TECHNIQUE BOOKLET FOR SUPPORTING MANUAL HANDLING AND PEOPLE HANDLING TRAINING IN THE HSE

Planning, Enabling
NATIONAL HEALTH & SAFETY FUNCTION
Performance, Assurance

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This document has been prepared in conjunction with representatives from the HSE's Manual Handling Co-Ordinator Advisor Group, colleagues from the National Ambulance Service and a specialist ergonomist. We wish to acknowledge their contribution to this project.

The information in this document is intended to work in conjunction with:

- "HSE Manual Handling and People Handling Policy"
- "Guidance on the Management of Manual Handling in Healthcare" Health and Safety Authority
- "Guidance on the Prevention and Management of Musculoskeletal Disorders (MSDs) in the Workplace" Health and Safety Authority
- Guidance on Managing the Manual Handling Issues of Service Users with Bariatric Needs

Please note: The terms patient/service user/ individual/ person are used interchangeably throughout this document and apply to anyone who accesses the services provided by the HSE

1. Introduction

1.1 What is Manual Handling?

Manual Handling involves any transporting or supporting of any load by one or more staff, and includes lifting, putting down, pushing, pulling, carrying or moving a load, which **by reason of its characteristics or unfavourable ergonomic conditions**, involves risk**,** particularly of back injury, to staff[1].

Within the Health Service Executive (HSE), **manual handling** (MH) refers to handling of inanimate objects and loads and **people handling** (PH), is used to refer to the manual handling of people. As an employer, the HSE has a duty under the Safety, Health and Welfare at Work Act 2005 to provide the instruction and training necessary to ensure, so far as is reasonably practicable, the safety, health, and welfare at work of its staff. The Safety, Health and Welfare at Work, (General Applications) Regulations 2007, Chapter 4 of Part 2 stipulates that all staff must have the necessary information, training and supervision to carry out manual handling activities safely.

It is likely that every role within the HSE involves elements of manual handling and therefore manual handling training is a statutory requirement and is mandatory for all staff.

1.2 Managing Manual Handling (inanimate) and People Handling risk in the HSE

The key steps in managing manual handling and people handling risks involve:

- Avoiding manual handling and people handling activities which involve a risk of injury
- Assessing the risk of injury from manual handling activities that cannot be avoided and implementing controls where necessary
- Providing relevant information, instruction, training and supervision

In order to manage the risk of manual handling (inanimate loads) and people handling, the following risk assessments are undertaken:

- Work Place Manual Handling Risk Assessment
- Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessments

[1] Health and Safety Authority (n.d.). Manual Handling FAQs. [Online]. Accessible at: https://www.hsa.ie/eng/workplace_health/manual_handling_display_screen_equipment/faqs/manual%20handling%20faqs/manual_handling.html

- Service User Specific Clinical Risk Assessment and Moving and Handling Plan.
- Dynamic Risk Assessment.

To assess the risk of injury from manual handling activities the risk factors associated with the **T**ask, **I**ndividual, **L**oad, **E**nvironment and **O**ther are considered. The risk factors are commonly known as **TILEO**. The risk factors are considered to determine if there are any characteristics or unfavourable ergonomic conditions that may predispose a person to a risk of injury.

Risk Factors (non-exhaustive)		
T	What the **TASK** involves	Lifting, pulling, pushing, repetition, frequency of task, distance involved, potential twisting, sustained position required, stooping, strenuous effort, rest breaks
I	Characteristics of the **INDIVIDUAL**	Individual capabilities - Height, fitness, age, strength, level of training, competency, fatigue, pre-existing medical condition, cognitive ability, pregnancy/ post-partum, disability, previous injury, appropriate footwear/ clothing
L	Characteristics of the **LOAD**	Weight, size/ bulk, stability of contents, unwieldy, ability to get a firm grip, temperatures (hot/cold), surface (rough, smooth, sharp) , hazardous
E	**ENVIRONMENT**	Lighting, temperatures, ventilation, surrounding space, uneven floors, slip hazards, variable floor surfaces, steps/ stairs, trailing cables, strong air movements, weather conditions
O	**OTHER** needs or hindrances	Safety clothing (availability, fitting, vision, or grip, implementation, quality & suitability) Equipment (height adjustable, wheels, availability, maintenance), staffing levels

Prior to completing any manual handling or people handling activity a dynamic risk assessment must be carried out using **TILEO**. Please see appendix 1 for a non-exhaustive list of risk factors to consider.

