G37	Standard	Leg ulcers and moving and handling (M&H)

The practitioner considers the implications of **handling patients and patient's limbs** when undertaking procedures relating to the **assessment and treatment of leg ulcers**.

Justification

Rationale

The assessment and dressing of leg ulcers can pose particular problems for community health care staff who may attend patients in their own homes or clinic. Patients may also be treated as inpatients. Particular dangers in this respect relate to the handling of oedematous and weighty limbs and also to the posture of the practitioner who undertakes the treatment. Mobilising patients with leg ulcers can also be difficult due to pain. Community staff need to be aware that the procedures may take place in an environment that is not controlled by the NHS but by the patient. As such any equipment that may be present in the initial instance may not be particularly suitable for the task. Partnership is therefore important between practitioner and patient.

Authorising Evidence

HSWA (1974); MHOR(2004); MHSWR (2000); PUWER (2008)

Links to other published standards & guidance

NPSA (2010); Ruszala et al (2010)

Cross reference to other standards in this document

A1, 4, 14; B2-4, 8, 12, 13; C1-5, 14; D1, 2, 6, 13; E4, 5; F2-4, 6, G32, K1-3

Appendices

1, 4, 9, 10, 11 13, 17, 21, 25, 26, 27 and Attachment G37

Verification Evidence

- requirements for compliance to achieve and maintain this standard

The following are in place: -

- Policies for ensuring that patient M&H is carried out safely in the community, outpatients or any other setting. Whilst these policies may be universal, a generic M&H assessment for patients with leg ulcers should have been undertaken, and in some cases an individual assessment
- Equipment which has been designed for lifting or raising limbs in the home is available
- Staff are trained in the practice of moving limbs safely and also in safe working postures and the correct use of equipment
- Where unusual or different hazards are identified in the M&H of people with leg ulcers, a recognised system for reporting and resolving these exists
- The community equipment service or equivalent provider ensures that the equipment necessary for caring for patient and staff safety is available

G37 - Protocol leg ulcers (M&H)

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1. Introduction and background

Patients with leg ulcers may be treated in a number of settings; commonly in the community, but also in dedicated leg ulcer clinics as outpatients and also as inpatients on hospital wards. The moving and handling (M&H) of patients' limbs when treating leg ulcers is a major challenge for nurses. Epidemiological data suggests that 1.5 – 3 per 1000 of the UK population have active leg ulcers (Fletcher et al, 1997). The total cost to the NHS of treating leg ulcers in 1995 was estimated to be as high as £600 million a year (Douglas & Simpson, 1995). Experiences from initiatives set up to improve community-based nursing management of leg ulcers (Moffat et al, 1992; Thompson, 1993) highlighted the potential for more clinical and cost-effective practice through widespread adoption of evidence-based interventions.

The treatment of leg ulcers is not a quick procedure and can take up to 2 hours; during this extended period of time health care staff (nurse or HCA) may be in a stressful posture, especially if treatment is given in the community, i.e. the patient's home. In addition the patient may have co-morbidities and limited mobility. Both the patient and health care staff may be at risk if the situation is not correctly risk assessed and managed, especially if the patient is bariatric and/or has heavy, swollen lower limbs.

Management awareness of the incidence and prevalence of leg ulcers in a locality is necessary for the proper planning of service provision. It is recommended that as many as possible of this group be treated in dedicated leg ulcer clinics in order to minimise the risks to both patient and staff.

Further information and guidance is to be found in Attachment 37.

2. Management, organisation, supervision and support

In view of the high level of potential risks in patients' homes, where possible a service should be provided in a leg ulcer clinic and this should include dedicated patient transport if required. This will have the effect of minimising the need to treat patients at home.

Health care staff should be encouraged to report M&H issues relating to leg ulcer treatment. The risks can then be carefully identified by the employer and taken into account when: -

- writing policies
- determining staffing levels
- providing equipment
- designing training
- designing treatment areas

Senior grades must lead in this process and ensure that less competent staff are well supervised. Regular supervisory appraisals should be undertaken with staff. In the community these may include supervised visits to patients, particularly if staff raise any issues.

Link nurses should be identified who will be able to ensure that the correct procedures are in place and to support other team members.

3. Staffing levels

According to the Care Quality Commission (CQC, 2010), sufficient numbers of suitably qualified staff should be provided to run this service. The nature of this patient group, as identified by risk assessment, may mean that two members of staff are required for a particular procedure. Staff working alone may be put unnecessarily at risk due to postural strain and the M&H of heavy legs. Low staffing levels may also lead to increased risks for staff as pressures arise from the resulting high case loads.

4. Staffing competencies (after Benner, as cited in Ruszala et al, 2010)

The minimum levels of competence required to carry out the various tasks, in five levels: - Novice (N); Advanced Beginner (AB); Competent (C); Proficient/Practitioner (P); Expert (Ex).

Novice
New members of staff and students can do M&H under supervision – person handling and carrying buckets/bowls of water – and assist the competent staff.

Advanced Beginner
(e.g. HCAs Bands 3&4) may treat non-complex leg ulcers according to the care plan. M&H tasks must be carefully delegated by the senior practitioner, because all ulcers are complex. Compression bandaging should not be applied by this group.

Competent
(e.g. Staff nurses, Band 5 and HCAs with specific training) Straightforward assessments – implementing the care plan. Compression bandaging applied under supervision.

Proficient
(e.g. Senior nurses, Band 6&7) Complex assessments, compression bandaging, Doppler investigations, planning and investigating.

Expert
(e.g. senior nurse/ tissue viability nurse consultant)
Oversees management of complex wounds. Also provides advice, support and clinical supervision and may prescribes drug therapy.

5. Environment

Patients may be treated in three settings: -

- In the community, in the patient's own home
- As an outpatient in a leg ulcer/ dermatology/ surgical clinic
- As an inpatient on a ward

The ideal setting is a dedicated leg ulcer clinic and generally the most problematic will be the patient's home where space is often restricted. The domestic setting is not under the control of the healthcare provider and it may be difficult to set up safe systems of work in situations where there are such hazards as clutter and loose mats as well as domestic pets. It may also be difficult to ensure hygienic conditions.

