

Moving and Handling Equipment Selection Guide





Introduction

The moving and handling of people is a regular task in health and social care, which if not done safely, can cause serious injury to service users and staff.

Poor moving and handling practice can lead to:

- » Back pain and musculoskeletal disorders, which can lead to inability to work.
- » Moving and handling accidents – which can injure both the person being moved and the employee.
- » Discomfort and a lack of dignity for the person being moved!

Moving and handling in health and social care encompasses any time that you support a person in your care to move.

This includes, but is not limited to:

- » Helping people to get in and out of bed
- » Supporting with bathing, showering and bed baths
- » Supporting people to use the toilet
- » Helping the people in your care to walk
- » Supporting people when sitting down
- » Supporting when getting into and out of a vehicle
- » Getting up from the floor after a fall

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The Importance of Using Moving & Handling Equipment

Equipment is a core component in effective moving and handling programmes, together with risk assessments, the use of correct techniques, staff training and appropriate facility design.

The supply of equipment by itself will not lead to reduced rates of injury unless equipment use is part of a comprehensive moving and handling programme.

Compared with techniques that involve manual transfers without equipment, the use of the correct equipment can lessen the forces required for moving and handling clients and therefore reduce the risks.

Benefits Include:

User

- » **Improving Dignity** – using the correct equipment should make moving a person simple, quick, and efficient, helping the user to feel comfortable, at ease, and dignified.
- » **Increasing Comfort** – Using the appropriate equipment to move people helps to minimise their pain and discomfort.
- » **Avoiding Injury** – Many people that require help with mobility are already injured, unwell, or otherwise frail. Failure to handle them correctly could cause damage to their skin, injury to their shoulders or neck, bruises or cuts, setback their recovery, or even result in serious injury.
- » **Improved Mobilisation** - Safe handling and mobility equipment can be used to promote mobilisation with the goal of rehabilitation and restoring independence.²

Carer

- » **Preventing injury, aches, and pains** – If carers do not use the correct equipment during manual handling tasks, they may find themselves suffering from aches, pains, or damage to their muscles or spine over time.
- » **Reducing work-related sickness** – around 40% of work-related sickness in the health and social care industry is down to moving and handling injuries with around 5000 moving and handling injuries reported each year in health services. It costs the NHS £1 billion a year to treat injuries resulting from manual handling.³ Sick days can be inconvenient and expensive for both the employee and the organisation they work for.
- » **Being compliant with regulations** – Failure to understand or comply with manual handling regulations could result in prosecution.



The Principles of Safe Moving & Handling



In order to undertake any moving and handling tasks, safe moving and handling principles in line with national and local guidelines should be adopted.

1. Assess

Before approaching a moving and handling task, the carer should assess the environment in which the task will take place and whether the handler is capable of performing the task.

2. Plan

A plan should be determined meeting the individual's specific needs and circumstances, such as weight and distance of movement required, identifying any potential risks that could cause complications during the process, such as the space available for the movement to be carried out. Carers can then devise the best course of action and precautionary measures to take to ensure the person is moved as safely as possible.

3. Prepare

Ensure that the route and process for moving and handling are as smooth as possible. Minimising distance and removing any potential obstacles or obstructions from the route can reduce the risk of injury for both parties involved.⁴



Patient Assessment



A comprehensive mobility assessment can deliver a higher standard of care through safe and effective mobilisation of individuals, while also ensuring the safety of caregivers.

The assessment should be person-centred and, where possible, involve individuals in decisions about how their needs are met.

Type of relevant assessments include:

- » **Social** – such as how they managed at home and what support they have available.
- » **Communication needs** – for example, whether they are hard of hearing or visually impaired.
- » **Functional** - to decide their mobility level and any handling risks and/or needs.
- » **Generic** - covering workplace needs (such as the type and frequency of moving and handling tasks, staffing and overall equipment needs).
- » **Individual** - which consider individuals' specific moving and handling needs (such as the level of help required, the individual's ability to assist in the moving and handling procedure, their condition including pain, skin assessment and any other medical considerations, equipment needs, and number of staff needed).

Most assessments will include a mobility classification system and/or risk rating, so carers can see, at a glance, the individual's mobility status.

For ease, a traffic-light system is often used:

- » Green – low risk/independent
- » Amber – medium risk/some level of assistance and/or equipment required
- » Red – high risk/full support and equipment required

For medium-to-high-risk ratings, the assessment will state the assistance needed and prompt the assessor to identify any equipment. The assessment outcome must be documented, along with when the patient needs to be reassessed.