1.3 The HSE's Standardised Approach to Manual Handling and People Handling Training

Since its establishment in 2015, the National Health and Safety Function (NHSF) has been committed to standardising manual handling and people handling practices within the HSE. This commitment led to the development of a training programme, consisting of the 'Manual Handling and People Handling e-learning Theory Module' on HSeLanD, alongside an in-person practical training session. Before this initiative, there existed a nationwide absence of standardisation and inconsistency regarding access and support. To further address this, the NHSF collaborated with a number of key stakeholders, including the NHSF Manual Handling Coordinator/Advisor Group to create a document of standardised manual handling and people handling techniques within the HSE. These stakeholders undertook practical sessions to discuss and demonstrate the most applicable practical technique for each task.

Each practical technique and the associated relevant documents of evidence based instruction and guidance (see Appendix 3) were reviewed to select the most appropriate practical techniques to be explained, demonstrated and practised during the in-person practical training session. To ensure due consideration was given to the range and diversity of MH and PH techniques in the organisation, factors such as specific needs of service users and the layout of work environments and furniture were considered as part of the review process.

It should be noted that this document covers core manual handling and people handling techniques only. Specialist areas may need to consider other specific techniques for their service e.g. theatre

1.4 The Purpose of this Document

This document outlines the manual handling and people handling techniques that have been standardised and approved by the subject matter expert group known as the "HSE Manual Handling Coordinator/ Advisory Group". This document aims to mitigate risks associated with manual handling, offering assurance and support on a national level.

Staff must also undergo appropriate training i.e. both e-learning on HSeLanD and practical training in order to utilise this document effectively.

This resource aims to serve as a valuable tool for:

- Refreshing users' understanding of manual handling and people handling practices
- Reinforcing key concepts
- Facilitating continuous learning beyond the e-learning module

- Reference document to support the risk assessment
- Reference in developing Standard Operating Procedure (SOPs) for safer manual handling and people handling tasks

1.5 Supporting Research

Staff will benefit from having permanent access to the document, as it allows them to review the material at their own pace. The use of this document improves retention of knowledge and is supported by the principles of the 'learning curve theory'. The learning curve theory proposes that with repeated engagement in a task, a learner's efficiency and skill improves over time. In relation to this document, the more the user utilises it, the greater their proficiency in manual handling and people handling will become[2]. Studies have also suggested that this multimedia style of information delivery results in improved retention of complex information[3].

Staff of the HSE frequently perform manual handling and people handling techniques, with some tasks being carried out on a daily basis. This document aims to rekindle vigilance among staff, motivating them to conduct tasks with heightened awareness and consideration.

Please note: This document will evolve over time as we continue to refine and standardise techniques.

1.6 Principles of Safe Manual Handling

"The Principles of Good Manual Handling: Achieving a Consensus" by the Institute of Occupational Medicine (U.K.) for the Health and Safety Executive (U.K.) were published in May 2003. These provide a comprehensive framework for manual handling and people handling techniques. These principles have been adapted by the HSE.

The significance of these principles lies in their evidence-based approach, ensuring that manual handling and people handling tasks are performed in a manner that minimises the risk of injury.

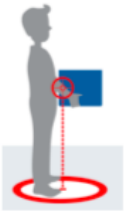
[2] Lippincott Williams & Wilkins. (2015). Academic Medicine: August 2015 - Volume 90 - Issue 8 - p 1142-1148. Accessible at:https://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2015&issue=08000&article=00014&type=Fulltext

[3] National Library of Medicine (US), National Center for Biotechnology Information. (2020). The Learning Curve of Flexible Bronchoscopy During Training in Pulmonary Medicine: A Prospective Cohort Study. Journal of bronchology & interventional pulmonology, 27(4), 294–298. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7644889/

Please note: Always carry out a dynamic risk assessment before commencing with the lift to determine if it is necessary to do so.

- **Think before you lift.**

Before you start the task you should assess the load. Establish how heavy it is and how you will handle it. Do you need any equipment and where will you put the load?



- **Keep the load close to your waist.**

Keep the load's centre of gravity close to your own centre of gravity when it is safe to do so as this will keep you more stable when handling loads and will reduce the physical effort required.

- **Stand in a stable position.**

Stand in a comfortable position with your feet a hip-width apart and one leg slightly forward to keep your balance (Your feet and the whole area between them forms your base of support).

- **Make sure you have a good, secure hold on the load.**

Keep the load as close to your body as possible. Grip the load firmly with the palms of your hands (this is known as a palmar grip).

