - Knees, hips flexed
 - Hold load close
 - Elbows tucked in
 - Wide base (foot position)

4. Emergency Handling

- 4.1 Some situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. If the individual has a history of falls or collapses then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan.
- 4.2 However, there may be situations where staff have no time to get equipment or plan the move.
Consider your safety and the safety of others around you prior to taking any further action.
- 4.3 In the community, if a person falls and is unable to stand independently and is not in danger, non-medically qualified staff should make the person comfortable and seek advice from an appropriate professional. They must stay with the person until necessary assistance/equipment arrives.
- 4.4 If a service user/ patient falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff.

5. Patient Handling

- 5.1 Where the load is a person the following factors must be considered to reduce the risk of injury.
- Handling service individuals manually may continue if the task does not involve LIFTING most or all of a patient's weight.

- Individuals should be educated and encouraged to assist in their own transfers and handling aids used whenever they can to reduce risk.

-All individuals must have a recorded risk assessment on their moving and handling activities.

THE AIM IS TO ELIMINATE HAZARDOUS MOVING AND HANDLING IN ALL BUT EXCEPTIONAL OR LIFE THREATENING CIRCUMSTANCES

- In the rehabilitation of individuals, it is advisable that a multidisciplinary team approach is adopted using a risk assessment before deciding which handling aids and techniques should be used.
- Risk assessments should take into account:
 - The patients weight
 - The physical ability to assist in:
 - Turning
 - Raising head
 - Sitting
 - Raising up the bed
 - Moving to the edge of bed/chair
 - Standing
 - Supporting own weight
 - Walking
 - Using toilet /bath
 - Dressing
 - Use of transport
- Mental capacity e.g. understanding and responding to instructions
- Systems of work – to include specific instructions on techniques, equipment, number of handlers etc. All information should be recorded on care plans and updated when there are any changes.

6. Recommended handling techniques

- Encouraging self help with or without equipment such as slide sheets, slide boards, rope ladder, hand blocks, monkey poles etc.
- Use of equipment that allows for the elimination of Patient Lifting e.g. Hoists, Sliding equipment etc.
- Use of equipment that allows for safer posture/practice. E.g. Bed raisers, Hilow Beds, Slide Sheets etc.
- Use of Slide/Roller Sheets/transfer boards to:
 - Slide patients up the bed.
 - Assist patients in and out of bed.
 - Turn the bed bound patient.
 - Slide a sitting patient from chair to chair.
 - Sliding a fallen patient into a more suitable area.
 - Assist patient to edge of bed.

- Slide a patient back into back of chair.
 - Assisting patients' own independence.
 - Use of handling belts to:
 - Support the walking patient.
 - Assist in assisted standing transfers. (Handlers to stand at the side)
 - Individuals who have fallen will NOT be lifted up from the floor - manually. The following factors should be considered:
 - Is the patient able to stand up independently?
 - Is a hoist available?
 - Should the emergency services be called?
- Is a lifting cushion available i.e. manger elk?

Appendix 2

Association of Chartered Physiotherapists with Interest in Neurology (ACPIN)

Guidance in Manual Handling in treatment, ACPIN manual handling working party, 2001.

1. Protocol for stairs

- 1.1 Stairs can only be attempted if the patient has the physical ability outlined in *Guidance for selection of stairs methods within rehabilitation to follow*.
- 1.2 The aim is for the patient to be actively involved with the stairs climbing activity and for the staff to be guiding through the movement, not for the patient to be physically lifted up and down the stairs by staff.
- 1.3 Facilitation can be carried out using the therapist's whole body, not just the hands. Consideration should be made to use position that make the best use of body weight and biomechanics for the individual, whilst avoiding flexion and rotation of the spine.

2. Clinical reasoning

Reasons for doing the stairs in therapy may include:

- 2.1 To achieve functional goals.
- 2.2 To increase ability to transfer weight
- 2.3 To strengthen anti-gravity muscles
- 2.4 To improve exercise tolerance.
- 2.5 To increase confidence in balance

3. **Stairs with two staff.**

- 3.1 **Position of patient** – Standing at edge of stairs using arm support appropriately.
- 3.2 **Position of therapists-** One therapist in front and one behind of the patient
- 3.3 **Role of the therapist in front** – This therapist is the lead as they can communicate face to face with the patient and monitor the patient's facial expression, colour etc. Their role is to correct the alignment of the leg and foot placement and arms, however, this therapist should not be taking body weight. The trunk/pelvis alignment can be corrected, but it should be done in conjunction the second therapist.
- 3.4 **Role of the therapist behind** – This therapist should stand behind the same step as the supporting leg to make best use of the body weight. The role is predominantly to correct the alignment of the trunk and pelvis.
- 3.5 **Therapists handling** – At any time throughout the activity, one of the therapists should be in a position to monitor and correct foot position, knee and hip alignment, trunk alignment, and use of the arms.

4. **Stairs with one**

- 4.1 **Ascending the stairs** – Position of the therapist: therapist is behind the patient
- 4.2 **Descending the stairs** – Position of therapist: therapist in front of the patient.
- 4.3 **Therapists role** – To facilitate maintenance of centre of gravity within 'base of support' (bos) to assist with weight transfer and extensor recruitment as appropriate, and to promote effective and efficient use of upper limbs.
- 4.4 **Therapists handling** – The therapist's position for handling will vary according to the specific area of need for the patient, the aim is to correct alignment, not to take body weight.

5. Stairs with supervision

5.1 ***Position of the patient*** – Standing at the edge of the stairs.

5.2 ***Therapists role*** – The Therapist will be providing verbal guidance to correct stair technique.

6. Modifications

6.1 Patient use of upper limbs.

6.2 Number of stair rails utilised.

6.3 May need to facilitate from different key points and therefore vary hand position as outlined above.

6.4 Therapist's position in front may vary e.g. sitting on stairs in front to maintain therapist's back alignment.

6.5 Consideration of whether patient should be in suitable footwear of bare feet.

6.6 Stair technique may vary.

7 Hazards/risks

7.1 Change in patient's co-operation and behaviour during activity.

7.2 Therapists may have an unstable base of support.

7.3 Therapists may adopt a flexed posture.

7.4 Tonal changes in patient during activity.

8. Documentation

In order to document the handling process each episode should be documented with evidence of the selection of method used, the clinical reasoning, the use of rails, the facilitation techniques, and the stair technique used.

Guidance for selection of stairs methods within rehabilitation

Stairs with two

- Able to sit to stand with assistance of one.
- Able to stand with assistance of one
- Able to step up and over a block with assistance of one (with or without arm support)
- Able to walk with assistance of one +/- walking aid.
- Able to control knees to maintain extension during weight bearing.

Stairs with two

- Able to sit to stand with supervision,
- Able to stand with supervision of one,
- Able to follow commands,
- Able to step up and over a block with supervision of one (with or without arm support)
- Able to walk with close supervision of one +/- walking aid.

Stairs with supervision

- Able to step up and over a block with or without arm support
- Able to walk with or without aid
- May require verbal prompting to achieve any of the above.

NB: The technique used to fulfill the criteria on the block must be used on the stairs, e.g. stronger leg leading when ascending, weaker leg leading when descending.

Manual Handling in Treatment, ACPIN Manual Handling working Party)