A mobility assessment tool can improve accountability and compliance with any equipment used, and may be integrated into other safety initiatives such as those for falls prevention and safe skin.

It also allows carers to accurately assess and document individuals' changing mobility needs against any improvement or deterioration of their condition.

MOBILITY CLASSIFICATION TOOL

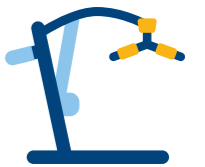
A	B	C	D	E
Ambulatory, but may use a walking stick for support. Independent and able to carry out activities of daily living with minimal assistance. Allows the individual to be self sufficient.	Has good mobility but requires the use of walking frame or similar to provide stability and increase self confidence. Dependant on carer for some activities of daily living.	Has a significant decrease in mobility but is able to weight bear on at least one leg and has a degree of trunk stability. Dependent on carer for assistance with many activities of daily living	Has very limited mobility, is not able to weight bear and has no trunk strength. Is able to sit only if well supported. Dependent on carer to facilitate the majority of activities of daily living.	Has little or no mobility and is almost completely bedridden. May be able to sit out for short periods in a specialised chair offering full support. Fully dependent on carer to facilitate all activities of daily living.

NB- If a static posture is held particularly in a forward leaning or stooped position for longer than one minute, this is termed as static overload when discomfort and potential injury may occur to the individual or carer.

As the individual becomes less mobile and carer participation increases, this then becomes a dynamic overload which escalates the risk of injury to both individual and carer.

Following the necessary assessments, correct product choice is vital for successful outcomes.

Equipment Selection



The main types of equipment that are commonly used can be summarised within the four main groups of moving and handling tasks.

These groups of tasks are:

- » Sitting, standing, and walking
- » Bed mobility
- » Lateral transfers
- » Hoisting

Drive DeVilbiss Healthcare have developed a comprehensive range of moving and handling equipment to assist in the safe moving and handling of individuals which:

- » Are ergonomically designed to focus not only on providing safe transfer of the individual, but also on the safety of the carer to ensure minimum risk of injury.
- » Are intuitive to use and easy to manoeuvre, especially in confined spaces.
- » Facilitate increased movement through the muscles and load bearing joints.
- » Provide single handed care, whilst allowing the carer to maintain close body contact with the individual to provide a sense of security and stability. Face to face use ensures constant interaction between the carer and individual whilst being able to continually monitor and provide continued reassurance and support .
- » Enable normal movement patterns in sit to stand transfers.
- » Assist with environmental orientation.



A full risk assessment should be conducted before using any moving and handling equipment



Transfer & Stand Aids

Manual Transfer Aids

- » For individuals who can stand up without assistance.
- » Offers leverage and negates the need to physically turn (whether 90 or 180 degrees) from one position to the next.



Suitable for individuals who have a Mobility Classification rating of: B & C

Powered Stand Aids

- » Stand aids can provide a safer alternative to manual transfers performed by caregivers.
- » For individuals who do not have the ability to stand without help – but can partially bear weight on at least one leg.
- » Used with slings - enables a person to maintain a standing position whilst the transfer or functional task is completed.
- » Less risk for individual falls compared with manual transfers.
- » Promotes mobility in users who can contribute to the action or perform part of the action independently.



Suitable for individuals who have a Mobility Classification rating of: B & C



OUR RANGE

Orbital Transfer Platform

Manual Transfer Aid



The Orbital Transfer Platform is designed to assist individuals who have good weight bearing capacity and upper body strength to transfer from one seated position to another by pivoting between the sitting surfaces.

The handlebar that surrounds the user offers increased support whilst the non-slip footplate adds extra safety for the user. Models are available with and without kneepads, and we also offer an extra wide version to suit a wider range of individuals and environments.



Suitable for individuals who have a Mobility Classification rating of: C

UK DESIGNED AND MANUFACTURED

SKU:	Product Label:	Dimensions: (w x h)	Safe Working Load:
800	Orbital Transfer Platform	45.5cm x 99cm	222kg (35st)
805	Orbital Transfer Platform with Knee Support	45.5cm x 99cm	222kg (35st)
807	Orbital Transfer Platform - Extra Wide	56.5cm x 99cm	222kg (35st)

STEP-BY-STEP User Transfer with the Orbital



OUR RANGE

Swivel Patient Turner

Manual Turning Aid



The Swivel Patient Turner is designed to help a weight bearing individual with good upper body strength transfer from one surface to another by standing and turning.