- **At the start of the lift, use moderate flexion (slight bending) of your back, hips and knees.**

- **Don't flex/bend your spine any further as you lift.**

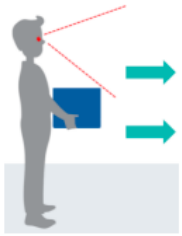
Push up slowly and smoothly using your legs. Keep your spine in its natural S shaped curve.

- **Avoid twisting your trunk or leaning sideways, especially while your back is bent.**

Avoid twisting – use your feet to change direction. Look ahead and keep your shoulders level and facing in the same direction as your hips. If you have to change direction, move your feet not your body.

- **Keep your head up while handling.**

Look ahead in the direction you are going and not down at the load.



- **Move smoothly.**

Lift and handle the load slowly and smoothly, without jerking.

- **Don't lift more than you can easily manage.**

If in doubt, seek help or assistance.

- **Put the load down, then adjust it if necessary.**

Place the load down first and then slide the load into the position you need.

1.7 Weight Transference

Correct manual handling and people handling techniques involves weight transference. The handler transfers the weight by moving from the bent leg to the straight leg depending on the technique while ensuring the nose and toes are facing the same direction to avoid twisting. This is the most efficient way to move objects or people as it is using body weight to power the task rather than relying on the back and arms.

2. Manual Handling Inanimate Techniques

*The images in this booklet are for illustration only and cannot capture all elements of a dynamic technique.

2.1 Manual Handling Inanimate Techniques

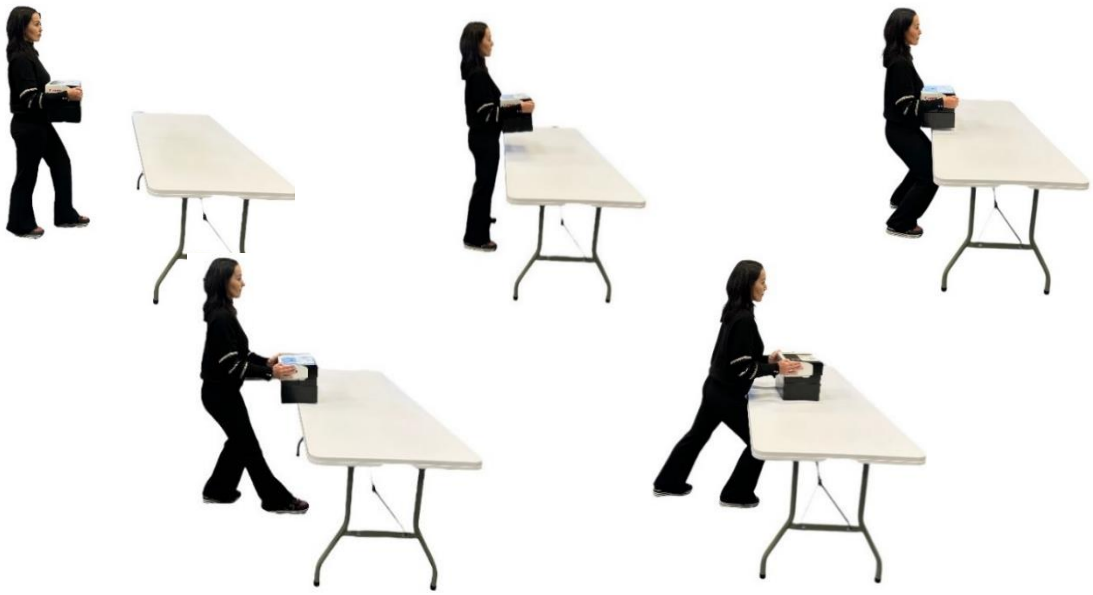
Technique 1 Lifting and carrying a load from the floor

Centre of Gravity

1. Adopt a broad stable base with the feet hip or shoulder width apart to provide a solid base of support (to enhance balance and stability). One leg can be slightly in front of the other as this provides a more suitable base of support
2. Stand directly over the load so that the centre of gravity is aligned with the centre of gravity of the load. If correctly positioned over the load, 3 corners of the load will be visible
3. At the start of the lift moderately flex the back, hips and knees and lower the body down towards the load
4. Tilt the load to assess its weight and integrity
5. Ensure a good hold on the load using the palm of the hand at the “front and side” with one hand, and with the other hand “under and side” using the palmar grip. Palmer Grip is where the palm of the hand makes contact with the load and not just the finger tips. If the load has secure handles, use the handles to hold the load
6. Push up smoothly and slowly using the legs
7. When carrying the load, keep it close to the of centre of gravity with elbows tucked
8. Look ahead in the direction of movement (not down at the load)
9. Move smoothly with the feet to avoid twisting
10. Follow the principles in reverse order while lowering the load