Whatever the setting, equipment (handling and other) judiciously employed, should help make for a safer environment (see sections 11 & 12). Such items will not only reduce risks to both patient and staff, but enable higher quality of care and greater efficiency in service provision.

To avoid over-reaching, access should be possible to both sides of the patient.

6. Communication and information systems

Referrals, whether from GP or hospital, must include information about the patient's functional and mental ability, mobility and weight.

7. Treatment planning, including goal setting

The M&H planning should include the patient and the whole team of healthcare professionals. The patient must be encouraged to contribute to any transfers and positioning. Any goal planning must include education about the use of relevant equipment.

8. Moving & handling tasks

These may include: -

- Preparing, transferring and positioning the patient
- Removing bandages
- Filling, carrying and emptying buckets/bowls of water (clean water before treatment and foul water afterwards)
- Soaking and cleaning the part
- Drying the part
- Re-positioning for Rx. (dressing/bandaging) – this can be a problem if the ulcer spreads right around the leg
- Compression bandaging
- Assisting with dressing and foot wear

- Doppler investigations requiring pressure readings on limbs which the nurse has to position

9. Moving & handling assessment

This will be dependent on the environment – home, clinic or ward. The former would require a specific home assessment, whereas in the clinical environment a generic assessment should suffice in the majority of cases.

The organisation's policy on undertaking M&H risk assessments must be followed and the implications of the assessment must be considered for all transfers and/or re-positioning tasks before they are undertaken. Any M&H documentation must be fully completed, including a care plan. Risk assessments (RAs) must be available for all staff, including in the patient's home. Organisations must conduct regular audits to monitor compliance with M&H policy (see Verification Evidence in the Standard).

The following issues are likely to be important in the M&H assessment and treatment of leg ulcers: -

- Immobility of the patient – the patient may be bedridden
- Limited comprehension, or visual/auditory limitations
- Handling legs with extensive wounds
- Handling oedematous legs
- Treating legs if they are nearer to the ground than would be ideal
- Carrying equipment
- Carrying buckets/bowls of water, especially if dirty
- Working in a home environment which may not be ideal
- Prolonged stressful postures for the handler, e.g. kneeling, squatting and stooping

Separate assessments will be necessary for non-ambulant patients to cover transport to/from hospital/clinic. The positioning and protection of limbs is an essential consideration (see also section 16).

10. Moving & handing methods, techniques and approaches

M&H techniques necessary for undertaking leg ulcer dressings and Doppler investigations will vary. Peer review, clinical supervision and the sharing of effective methods will enable the dissemination of good practice.

Good practice should also encompass: -

- use of adjustable-height equipment
- the patient's leg positioned near the edge of the supporting surface, as close as is practicable to the care-giver/handler
- other appropriate equipment for lifting and supporting#
- the patient contributing to transfers and re-positioning as able
- training to include postural awareness

#NB: The use of equipment for lifting and supporting limbs promotes both quality and safety and contributes to efficiency/productivity, particularly when limbs are unusually heavy and/or delicate. Failure to provide essential equipment is not only illegal but is also a false economy.

11. Handling equipment

Appropriate equipment should be available following RA.
There is a duty under the Health & Safety at Work Act (1974) for employers to safeguard staff and this will include the provision and use of work equipment (PUWER, 2008).

Most community services have an equipment loans service for domestic use. Equipment should be readily available in the clinic or hospital.

The following should be provided: -

- Limb lifter/limb support
- Hoist with limb support if required
- Sliding sheets
- Lifting cushion

NB: This is not an exhaustive list. (Refer also to pp 6-8 of Attachment 37).

12. Other equipment and furniture

In clinics and hospital settings beds and couches should be height adjustable. In clinics couches should have split leg sections.

Other items that should be provided: -

Domestic setting	Ward/clinic
Kneeling stool Bucket/bowl Leg support Pillows and wedges	Operator chair – adjustable height Kneeling stool Bucket on wheels Dressing trolley Leg support Pillows and wedges Low level sluice or a pump

NB: This is not an exhaustive list.

13. Risk rating

To carry out a 'suitable and sufficient' assessment, each task should be evaluated as part of the assessment process, so that the level of risk is quantified. Such assessments should be used, wherever possible, in the design of a safe system of work, and in highlighting any residual risks.

Various systems exist, but it is suggested that the NHS risk management 5x5 matrix, with 0-25 scale, is used for an overall evaluation of risk (NPSA, 2008) (see CD1, appendix 9 in folder 5). It is in common use, simple to use with 5 levels of risk, determined by a calculation of the likelihood or probability of an adverse event occurring multiplied by the severity of consequences or impact should it occur.

Likelihood/Probability (0-5) x Severity of Consequences or Impact (0-5) = 0-25

The values below are based on this system. Calculations lead to the following possible scores or ratings: -

1 – 6 = Low; **8 – 12 = Medium**; **15 – 16 = High**; **20 = Very High**; **25 = Extreme**

These ratings can then be used to alert staff, to prioritise action and justify any necessary expenditure to make the situation safer, on the basis of reasonable practicability. Options can be evaluated by considering risks, costs, and actions planned or taken, to reduce the level of risk to the lowest level that is reasonably practicable, which can thus be demonstrated.

REBA and RULA (Hignett & McAtamney, 2000 and 2006) should be used to assess the risks resulting from the postures and awkward movements encountered whilst treating leg ulcers and applying compression bandages to heavy limbs, and in assisting in these tasks. The combination of holding heavy loads, sometimes at a distance from the handler's body, for prolonged periods is likely to impose risks and these must be controlled so far as is reasonably practicable. The risk tends to increase with heavier legs.

14. Alerting the moving and handling team

This should be done in the following circumstances: -

- Where staff undertake a M&H assessment that identifies particular problems that are complex, and beyond their experience or expertise

- Where staff encounter problems in procuring essential M&H equipment

Community teams must have access to this expertise. It is likely that they will encounter more issues than are to be found in the clinical settings.