The user is required to pull on the handlebar in order to place themselves in a standing position which will then allow a pivot to occur between two sitting surfaces.

The padded lower leg supports can be adjusted in width, angle and height to further support the user whilst the multiple grip handlebar is angled to enable the "nose over toe" standing movement.

See page 28-29 for list of compatible slings & belts



Suitable for individuals who have a Mobility Classification rating of: C

SKU:	Product Label:	User Weight Capacity:
PR31PT002	Swivel Patient Turner	150kg (24st)

STEP-BY-STEP User Transfer with the Swivel



OUR RANGE

Motion Transfer Aid

Manual Transfer Aid



The Motion transfer aid is designed for use with individuals who have an unpredictable balance and cannot stand for long periods of time but have ability to use their own muscle strength which allows the upper body to compensate for the weaker leg muscles.

It helps to facilitate a normal movement pattern from sit to stand allowing the user to be more active during sitting and standing transfers.

The forward knee movement during raising and lowering of the individual enables more body weight through the feet to replicate the closest natural active movement patterns of sitting and standing.

The individual is required to use their upper body strength to pull on the handlebar in order to be able to stand and weight bear with minimal support. The handlebar also provides multiple grip points for varying user/carer support requirements and is angled to enable a "nose over toe" standing movement.

See page 28-29 for list of compatible slings & belts



Suitable for individuals who have a Mobility Classification rating of: C

SKU:	Product Label:	Safe Working Load:
PR31PT006	Motion Transfer Aid	150kg (24st)

Face to face use ensures constant interaction between the carer and individual

STEP-BY-STEP

User Transfer

With the Motion Transfer Aid



Step 1



Step 2



Step 3



Step 4

OUR RANGE

Boost Adjustable Transfer Aid

Manual Transfer Aid



The Boost transfer aid is ideal for those individuals who require sit to stand transfers throughout the day and should be used for those who have the ability to raise themselves from a seated position to a standing position.

With the user supported in the perch position, along with the user's own upper body strength allows them to participate in their own transfer by facilitating normal movement pattern activity encouraging independence.

With the user in a supported sitting position, they are more likely be able to control their ascent from and descent to the supporting surface, encouraging eccentric movement of abdominal, thigh and lower limb muscles.

The user can hold the bar to support their balance, whilst they use their legs to stand. Lower limb activation and leaning forward motion will encourage weight transference as well as encouraging core activation in order to bring hips forward to full standing position.

A sling maybe used to provide extra confidence and support to the individual if necessary.

See page 28-29 for list of compatible slings & belts



NEW!!
Soft, height adjustable leg pad



Suitable for individuals who have a Mobility Classification rating of: C

SKU:	Product Label:	Safe Working Load:
PR31PT007	Boost Adjustable Transfer Aid	200kg

Narrow width for easy manoeuvrability through standard doorways



STEP-BY-STEP

User Transfer



Step 1



Step 2



Step 3



Step 4

OUR RANGE

Rise Sit to Stand

Mechanical Transfer Aid



The Rise Sit to Stand is an electrically powered, mechanised stand aid/active hoist used to move a person from one seated surface to another, such as from a chair to a toilet or a bed to a chair.

It has a footplate on which the user stands. The user is supported by a sling fitted around their trunk and by the padded knee support to hold the legs in place. Active hoists are suitable for individuals who are partially weight bearing and can support most of their own weight while standing.

Using the Rise Sit to Stand may also have a therapeutic benefit for patients in providing an opportunity to increase weight bearing tolerance.

There is an extra wide non-skid footplate which provides a stable base for foot positioning. The footplate and the knee supports can also be removed to allow for assisted walking or walking with a sling for short distances such as within a room or to an adjacent bathroom.

The base has wheels that allow for easy manoeuvrability over a variety of floor surfaces as well as being able to expand or contract in width to fit around or under commodes, shower chairs, recliners, wheelchairs and beds.

There is also an emergency stop button to always ensure patient and carer safety.