Technique 2 Lifting a load onto and off a surface at waist height

1. Maintain a good hold on the load using the palmer grip.
2. Adopt a broad stable base with the feet hip/shoulder width apart.
3. Approach the surface as close as possible to place the load down.
4. Bend the knees to enable placing the load onto the surface without stooping or leaning over excessively.
5. After placing the load on the surface, adopt a push/pull stance by positioning one foot in front of the other. The front leg should be straight with a soft knee (slightly bent), while the back leg should be bent.
6. Keep the elbows tucked in.
7. Using weight transference from back leg to front leg to push/ slide the load further towards the centre of the surface.
8. Adopt a pulling stance with the front leg bent and the back leg straight maintaining a soft knee.
9. To remove the load, maintain a good hold on the load using the palmer grip.
10. Slide /pull the load towards the edge of the surface by transferring weight from front leg to the back leg.
11. Change position and adopt a broad stable base with feet hip width apart.
12. Lower the body by bending the knees and with the palmer grip bring the load as close as possible to the centre of gravity.
13. Maintain a good hold on the load, and stand upright.
14. Move with the feet (avoiding twisting).



Technique 3 Lifting a load to and from a height – not above shoulder level

1. To raise the load, stand at least the depth of the load away from the surface allowing enough space to ensure arching of the back does not occur during the movement.
2. Adopting a push stance, the front leg should be straight with a soft knee, and the back leg bent.
3. Ensure a good hold on the load, using the palmer grip, keeping the load close to the centre of gravity.
4. Use weight transference from the back leg onto the front leg while pushing through the back foot and straighten the back leg so the load is raised to the target height.
5. Slide the load towards the centre of the surface.
6. To lower the load, stand at least the depth of the load away from the surface to ensure it does not cause arching of the back when it is lowered.
7. Adopt a pull stance and slide the load to the edge of the surface ensuring a good hold with palmar grip.
8. Pull-slide the load over the edge of the surface towards the trunk and thigh of the bent leg. Ensure the knees are slightly bent as the load makes contact with the trunk and thigh to "cushion" the load.

Technique 4 Pushing a load

1. Stand close to the load to minimise overreaching.
2. Establish a broad stable base, keeping the feet hip width apart for stability.
3. Position the hands gripping the load at a comfortable height, ideally between the waist and shoulder level.
4. Maintain a good hold on the load by using two hands to distribute the force evenly.
5. Adopt the push stance, the front leg is straight with a soft knee and the back leg is bent.
6. Use the leg muscles to start the movement and walk forward when pushing from the back leg in a smooth, controlled manner.
7. Keep the arms in line with the trunk.
8. Move the feet to change direction to avoid twisting.
9. Increase speed gradually.
10. Use the pulling stance to stop the load.

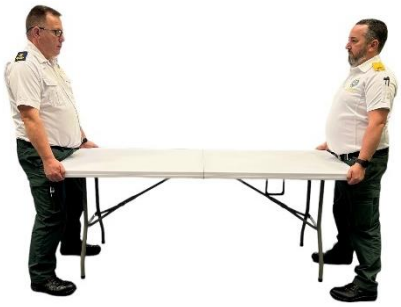
Technique 5 Pulling a load

1. Stand close to the load to minimise overreaching.
2. Keep the feet hip width apart for stability.
3. Position the hands at a comfortable height, ideally between waist and shoulder level.
4. Maintain a good hold on the load by using two hands to distribute the force evenly.
5. Adopt the pull stance, the back leg is straight with a soft knee and the front leg will be bent.
6. Use the leg muscles to start the movement and walk backwards when pulling from the front leg in a smooth, controlled manner.
7. Keep the arms in line with the trunk.
8. Move the feet to change direction to avoid twisting.
9. Increase speed gradually.
10. Use the pushing stance to stop the load.

Technique 6 Team Lift

Before lifting the team must agree on the plan and assign a person who will give the command “Ready, Steady, Lift”. Ensure the pathway is clear of any obstacles and check for hazards such as wet floors or uneven surfaces.