The M&H team should be involved at a strategic level in service design and planning. The expertise of the M&H team in ergonomics is invaluable, therefore the input of the team at the design stage, through to the commissioning of: - new leg ulcer clinics, upgrades and refurbishments should be automatic.

The M&H team should monitor, audit and investigate accidents/ incidents/ serious untoward incidents.

Link workers should be in place to facilitate communication between the clinical staff and the M&H team, as well as coordinating and disseminating good M&H practice.

15. Referral to other specialist advisors

The most common need is to solve problems by use of equipment. Clinicians may need to involve the central equipment stores and/or equipment companies to resolve difficulties of a 'one-off' nature. The M&H team may facilitate this process.

16. Transport

All movements within clinical areas, in nursing/care homes and between home and clinic should be made with great care in order to protect the affected limb/s. A non-affected limb may also be vulnerable because of the patient's pathology, and relatively trivial knocks could lead to serious consequences. Therefore RAs must be carried out as appropriate.

Wheelchairs should be suitable for the purpose, with adjustable supporting leg pieces and free from sharp edges, etc.

For external transport – to/from hospital/clinic – consideration should be given to the use of wheelchair taxis.

17. Discharge and transfer planning

The patient may be discharged from hospital, or referred to a clinic or another agency, e.g. district nurses. The transfer could also be from community to hospital. In each case the M&H assessment and corresponding care plan should accompany the patient.

Advice to the patient (and family carers) should, amongst other things, encourage as much patient independence as possible.

In the case of discharges from hospital, equipment for use at home must be in place prior to discharge.

(Also refer to G32 Discharges and transfers, K1 Partnership working and K2 Discharges and transfers).

18. References

Health & Safety at work etc Act (1974) Ch 37, Sec 2(1)&(2), 7

Benner, P (1984) *From novice to expert: Excellence and power in clinical nursing practice* Boston: Addison-Wesley, pp 13 – 34 as cited in Ruszala S, Hall J and Alexander P (2010) 3rd ed Standards in Manual Handling Towcester: NBE

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Douglas WS & Simpson NB (1995) *Guidelines for the management of chronic leg ulceration. Report of a multidisciplinary workshop* British Journal of Dermatology; 132:446-452

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HSC (1998) *L22 Safe use of work equipment Provision and Use of Work Equipment Regulations 1998 ACOP and guidance* Reg 4(2), Norwich: HSE Books Retrieved 15 April 2011; Reg 4, para 92(b), 100, 105 & 6

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NPSA National Patient Safety Agency (2008) *A risk Matrix for Risk Managers* www.npsa.nhs.uk Retrieved 18.02.13

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Further reading

HSE (2000) *L21 Management of health and safety at work Management of Health and Safety at Work Regulations 1999 ACOP and Guidance* Sudbury: HSE Books Regs 3-5, 9-14

HSE (2004) *L23 Manual handling Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations* 3rd edition Suffolk: HSE Books Reg 4

Smith, J (ed) (2005) *The guide to the Handling of People* 5th Ed Appendix 1 & 2 and the practical chapters for more information.

Summary/ Key Messages

- **The intention of the entire strategy and standards document is to contribute to the improvement of: -**
  - The quality of care - 'patient experience' (dignity, privacy and choice)
    - clinical outcomes
  - Patient/ person safety
  - Staff health, safety and wellbeing
  - Organisational performance – cost effectiveness and reputation, etc.

- **The standard for G37 is:**

The practitioner considers the implications of handling patients and patient's limbs when undertaking procedures relating to the assessment and treatment of leg ulcers.

- **Skilful M&H is key**

- **Special points for G37 are: -**
  - **M&H heavy oedematous limbs**
  - **Environmental considerations in the clinic, and more so, patient's own home**

Attachment 37

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Ealing Hospital NHS
NHS Trust

Date: 2012

STAFF INFORMATION: MANUAL HANDING SAFE SYSTEM OF WORK FOR LEG ULCER DRESSING AND COMPRESSION BANDAGING

Leg ulcer dressing and the application of compression bandaging have been identified as hazardous manual handling tasks. This document outlines the preferred and safest method for performing the tasks in a standardised manner. This is applicable to tasks performed by all staff in the patient's home, clinics or inpatient environment. Bandaging or leg ulcer dressing is a generic task and has been assessed using a generic risk assessment (see Appendix A or B).

A useful guide to remember when risk assessing is **ELITE**

- **E**nvironment: temperature, lighting, ventilation, clutter
- **L**oad: ensure the load is manageable
- **I**ndividual capacity: musculoskeletal problems, age, physical ability
- **T**ask requirements: force, mobility, duration, postures
- **E**quipment: safe, serviced, suitable, appropriate

The information documented in the risk assessment should be shared with managers and team members (see Appendix A and B).

1.0 Regulatory Guidelines

- Manual Handling Operations Regulation 1992 (as amended 2004)
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1992
- Provision and Use of Workplace Equipment Regulations 1998

2.0 Manual Handling Challenges in the Home

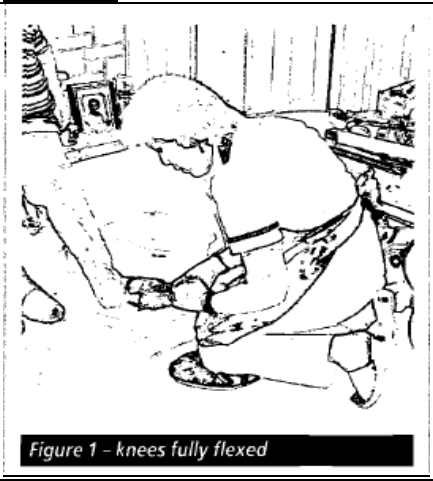
- Static/awkward postures: lifting, holding or supporting heavy limbs while applying bandaging/ compression stockings/ dressing for extended periods of time
- Layout of environment: bed/ chair against the wall unable to access patient from both sides
- Unsuitable/ lack of equipment: performing the tasks with patient lying on a low divan bed
- Patient preference: patients can be particular about where, when and how treatment takes place
- Increased/ decreased temperatures in patients' homes
- Complex manual handling needs: task can be complex and require a long time to complete
- Insufficient lighting: dim environments
- Pets
- Variation in floor levels, flights of stairs
- Trip/ slip hazard
- Noise hazard
- Unclean environments