See page 28-29 for list of compatible slings & belts




 Suitable for individuals who have a Mobility Classification rating of: C

SKU:	Product Label:	Safe Working Load:
PR51STSP	Rise Sit to Stand Aid	204kg (450lb)



Removable footplate allows for assisted walking



STEP-BY-STEP

Chair to Wheelchair Transfer

Using the Rise Sit to Stand and Transport Sling



Step 1



Step 2



Step 3



Step 4

Mobile Passive Hoists

Mobile hoists come in multiple designs. All have central lifting frames with booms and sling bars (also known as spreader bars or yokes) to which the slings are attached using the hooks or clips on the bars.

Mobile hoists are generally less expensive than ceiling hoists and more versatile because they are not limited to the extent of a ceiling track.

Using the hoist with the correct sling to support the individual, the hoist may also assist with ambulation, gait training and other specialised functions.

When using a mobile hoist, a person-centred lifting plan can make movement more comfortable and more manageable for both the user and caregiver.

Wheel brakes are fitted on most models of mobile hoist; however, the brakes should not be applied while hoisting a person. Mobile hoists are designed to move while hoisting so that the sling bar is over the centre of gravity of the load to avoid any tipping of the hoist.

Mobile Passive Hoists

Electrically powered passive hoists fully lift and lower a person and do not require any physical assistance from the person being moved.

They are used to transfer individuals who have very limited mobility or are not mobile at all between locations, such as from a bed to a chair or a bathroom.



 Enhance
270 Hoist



Samssoft
175 Hoist



Suitable for individuals who have a
Mobility Classification rating of: D & E



OUR RANGE

Enhance 270 Hoist

Mobile Passive Hoist



Our Enhance 270 hoist supports safe patient handling and transfer for both the user and caregiver. It has also been designed to raise individuals from the floor that have fallen, into a position whereby they can be placed into a chair or onto a bed.

Passive hoists are able to ease the load and make it easier for caregivers to provide the care needed.

However, being lifted by other people is not always comfortable and can be quite intrusive. People can be placed in awkward positions; it can be highly embarrassing with a loss of dignity and self-esteem. With this in mind, the Enhance 270 hoist allows the carer to maintain close body contact as well as face to face use with the user in order to provide reassurance and support.

It also features:

- » Effortless manoeuvrability and stability with the addition of easy roll castors reducing the risk of back injury to the carer.

See page 28-29 for list of compatible slings & belts



Suitable for individuals who have a Mobility Classification rating of: D and E

SKU:	Product Label:	Safe Working Load:
PR51FLP600	Enhance 270 Hoist	272kg (43st)

ENHANCE 270 HOIST Floor Lift



STEP-BY-STEP

Bed to Chair Transfer

Using the Enhance 270 Hoist & Classic Universal Sling



Step 1



Step 2



Step 3



Step 4

OUR RANGE

Samssoft 175 Electric Hoist

Mobile Passive Hoist

The Samssoft 175 is a compact, folding passive hoist designed to make easy work of transferring individuals from one position to another.

This highly durable and versatile hoist is fully electric - electrical lifting and leg opening. It has been designed to meet the full range of moving and handling needs to ensure easy and comfortable transfers. This includes from and into beds, chairs, the toilet or commode.

See page 28-29 for list of compatible slings & belts

- » Electrically powered leg opening provides a stable safer lift.
- » Four 75mm high quality 360° castors, rear castors include brakes.
- » Compact for easy access through standard doorways.
- » Ergonomic push handles with a variety of comfortable hand positions available.



Samssoft 175 Hoist

SKU:	Product Label:	Safe Working Load:
SR2810200-UK	Samssoft 175 Electric Hoist	175kg (27.5st)



Slings

Slings are used to support individuals being moved with hoists and stand aids. The sling is attached to hooks or clips on the hoist spreader bar or yoke to provide support for users while they are being moved.

There are several types of slings available that are made from various materials. Becoming familiar with the multiple types of slings is an essential part of using hoists. Accidents that occur during the use of hoists often involve incorrect sling use. Choosing the right sling and fitting it correctly improves comfort, dignity and safety for the individual. Having a comfortable and secure experience can help to overcome a reluctance to use a hoist, which some people have. Generally, the more material a sling has the greater the comfort and support it provides.

A walking sling allows an active hoist to be used for mobility and rehabilitation.

Compatibility of slings with hoists:

Some hoists are designed to be used with only a specific type of sling. Other hoists can use multiple types of slings. This point should be checked in the hoist instruction manual or with the supplier.