1. The handlers should carry out the following:



   - Position themselves evenly around the load (team members opposite one another)
   - Ensure that each handler can reach the load without overstretching or twisting
   - Adopt a broad stable base with feet shoulder-width apart
   - Bend the knees and hips and maintain an upright posture
   - Maintain a good comfortable palmer grip on the load before proceeding
2. The lead handler uses the command “Ready, Steady, Lift” and on receiving the command the team lift smoothly and slowly using the leg muscles to power the lift
3. The team must

   - Walk slowly and steadily, side stepping where possible (avoid twisting of the spine e.g. crossing the feet on movement)
   - Keep the load level and avoid sudden, jerky movements
   - Must continuously communicate with each other, especially if the view is obstructed for either or both handlers
   - Choose a designated spot to place the load
4. The lead handler uses the command “Ready, Steady, Lower” while lowering the load.

3. People Handling Techniques

3.1 Implementation of these techniques

In accordance with the *HSE's Manual Handling and People Handling policy*, it is imperative to prioritise promoting independence in service users whenever possible. Assistance should only be considered if a service user cannot perform the task independently. In this situation, it is essential that the Service User Specific Clinical Risk Assessment and Moving and Handling Plan is completed with the appropriate clinician. This informs the care plan for each individual at the earliest opportunity. Additionally, it should be noted that this booklet does not encompass all possible techniques but rather focuses on the most encountered ones. For those techniques that have not been identified in this document a dynamic risk assessment, good problem solving skills and adherence to the principles of good manual handling must be utilised in order to reduce the risk.

When selecting the appropriate technique for handling service users, following a comprehensive risk assessment, and considering the factors outlined in TILEO (Task, Individual, Load, Environment and Other Factors), the decision should be based on one of four options:

1. Encourage the person to move themselves: If the person is capable, allowing them to move independently is often the safest and most empowering option. This approach aligns with promoting a person's autonomy, wellbeing and minimises the physical strain on healthcare workers.
2. Use a sliding system: For people who require some assistance but do not need mechanical lifting, sliding systems can be an effective solution. These systems reduce friction and make the transfer of people smoother and less physically demanding for both the person and the handler.
3. Use a mechanical device: In cases where the person cannot move independently and a sliding system is inadequate, the use of a mechanical device is recommended. This includes hoists or lifts, which provide substantial support in transferring people safely, especially those with significant mobility limitations.
4. If the person cannot move themselves and equipment is either unsuitable or unavailable, a balanced decision must be made. This decision must take account of the risk to the staff member should they proceed against the risk to the service user should they not proceed. If the decision is made to proceed, all resources required and available to reduce the risk to as low as is reasonably practicable should be utilised. If the procedure involves unacceptable risk this must be reported to the line manager for urgent risk assessment and a plan must be put in place to prevent reoccurrence. The incident must be recorded onto NIMS.

3.2 Hierarchy of Measures

It is essential that the person's independence and safety is considered along with the safety of healthcare workers and that we place the service user at the centre of everything we do. As such techniques selected should take account of the level of intervention necessary and the assistance required to move the person safely and to maximise the person's independence. The Service User Specific Clinical Risk Assessment and Moving and Handling Plan along with a dynamic risk assessment will allow the staff member to select the most appropriate technique which are ranked 1-5 below with 1 being the most desirable.

The ranking is outlined as follows:

1. **Independent:**

   The person is encouraged to perform the task or movement independently, without any assistance. This approach is suitable for people who are fully capable of moving or handling themselves safely and effectively.

2. **Independent with equipment:**

   This stage, the person is still independent but utilises equipment to assist with the task. Equipment such as grab rails or walking frames, can be used to enhance the person's safety and independence.

3. **Partial assistance:**

   Partial assistance involves the healthcare worker providing some support to the person who can still perform a portion of the task independently. This might include steadying the person, providing verbal commands, or assisting with specific aspects of the movement.

4. **Moderate assistance:**

   Here, the person requires more significant help from the healthcare worker. This could involve physical support, such as lifting or supporting a larger portion of the person's weight, or more extensive guidance and assistance throughout the task.

5. **Dependent:**

   In this final stage, the person is fully dependent on the healthcare worker for the task. The person is unable to contribute to the movement or task, requiring the healthcare worker to utilise equipment to provide complete physical support.

Section 1: Sitting, Standing and Walking

Technique 7 Assessing a Person's MOBILITY

The purpose of the mobility assessment gives an indication as to whether the task (in this case sitting to standing) is potentially achievable and the nature and extent of any assistance that may be required. Where a handler has concerns regarding a person's presentation, the findings of the mobility assessment may be useful to objectively describe this new clinical presentation e.g. the healthcare worker may report back to their manager that the person who was able to stand unaided yesterday is no longer able to do so today. A review of the Service User Specific Clinical Risk Assessment and Moving and Handling Plan will now be required.