- Access and egress to property
- Space constraints: patients' homes can often be very small and cluttered
- Psychosocial issues with family

3.0 Strategies to Consider in the Home

3.1 Seated Patients

- Risk assess the task
- While transporting equipment to patient's home consider using wheelie bags, trolleys or assistance
- Consider making some patients a 'double-up' visit based on each patient's dependency and length of time it takes to complete the task
- Negotiate the presence of a carer to help with the task
- Ask patient's permission to rearrange furniture and de-clutter the room where applicable
- Remove floor mats for duration of task if they present a trip hazard
- Carry water in a jug to the patient, rather than a heavy bucket or bowl of water
- Ask patient/ carer to wash, dry and moisturise the limb prior to arrival where appropriate
- To avoid stretching or over-reaching: set out dressing pack within easy reach prior to starting the procedure
- To avoid over-reaching: lay out dressing pack onto the patient's lap, bed, or table, if the patient is sitting in a chair
- Use a stool/ chair to work as close to the patient's limb as possible
- Elevate limb on a stool, chair, or limb support. This should be left in the patient's home (Figure 2)
- Use mirrors to observe wounds on difficult to reach areas i.e. the back of legs
- If patient has heavy limbs, a hoist and special sling or inflatable cushion can be used to hold leg in position. Seek advice from the Manual Handling Adviser
- Encourage patient to assist by keeping the foot in dorsiflexion, raising and bending the leg as required
- To minimize joint strain: work at a satisfactory height for the activity if able
- If kneeling (Figures 1 & 2) avoid prolonged kneeling positions. Minimize this to less than 15 minute intervals
- Kneeling should be replaced/ alternated with less stressful postures like sitting
- If sitting on the floor or low kneeling while working at floor level, a cushion should be placed under the knees and hips to soften the surface and increase reach (Figure 1)
- To avoid disc strain: avoid positions that require bending and rotating of the spine simultaneously

Figure 1	Figure 2
 Figure 1 – knees fully flexed	 Figure 2 – high kneeling

3.2 Patient lying on a bed (electrical or divan)

- Risk assess the task
- While transporting equipment to patients home consider using wheelie bags, trolleys or assistance
- Consider making some patients a 'double-up' visit based on each patient's dependency and length of time it takes to complete task
- Negotiate the presence of a carer to help with the task
- Ask for the patient's permission to rearrange furniture and de-clutter the room where applicable
- Remove floor mats for duration of task if they present a trip hazard
- Carry water in a jug to the patient, rather than a heavy bucket or bowl of water
- Ask patient/ carer to wash, dry and moisturise the limb prior to arrival where appropriate
- To avoid stretching or over-reaching: set out dressing pack within easy reach prior to commencing the procedure
- To avoid over-reaching: use patient's lap, bed, or table to lay out dressing pack
- To avoid over-reaching: use a stool/ chair to work as close to the patient's limb as possible
- Use mirrors to observe wounds on difficult to reach areas i.e. the back of legs
- Ask patient to assist by keeping the foot in dorsiflexion and raising and bending the leg as required
- To minimize joint strain: work at a satisfactory height for the activity
- If kneeling avoid prolonged kneeling positions. Minimize this to less than 15 minute intervals
- Kneeling should be replaced/ alternated with less stressful postures like sitting
- If sitting on the floor or low kneeling while working at floor level, a cushion should be placed under the knees and hips to soften the surface and increase reach. If the patient is on a domestic bed the nurse can place one knee on the bed for support
- To avoid disc strain, avoid positions that require bending and rotating of the spine simultaneously
- Use the bed mechanisms: raise bed to a satisfactory working height, between hip and waist
- To reduce risk, consideration should be given for an electric profiling bed
- If necessary, lower limbs can be elevated with the use of a rolled up blanket, large towel or wedge

- The leg being bandaged should be positioned near to where the nurse is standing/ sitting
- The Select Healthcare limb support can be used on beds
- Sit on a chair or stool when working on a bed at fixed height
- Move furniture if necessary and possible to gain access to patient from both sides of the bed

4.0 Checking Pressure Areas

This task must be carried out with two staff if the patient is unable to give sufficient assistance

- The patient may need to lie on their side on the bed with their back to the staff member
- If patient is able to roll on their side independently encourage them to do so
- If patient needs assistance with rolling a slide sheet may be used
- It is good practice to have a disposable slide sheet available when visiting new patients
- Adjust the bed to the correct working height where possible
- To prevent extended reach or bending too far forward: place one knee on the bed in order to perform this technique safely if the bed is not height adjustable
- Stand on the side of the bed towards which the patient will roll
- Turn the patient's head in the direction of the roll
- Position the patient's inside arm out from the side of their body or lift it above their shoulder and rest it on the pillow, or put it across their chest to stop them rolling onto it
- Help the patient flex their outside knee (or both knees) so they are ready to push off with their foot/ feet, in the direction of the roll
- If the patient is unable to push off with their foot/ feet, position their knee/s in the direction of the roll
- If the patient is unable to flex their knee/s, place a pillow between their knees
- Roll the patient (Figure 4) and position the slide sheet behind the patient
- Grasp the top layer of the slide sheets at the shoulder and hip region, feet must be shoulder width apart, one slightly in front of the other (Figure 5)
- The other staff member must place open palms behind the patient's hip and shoulder (Figure 5)
- While smoothly pulling on the slide sheet with commands "ready, steady, roll" transfer weight backwards while pulling on the sheet (Figure 6)
- Clearly give the command "ready, steady, roll" so the patient can hear and assist if possible
- If the nurse has her/ his knee on the bed, while transferring weight backwards the knee should be removed from the bed in one co-coordinated movement on the command "roll"
- Roll the patient towards you