Pre-Use Sling Safety Checks:

- » The sling is appropriate for the needs of the user.
- » The sling is compatible with the person and the hoist.
- » The labels showing the safe working load, date first used and users details are correct, present and legible.
- » The sling is fit for purpose and in good condition, with no fraying, tears or signs of wear.

- » Any Velcro present is free from trapped fibres.
- » The buckles/clips are in good condition and connect securely.
- » The sling is visibly dry and clean.
- » Disposable slings should have instruction labels clearly displayed as well as the date of first use.

Most facilities have reusable slings that are washed before use with another client. However, if heavy soiling is likely or infection risk is high, disposable slings may be preferred. Disposable slings are for single patient use only and should be disposed of when soiled or no longer needed for the individual. They must not be washed or cleaned then reused.

Different coloured loops allow use for people of varying height and build

Sling Sizing Guide

For a transfer with a stationary or mobile lift to be as safe and comfortable as possible, it is very important that the lifting sling is the right size and that the model is appropriate for the particular user and lifting situation. To determine which model, size and material are most suitable for the individual user, individual trial fitting is always necessary.

This guide aims to give you an idea of the size you require. A full evaluation and risk assessment should be carried out by a qualified person.

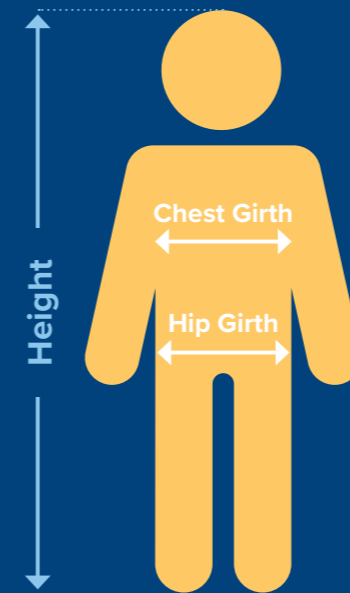
Taking the Measurements

Using a soft measuring tape take and record the measurements as below:

- » Girth: For men and children this is the measurement around the chest measured just under the arms or for women around the hips, this measurement can be done lying down or in a seated position.
- » Height: For accuracy this is best carried out with the patient in a lying position, if measured in sections i.e. nape of neck to coccyx and coccyx to back of knee etc, the resulting measurements almost always end up with the patient being taller than they actually are.

Once the girth and height is known look to the chart for the sling size that closely matches the measurement taken. If in doubt seek advice from your clinician or call our customer services team on 0845 0600 333.

Please Note: This is a guide only.



STANDARD SLING RANGE			
GIRTH	HEIGHT	SLING SIZE	
27" - 36" 68cm - 91cm	4' 3" - 4' 11" 129cm - 150cm	SMALL	RED
31" - 41" 79cm - 104cm	4' 10" - 5' 6" 147cm - 168cm	MEDIUM	YELLOW
40" - 51" 102cm - 129cm	5' 5" - 5' 10" 165cm - 178cm	LARGE	GREEN
49" - 59" 124cm - 150cm	5' 7" - 6' 170cm - 183cm	X LARGE	BLUE

OUR RANGE

Slings



Classic Universal Sling

Choice of solid polyester or mesh polyester, with or without head support



Hammock Sling

Choice of solid polyester or mesh polyester, with or without head support



Luxury Toilet Sling

Available in solid polyester, with or without head support



In Chair Sling

Available in 3D multi stretch spacer fabric, in a choice of Comfort or Split Leg design

OUR RANGE

Slings



Stand Up Sling

Available in solid polyester, this sling is for use with Sit to Stand Aids



Deluxe Feeder Sling

Available in solid polyester, this sling is for use with the Swivel, Motion and Boost Transfer Aids



Transport Sling

Available in solid polyester, this sling is for use with Sit to Stand Aids





Patient Turner Belt

Available in solid polyester, this sling is for use with the Swivel and Motion Transfer Aids