The handler asks the person to:

1. Sit forward in the chair unsupported by the backrest, thus ensuring the person has enough trunk stability to maintain an upright position.
2. Raise the arms forwards in front of them, and above them (they only need to achieve 90° or moderate movement), thus assessing upper limb range of movement and trunk control in standing.
3. Extend the arm horizontally in front of them placing the palm against the handler's palm applying gentle pressure to check upper body strength and the ability to push off the armrests from a chair.
4. Perform lower limb marching on the spot in sitting position, and then also to extend the legs one at a time lifting the foot of the floor, ensuring the person has the lower limb range of movement to perform standing and walking.
5. Straighten the knee out in front of them, lift the foot off the ground and pull the toes upwards.
6. Push up through the toes while the handler places a flat palm/ closed fist on the top of the toes to check resistance. This ensures they have the strength to extend the knees to stand up straight, and lift toes while walking.

Please note: All resisted movements must be performed with gradual resistance rather than a sudden push.

Technique 8 Reposition a person FORWARD on a chair- one handler

The handler:

1. Positions themselves in front of the person seated in the chair.
2. Places the outer leg forward, bent at a right angle, with the foot flat on the ground and kneels with the inner leg on the ground.
3. Instructs the person to lean towards one side of the chair, placing their hands and arms on the armrest, opposite to the side where assistance is required. This movement shifts their weight and makes it easier to assist them without applying excessive force.
4. Places one open palm on the side of the person's buttock that they are lifting. This hand will provide support and a gentle upward assist.

5. Places the other hand on the outer aspect of the knee on the same side where assistance is required.
6. On the command, the handler initiates the movement by transferring their weight from the outer, upright leg onto the inner, kneeling leg. This motion allows the handler to transfer their weight back so as not to pull with their arms. Simultaneously, applying gentle pressure through the hands to assist the person to move forward.
7. Repeat on the person's other side until they are in the required position.

Technique 9a Independent repositioning BACK on a chair

The handler instructs the person to:

1. Place the feet flat on the floor with the feet apart.
2. Lean forward slightly. This movement shifts the centre of gravity forward, making it easier to initiate movement to stand or shuffle back.
3. Stand up and then sit back down (if able), ensuring that the bottom is as far back into the seat as possible. This repositioning helps in achieving a more stable and comfortable sitting position.
4. Shuffle the bottom back into the seat (if unable to stand) by pushing back using the armrests and the feet.

Please note: This technique is only effective if the chair height allows the person to place their feet firmly on the ground.

Technique 9b Reposition a person BACK on the chair- two handlers (HALF KNEEL POSITION) with slide sheet

The techniques shown in the following section should only be carried out using a small sliding sheet. Although only one handler is performing the repositioning technique a second handler is required to assist with the insertion of the small sliding sheet.

1. The lead handler positions themselves in front of the person to stabilise them, while the second handler prepares the sliding sheet, rolling up half of it. The rolled part of the slide sheet will be positioned under the person's coccyx, which is the most effective placement for facilitating movement.
2. The lead handler:
    - Instructs the person to lean to one side, allowing the second handler to place the rolled half of the slide sheet under them.
    - Instructs the person to lean to the other side to allow the unrolling of the slide sheet from the other side of the chair. This method ensures the slide sheet is positioned evenly and correctly.
    - Assumes a half-kneel position directly in front of the person.
    - Places the palms of both hands slightly under the person's knees.
    - Initiates the movement by transferring the weight through the bent knee by moving forward. This weight transfer helps in gently guiding/ sliding the person back into the chair.
    - Removes the slide sheet straight away to stop the person slipping forward again.

Technique 9c Reposition a person BACK on the chair- two handler (DOUBLE KNEEL POSITION) with slide sheet

1. One handler positions themselves in front of the person, while the second handler prepares the sliding sheet, rolling up half of it. The rolled part of the slide sheet will be positioned under the person's coccyx, which is the most effective placement for facilitating movement.
2. The lead handler
    - Instructs the person to lean to one side, allowing the second handler to place the rolled half of the slide sheet under them.
    - Instructs the person to lean to the other side to allow the unrolling of the slide sheet from the other side of the chair. This method ensures the slide sheet is positioned evenly and correctly.
    - Assumes a double kneel position close to and directly in front of the person.
    - Places their bent knees apart so that the person's feet are directly between the handler knees. This ensures that the handler is close enough to the person to avoid overreaching or poor postures.
    - Grasps the armrests of the chair to start the repositioning and transfers the upper body weight forward while simultaneously pulling gently with the arms (most of the effort must come from moving the weight forward rather than pulling with the arms). This weight transfer helps in gently guiding/sliding the person back into the chair.
    - Removes the slide sheet straight away to stop the person slipping forward.