Figure 4	Figure 5	Figure 6
		

5.0 Manual Handling Challenges in the Clinic

- Space constraints
- Time factor
- Lack of suitable equipment
- Static/ awkward postures: lifting, holding or supporting heavy limbs while applying bandaging/ compression stocking / dressing for extended periods of time
- Complex manual handling needs: task can be complex and require a long time to complete
- Trip/ slip hazards

6.0 Strategies to Consider in the Clinic

<u>If patient is lying on the treatment couch</u> there should be access on both sides

- Risk assess the task
- Raise couch, to a satisfactory working height, between hip & waist
- If necessary, lower limbs can be elevated with the use of a rolled up blanket, large towel, wedge
- The nurse should be on the side of the leg been treated

<u>If patient is sitting on the treatment couch</u>

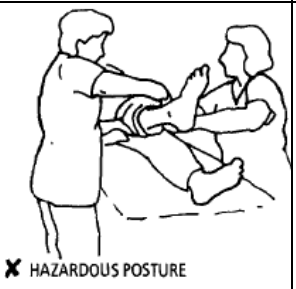
- Risk assess the task
- If patient has difficulty getting legs onto and off the couch the patient can sit on edge of couch with the leg been treated either supported on a chair or stool or limb support
- Ensure the couch is at a comfortable working height for the task
- To enable the nurse to easily change position the nurse should either sit on a chair or stool with wheels

Note: If the patient is looking down observing the nurse, s/he may find it difficult to lift a leg onto a stool or chair because of neural tension, therefore ensure the patient's head is raised before asking for the leg to be lifted onto stool or chair

- The bowl can be placed on a stool when washing a patient's limbs to allow a safer working height

6.1 Postures to Avoid

The risk to handlers while performing manual handling tasks e.g. leg ulcer dressing application and bandaging is compounded by activities that require twisting, stooping and adopting awkward postures for extended periods of time.

Putting on footwear, static postures	Bandaging of limbs, bending and twisting	Supporting a limb at arms length	Lifting and bending to lift up immobile limbs on to a limb support stool or chair
			

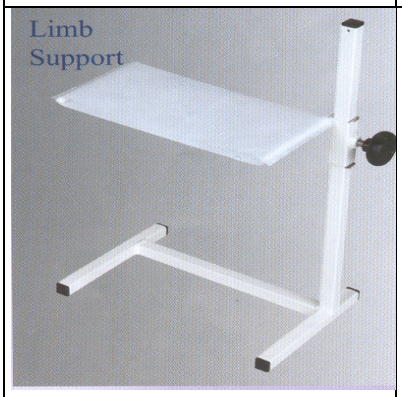
7.0 Precautions

- Adequate planning and risk assessing the task
- Preparing the environment
- When procedures are complex and involve sustained postures for long lengths of time periodic breaks should be planned. The length of kneeling should be reduced to 15 – 20 minute intervals
- Use appropriate knee protection while kneeling on hard surfaces
- When using flexed knee positions, use appropriate device for the support of knees and thigh
- Avoid squatting: sit on a low stool (about 10cm) to reduce discomfort by supporting body weight
- Avoid stooping if at all possible: the provision of a stool may enable staff to do so
- Where possible, working at floor level should be avoided and the task should be performed at a raised level, therefore avoiding forward flexion and encouraging an upright posture
- Kneel with one knee up, that knee can be used as a leverage when pushing up
- Minimise sustained unsafe postures
- To reduce cumulative strain the nurse should stretch regularly and take rest breaks during the tasks

8.0 Further Recommendations

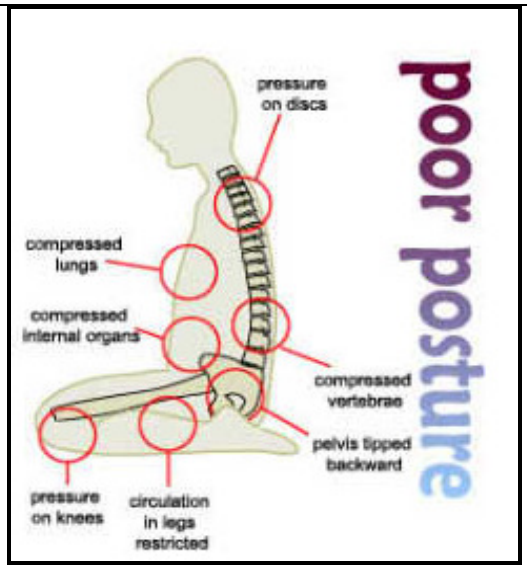
- Use a saddle stool or kneeling chair
- Sit on a chair
- Use a kneeling pad, cushion or pillow
- Contact your manual handling adviser for further advice

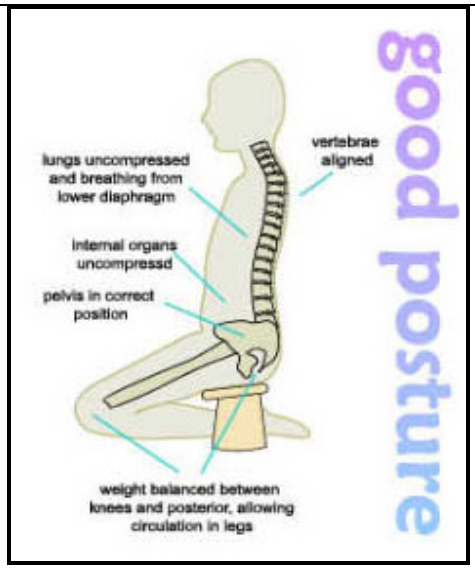
9.0 Recommended Pieces of Equipment: Limb Supports:

Figure 7	Figure 8	Figure 9 Mangar cushion can be used to elevate heavy limbs. Maximum weight capacity. Available at www.magarinternational.co.uk
		