Sling Compatibility Matrix

	Classic Universal Sling - Polyester or Mesh, with or without head support	Luxury Toilet Sling - with or without head support	Hammock Sling - Polyester or Mesh, with or without head support	In Chair Hammock Sling with Split Leg	In Chair Hammock Comfort
	UNIVERSAL/P/(Size)* UNIVERSAL/M/(Size)* UNIVERSAL/P/HS/(Size)* UNIVERSAL/M/HS/(Size)*	TOILET/P/(Size)* TOILET/P/HS/(Size)*	HAMMOCK/P/(Size)* HAMMOCK/M/(Size)* HAMMOCK/P/HS/(Size)* HAMMOCK/M/HS/(Size)*	4001BE 4002BE 4003BE 4003XBE	4101BE 4102BE 4103BE 4103XBE
					
 Samssoft 150 Hoist 18009BE	✓	✓	✓	✓	✓
 Samssoft 175 Hoist SR2810200-UK	✓	✓	✓	✓	✓
 Enhance 270 Hoist PR51FLP600	✓	✓	✓	✓	✓
 Portable Bedhead Hoist HST13	✓	✓	✓	✓	✓

Sling Compatibility Matrix

	Stand Up Sling	Transport Sling	Deluxe Feeder Sling	Patient Turner Belt
	3901BE 3902BE 3903BE	3901TBE 3902TBE 3903TBE	4401BE 4402BE 4403BE	PTBS PTBM PTBL PTBXS
				
 Swivel Patient Turner PR31PT002 (Previous model PT002)			✓	✓
 Motion Sit to Stand Transfer Aid PR31PT006 (Previous model PT001)			✓	✓
 Boost Adjustable Transfer Aid PR31PT007 (Previous model PT004)			✓	
 Rise Sit to Stand Transfer Aid PR51STSP	✓	✓		

*Our Classic Universal, Luxury Toilet and Hammock Slings are available in sizes Small (S), Medium (M) and Large (L)

Electric Profiling Beds (EPBs) as a Moving and Handling Aid

As well as more traditional transfer and lifting aids, there are other types of equipment which can also assist with user repositioning and mobilisation, an example of this is electric profiling beds.

Unlike a standard hydraulic bed, the base of the electric profiling bed (EPB) is sectioned. The mattress can therefore be profiled to sit the user up and prevent them slipping down the bed. The height can also be adjusted. Movement is powered and controlled via a bedside handset by staff and, if appropriate, the bed's occupant.

EPBs can help overcome many of the difficulties associated with the positioning and mobilisation of individuals.⁵

Correct use of an electrical profiling bed can:

- » Reduce the amount of manual handling undertaken by carers.
- » Reduced risk of injury to carers and user.
- » Increase the independence of users.
- » Have the potential to reduce the frequency/number of staff required to assist users to reposition.

A study carried out at the Abertawe Bro Morgannwg University Health Board, found a 62% reduction in the number of manual handling operations carried out per patient through the provision of EPBs.⁶

Side rails can:

- » Act as a mobility aid for individuals who are mobilising around the bed space.
- » Assist occupants when turning from side to side in bed.

Morse et al (2015) found that the standard bed was too high for some of their study participants, both for getting in and out, and side rails were found to be used by most participants when entering, turning in bed and exiting bed.⁷

Adjustable bed height can:

- » Assist staff to provide care to the person, use moving and handling equipment at the bedside or make the bed without stooping or overreaching.
- » Help the individual to stand up from sitting on the bed, as the bed can be adjusted to an appropriate height for them.⁸

USE OF THE BACKREST

The backrest can be electrically profiled to allow the occupant to reposition into a sitting or lying position, removing the need for the carer to undertake any manual handling.

USE OF THE KNEE BREAK

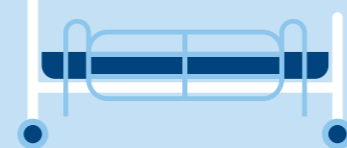
The knee break can be used to prevent the user from sliding down the bed. In this case, a single carer may be required to attend the occupant or occupants may be able to perform this task themselves.⁹

USE OF AUTO CONTOUR

The Auto Contour function allows the backrest and the knee break to adjust simultaneously, helping to reduce shear and friction forces to the patient's skin by preventing them from migrating down the bed.

The ramifications of patient migration not only causes increased interface pressure between the patient's body and the support surface which in turn allows for the shear and friction forces, but may also reduce the elevation of the patient's torso which then leads to frequent re-positioning of the patient by the caregivers.

Using the autocontour function to place the patient in a sitting position, in this case only a single carer may be required to attend the occupant, or occupants may be able to perform the task themselves.⁹



For more information
on our **RANGE OF**
EPBs visit

www.drivedevilbiss.co.uk





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