Please note: A pillow can be used between the person knees and the handler's pelvis for comfort levels for both individuals.

Technique 10 Independent STANDING from Sitting

Caution: *Only suitable if person can manage ALL the steps*

The handler instructs the person to:

1. Place the hands on the armrests of the chair, or the firm surface of the furniture they are seated on.
2. Position the feet flat on the floor, keeping them apart to ensure a good base of support.
3. Lean forward slightly while seated and shuffle the bottom to the edge of the seat ensuring that the upper body is positioned over the feet.
4. Use the armrests or the surface they were seated on to push themselves up into a standing position. If necessary, the person can gently rock to build up momentum, assisting in the transition to standing. Hand blocks may provide support if armrests are not available.

Technique 11a Sit to STAND with one or two handlers FACING THE SAME DIRECTION AS THE PERSON

1. The lead handler instructs the person to:
    - Place the hands on the armrests of the chair, or the firm surface of the furniture they are seated on.
    - Position the feet flat on the floor, keeping them s apart to ensure a good base of support.
    - Lean forward slightly while seated and shuffle the bottom to the edge of the seat ensuring that the upper body is positioned over the feet.
2. The handler(s)
    - Positions themselves to the side of the chair, facing the same direction as the person (towards the direction of transfer) while slightly bending the knees and hips placing the outside leg forward in the direction of travel (push/pull stance)
    - Places the outside hand flat on the front of the persons shoulder joint nearest to them to assist in straightening the trunk and stabilising the person.

- Positions the inside hand at the base of the person's spine, near the far hip, to help guide the pelvis over the feet, preparing the person for the move.
- Maintains close proximity to the person throughout the transfer to ensure that both the handler (s) and the person's centre of gravity remains as close as possible.

3. On the commend "Ready, Steady, Stand, the handler guides the person through the transfer process while instructing the person to use the armrests or the surface they were seated on to push themselves up into a standing position. If necessary, the person can gently rock to build up momentum, assisting in the transition to standing. Hand blocks may provide support if armrests are not available.

Technique 11b Sit to STAND with one or two handlers FACING TOWARDS THE PERSON

The lead handler instructs the person to:

1. Place the hands on the armrests of the chair, or the firm surface of the furniture they are seated on.
2. Position the feet flat on the floor, keeping them apart to ensure a good base of support.
3. Lean forward slightly while seated and shuffle the bottom to the edge of the seat ensuring that the upper body is positioned over the feet.
4. The handler(s) positions themselves beside the chair, facing the person while adopting a broad stable base with the legs slightly wider than hip-width apart, bending the knees and keeping the feet pointing forward.
5. The handler(s) places the inside hand at the base of the person's spine (or lower back), near the far hip, to assist the person in moving the upper body over the feet in preparation for the transfer. In cases where a second handler is needed, they should follow the same steps.
6. In preparation for the transfer the handler(s) leg nearest to the back of the chair should be bent, while the leg closer to the front of the chair should be straight but with a soft knee.
7. On the command "Ready, Steady, Stand", the handler(s) transfers weight from the back leg to the front leg while the person pushes off with the hands on the arms of chair.

8. The handler must maintain close proximity to the person throughout the transfer to ensure that both the handler (s) and the person's centre of gravity remains as close as possible.

Please note: For a standing transfer from the edge of the bed, the handler(s) should sit beside the person at the onset of the transfer while taking account of the safe working load of the bed and adhering to local IPC guidelines.

Technique 12 WALKING the person with one or two handlers

1. Handler(s) position themselves close and slightly behind the person adopting a stable base while placing the inside hand on the person outside hip or lower back to avoid extended reach. This position will guide and reassure the person.
2. The handler uses a palm to palm grip positioned at the person's hip/waist level. Ensuring the handler(s) thumbs are tucked in alongside the index fingers (paws not claws).
3. On the command of "Ready, Steady, Walk" the handler (s) keep as close as possible to the person, allowing the person to move the feet, taking steps in their own time.

Please note: A reassessment should be completed if the person requires more assistance than this.