• Locomotor limb support LOCO-302 • Select Healthcare (UK) Ltd • www.selecthealthcare.co.uk • Height adjustable • Disposable covers • 15kg weight limit for limb	• Cambridge Portable Limb Support CPL-120 • Carbonlite medical technology, can be ordered at www.carbonlite-medical.com • Max weight capacity: 70kg	Can be used to support patient limbs while performing the task when patient finds it difficult to lift & support limbs independently. It is height adjustable, allows the adoption of safe & comfortable working position

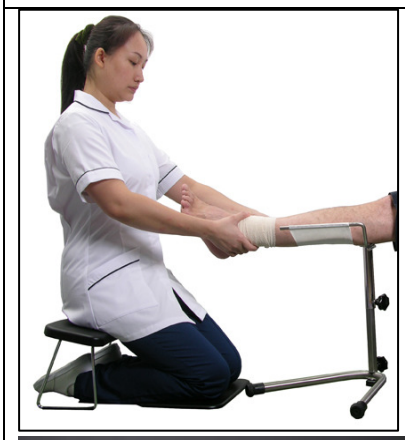
10.0 Good Posture

Sitting with good posture can help to prevent backache and ease pressure on knees when kneeling on hard surfaces





11.0 Kneeling Options Equipment

Figure 10	**Figure 11 Limb Lifter**
 	
This device reduces the pressure on the knees while working in a kneeling position. To be used in conjunction with a kneeling mat/ pad and can be used in with item 8 or 9. Seat 50cm x 18cm, weight 1.6 kg with good infection control features, SWL 130kg	Can be used independently by the patient to lift a leg

12.0 Seating/ Leg Support Options for use in Leg Ulcer Clinics

Figure 12 Akron Huntleigh leg treatment stool www.huntleigh-healthcare.com/	**Figure 13** Saddle seats: e.g www.bambach.co.uk
	
The Akron Leg Treatment Stool (Huntliegh) is typically used in leg ulcer and vascular assessment clinics. It is also suitable for community chiropody/ podiatry use	Reduces strain on knees and lower back, ideal for sitting and has various designs available

13.0 Sitting Options Equipment:-

Figure 14	Figure 15	Figure 16
		
• Opus stool, at www.qi-d.com • Various sizes • Folding legs available • Rocking action • Improves posture • Reduces strain on knees • Portable and lightweight at 1.5 kg	Blue stool portable, reduces strain on knees and lower back. Ideal for low sitting, folds and is washable, llightweight and easily transportable can be used for sitting Widely available	B ST702 Portable Folding Adjustable height Stool is a lightweight adjustable folding stool for easy portability: • Slight slant on pad gives enhanced seating posture • Adjustable legs give multi position height range • 2" high quality upholstery • Folds flat for transportation - carry case available www.beautelle.co.uk
Figure 17: Domiciliary stool Code: 0042000	**Figure 18: Closed toe**	**Figure 19: Open toe**
		
Two piece molded plastic seat is lightweight & comes with a carry bag, packs away easily & neatly for transportation. Weighs1.41kg www.mobilishealthcare.com	These aids (available from pharmacies) will help with the application of lymphoedema stockings (closed and open toe) e.g. www.arjohuntleigh.com	

14.0 References

Health & Safety at work etc Act (1974) Ch 37, Sec 2(1)&(2), 7

HSE (2000) *L21 Management of health and safety at work Management of Health and Safety at Work Regulations 1999 ACOP and Guidance* Sudbury: HSE Books Regs 3-5, 10, 13, 14

HSE (2004) *L23 Manual handling Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations* 3rd edition Suffolk: HSE Books paras 48, 51, 53
HSC (1998) *Safe use of work equipment Provision and Use of Work Equipment Regulations 1998* (PUWER) Approved Code of Practice and guidance L22 (Third edition) Sudbury: HSE Books Regs 4-6, 9

Further reading

Alexander P. (2007) *The Changing Face of Community Nursing* British Journal of Nursing Vol 13(7) 316-322

Croshaw C. (2007) *To Kneel or not to Kneel* National Back Exchange, The Column Vol 19(3) winter 14-23

Pike C. (2009) *Manual Handling in Lyphoedema: the importance of getting it right* Chronic Oedema October S20-S23

RCN, (2003) *Manual Handling Assessments in the Hospitals and Community* Royal College of Nursing London

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Date:
2012

APPENDIX A

Ealing Hospital NHS
NHS Trust

GENERIC MANUAL HANDLING ASSESSMENT FOR USE IN THE COMMUNITY

Tasks : Pressure Ulcer Dressing Application/ Bandaging

This generic assessment is to be used in conjunction with the Manual Handling Standard Operating Procedures for Leg Ulcer Dressings and Compression Bandaging

Task Description :

- Prepare the patient
- Preparation of dressings/ bandaging
- Removal of dressings/ bandaging/ stockings
- Washing/ cleaning of wound/ ulcer site
- Dressing wounds/ ulcers
- Replacing dressings/ bandaging/ stockings

Main risks: Some of these are risks factors that are likely to be encountered in most situations

Equipment

- ☐ Availability / suitability / accessibility
- ☐ Trained in is use
- ☐ Compatibility
- ☐ Fit for purpose

Load

- ☐ Weight, heavy limbs
- ☐ Bulky / heavy buckets / bowls of water
- ☐ Patients mobility
- ☐ Non compliant
- ☐ Communication
- ☐ Language barriers
- ☐ Attachments e.g. catheters

Individual capability

- ☐ Restrictions due to unsuitable clothing
- ☐ Any danger to pregnant staff
- ☐ Any danger to those with previous injury (back, knee, neck, etc)
- ☐ Staff attitude, compromising safety
- ☐ Training / skilled

Environment

- Cluttered environments
- Slips, trips and falls hazards to patient and staff
- Space constraints: room to manoeuvre, access from both sides of bed
- Working surface at convenient height
- Floor slippery / uneven / littered / carpeted
- Temperature / ventilation
- Noise
- Lighting
- Low bed

Task

- Carrying a bucket / bowl or jug of water
- Unsafe / static postures: bending, twisting, stooping, stretching
- Insufficient rest / recovery period / repetition
- Prolonged time factors / prolonged physical effort
- Holding a limb at a distance from trunk
- Pushing / pulling forces, transporting of dressing items, moving furniture
- Necessity of the task

Equipment recommendations: see SOP for more information

Limb support / leg lifter

Cushions / pillows

Wedges

Stools

Kneel pads

Inflatable cushion for extremely heavy legs

No of staff required: Where mobility is compromised a minimum of 2 staff may be needed

Control Measures:

- Create safer working space: de-clutter surrounding area and remove slips, trips and fall hazards
- Consider the patients' ability to walk distances. Plan the access and egress to and from treatment area
- Ensure patient has on appropriate footwear – risk of falls
- Explain procedure to patient. Encourage the use of a walking aid if required, if escorting the patient. Adopt correct stance for supporting walking patients and allow patient time to mobilise to / from one area to the other for treatment i.e. chair to bed
- Consider the use of a slide boards / transfer board to transfer from wheelchair to bed
- If patient is in a wheelchair and has difficulty mobilising, consider leaving patient in wheelchair to avoid excessive handling and use limb support to elevate limb
- Encourage patient to lift own leg with leg lifter if required
- Elevate bed to between hip to waist height
- Consider replacing divan bed with electric profiling bed
- Use knee break in three / four section profiling bed to position patient. Grab rails can

assist patient with turning. If bed rails are to be used check with manufacturer
• Avoid excessive bending, twisting and stretching: consider the use of patient's trolley for accessing, storing and transporting dressings and place dressing items on top shelf of trolley
• Adopt correct postures when accessing dressings stored in boxes on the floor
• Where possible place dressings on patient's lap and encourage patient to pass non-sterile dressings / bandages
• Avoid bent back when working on a low bed: sit on a stool / chair or kneel
• Encourage patient or patient's carers to wash and dry legs prior to arrival
• Carry a jug to patient, rather than a full heavy bucket or bowl or fill bucket ¼ way
• Reduce carrying distance by using nearest water supply, and empty in nearest facility
• Mop up spillages immediately
• For dependent patients, use slide sheets for turning
• Adopt the postures appropriate for the level of the limb e.g. sit on chair /stool or half kneel. Avoid sitting on floor and limit / reduce period of time full kneeling, if adopted. Use kneeling pads where appropriate. If kneeling for extended periods, stand and stretch intermittently
• Avoid twisting and awkward postures: use a mirror to check wound / ulcer at the back of leg
• Position patient on their side in bed with limb being dressed closer to staff or limb slightly hanging off side of bed
• After cutting bandages encourage patient to roll leg from side to side to aid easy removal of dressings
• To allow easy access to heel wounds consider using a rolled up bath towel or blanket at the knee or ankle to elevate the limb or use equipment (Figures 8-9)
• Allocate extra staff for demanding tasks
• Consider lifting heavy limbs manually only as a last resort
Further control measures to be considered: • Consider encouraging patient to attend clinic for treatment to minimise risks • Report unsafe systems to manager and complete an incident form, involve Manual Handling Adviser • Agree with manager to deliver a reduced level of care appropriate to the situation • Explain reasons for safer system to patient and family
This form must be kept in patient's file and be available to all staff, including bank and agency. The team leader / manager is responsible for ensuring that all employees follow this system of work. The review of this assessment remains the responsibility of the team leader or manager. Comments :

Date Adopted				
Signature:				
Sign a new box and date each time the risk assessment is updated				

APPENDIX B

Ealing Hospital NHS
NHS Trust

GENERIC MANUAL HANDLING ASSESSMENT FOR USE IN CLINIC AND INPATIENT SERVICES

Tasks: Pressure Ulcer Dressing Application / Bandaging

Task Description :

- Prepare the patient
- Preparation of dressings / bandaging
- Removal of dressings / bandaging / stockings
- Washing of wound / ulcer site
- Dressing wounds / ulcers
- Replacing dressings / bandaging / stockings

Main risks: Some of these are risks factors that are likely to be encountered in most situations

Equipment

- Availability / suitability / accessibility
- Trained in is use
- Compatibility
- Fit for purpose

Load

- Weight, heavy limbs
- Bulky / heavy buckets / bowls of water
- Patients mobility
- Non compliant
- Communication problems
- Language barriers
- Attachments i.e. catheters

Individual capability

- Restrictions due to unsuitable clothing
- Any danger to pregnant staff
- Any danger to those with previous injury (back, knee, neck, etc)
- Staff attitude compromising safety
- Training / skilled

Environment

- Cluttered environments
- Slip trip and falls hazards to patient and staff
- Space constraints: room to manoeuvre
- Working surface at convenient height
- Floor slippery / uneven / littered
- Temperature / ventilation
- Noise
- Lighting

Task

- Carrying a bucket / bowl or jug of water
- Unsafe / static postures: bending, twisting, stooping, stretching
- Insufficient rest / recovery period / repetition
- Prolonged time factors / prolonged physical effort
- Holding a limb at a distance from trunk
- Pushing / pulling forces, transporting of dressing items, moving furniture
- Necessity of the task

Equipment recommendations: see SOP for more information

Limb support / leg lifter

Pillows

Wedges

Stools

Kneel pads

Inflatable cushion for heavy limbs

No of staff required: Where mobility is compromised, a minimum of 2 staff may be needed

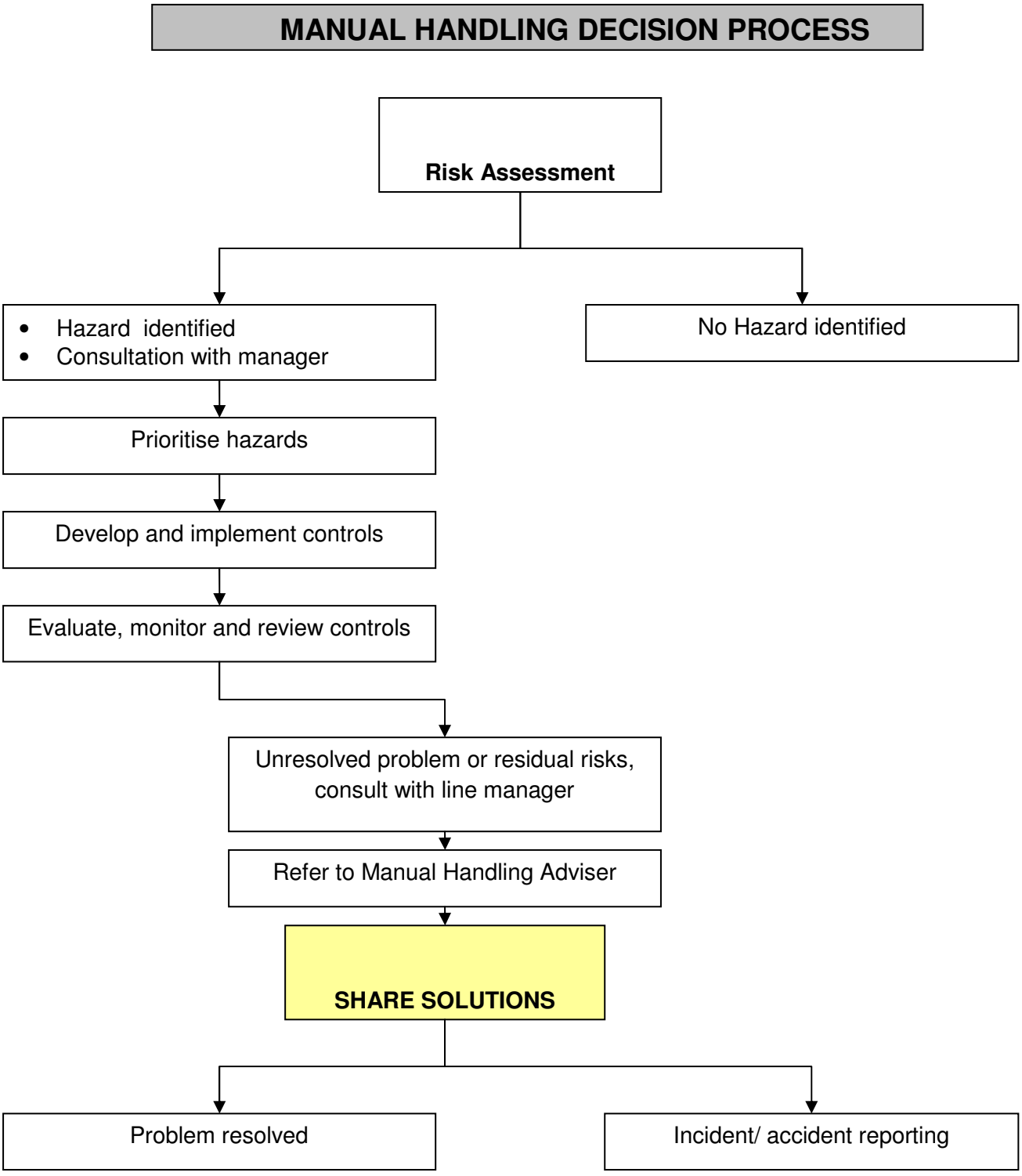
Control Measures:

- Create a safer working space: de-clutter surrounding area and remove slips, trips and falls hazards
- Allow patient time to mobilise to / from waiting room to treatment room to chair / couch
- Consider the patient's ability to walk distances. Plan the access and egress to and from treatment area
- Ensure patient has on appropriate footwear – risk of falls
- Explain procedure to the patient. Encourage to use walking aid if required, consider the use of handling belt, where appropriate. Adopt correct stance for supporting a walking patient
- If possible use wheelchair to transport patient to treatment area / clinic
- Consider the use of a slide board / transfer board to transfer from wheelchair to couch
- For sacral dressing encourage patient to turn using integral side rails on the couch
- If patient is in a wheelchair, consider leaving in wheelchair to avoid excessive handling. Encourage patient to elevate own limb. Provision of a limb lifter can assist with task .Where possible elevate leg on stool / chair / limb support, and adopt the posture

appropriate to the level of the limb
• Ensure couch / bed is low enough to allow patient to use floor as lever to lift leg off floor. Alternatively consider using a stool
• Consider a hose for filling or bucket on wheels and pump for emptying
• Carry a jug to patient, rather than a full, heavy bucket or bowl or fill bucket ¼ way
• Reduce carrying distance by using nearest water supply, and empty in nearest facility
• Encourage patient to wash and dry own legs
• Mop up spillages immediately
• Avoid bending, twisting and stretching: consider the use of a trolley for transporting dressings and place dressing items on top shelf of trolley
• Elevate couch to between hip to waist height
• Ensure that waiting area chairs, couches, and limb supports are of a suitable width and weight limit for the heavier patient
• Adopt the postures appropriate for the level of the limb e.g. sit on chair /stool or stand. If performing the task for extended periods, stand and stretch
• Avoid twisting and awkward postures: use a mirror to check wound /ulcer at the back of leg
• After cutting through dressings/bandaging on limbs, consider getting the patient to roll limb from side to side to allow the employee to remove dressing
Further control measures to be considered : • Report unsafe system to manager, complete an incident form and involve the Manual Handling Adviser • Agree with manager to deliver a reduced level of care appropriate to the situation • Explain reason for safer systems to patient and family • Monitor the number of patients using the service to ensure that resources are available
This form must be kept in the patient's notes / care plan and made available to all staff, including bank and agency. The team leader or manager is responsible for ensuring that all employees follow this system of work. The review of this assessment remains the responsibility of the team leader or manager. **Comments**:

Date Adopted				
Signature:				
Sign a new box and date each time the risk assessment is up dated.				

APPENDIX C


MANUAL HANDLING DECISION PROCESS
Risk Assessment
Hazard identified
Consultation with manager
No Hazard identified
Prioritise hazards
Develop and implement controls
Evaluate, monitor and review controls
Unresolved problem or residual risks, consult with line manager
Refer to Manual Handling Adviser
SHARE SOLUTIONS
Problem resolved
Incident/ accident reporting