Technique 13 Independent SITTING from standing

The handler instructs the person to:

1. Stand close enough to the chair or bed so that they can feel for the edge on the back of the legs or knees.
2. Reach behind and take hold of the armrests or feel for the firm surface of the furniture on which they are about to sit.
3. Lean forward and at the same time, bend at the knees and hips to lower themselves onto the furniture. Coaching the person to have "nose over toes" encourages the person to flex at the hip and position back into the chair

Technique 14a Stand to SIT with one or two handlers FACING FORWARD.

As the person is being brought to the chair, the handler(s):

1. Places the outside hand on the front of the person's shoulder while placing the inside hand on the person's outside hip or, if reaching the hip is not possible, on the lower back.
2. Positions themselves to the side of the chair slightly behind the person, while facing the same direction and keeping the front leg bent with the back leg straight with a soft knee.
3. Instructs the person to:
    - Stand close enough to the chair or bed so that they can feel for the edge on the back of the legs or knees
    - Reach behind themselves, using both hands for support on the armrests or the firm surface of the furniture they are near
4. On the command "Ready, Steady, Sit", transfers weight from the front leg on to the back leg while the person sits back into the chair.
5. Slides the inside hand up towards the person's shoulder as the person sits.

Technique 14b Stand to SIT with one or two handlers FACING THE PERSON.

The handler(s):

1. Position themselves to face the person
2. Place the outside hand on the front of the person's shoulder while placing the inside hands on the person's outside hip or, if reaching the hip is not possible, on the lower back
3. Position the front leg in line with the person legs and the back leg in line with the back of the chair
4. Adopt a broad stable base keeping the front leg bent with the back leg straight maintaining a soft knee
5. On the command "Ready, Steady, Sit", transfers weight from the front leg to the back leg while the person sits into the chair

Technique 14c Stand to SIT with one or two handlers FACING THE OPPOSITE DIRECTION TO THE PERSON.

The handler(s)

1. Position themselves to face the opposite direction to the person.
2. Adopt a push /pull stance and ensuring that both knees are soft.
3. Place the hand that is nearest to the person across the front of the person's body, resting it on the hip while the other hand is positioned behind the person's shoulder.
4. On the command "Ready, Steady, Sit" gently push backwards against the person's hip while simultaneously pulling the person's shoulder forward shifting weight from the back leg onto the front leg. This action assists and encourages the person in bending at the waist and facilitates sitting down.

Please note: Where the person is being seated on a bed:

- The use of a profiling bed or patient handling equipment may be required.
- The safe working load of the bed and local IPC guidelines must be taken into account.
- The person may utilise an assistive device designed to aid in repositioning the legs e.g. leg lifter.
- Ensure the person sits near the head of the bed before lying down, so repositioning is not required after they lie down.

Section 2: Sitting up and Moving in Bed

Technique 15 Independent side lying to SITTING at the edge of the bed

The bed should be adjusted before starting if possible, so the person's feet can touch the floor when they are sitting at the edge of the bed. If using an electric profiling bed, the back rest should be raised so the person is in a high sitting position as this reduces the effort required.

The handlers instructs the person to:

1. Bend the knees and place the outside arm across the chest.
2. Turn the head in the direction of the roll and rotate the bent knees in the same direction.

3. Push the feet towards the edge of the bed.
4. Push themselves up into a side-sitting position by pushing through the elbow closest to the bed and with the fist of the upper facing arm in front of the chest while simultaneously swinging the legs over the side of the bed.

Technique 16 Assisting a person from side lying to SITTING at the edge of the bed

Caution: *The person must have adequate strength to push up most of their own weight and should be able to move their legs independently. The handler facilitates the process through guidance and minimal appropriate physical support.*

The handler:

1. Positions themselves in front of the person in the direction of the intended roll.
2. Adjusts the bed to the correct working height to ensure a good neutral posture and that the person is as close as possible to the handler(s) centre of gravity.
3. Instruct the person to:
    - Bend the knees and place the outside arm across the chest
    - Turn the head in the direction of the roll and rotate the bent knees in the same direction
    - Push the feet towards the edge of the bed

The handler:

4. Positions themselves at the person's chest level with a broad stable base while one hand is placed under the shoulder the person is lying on while the other hand is placed on top of the person's uppermost hip.
5. Instructs the person to push themselves up into a side-sitting position by pushing through the elbow closest to the bed, and the fist of the upper facing arm in front of the chest.
6. At the same time guides the transfer by pushing down through the person's upper hip while instructing the person to simultaneously swing the legs over the edge of the bed.

Please note: An electric profiling bed can bring the person into a sitting position
A slide sheet can be used to slide the feet over the edge of the bed

Technique 17 Independent SITTING and MOVING in the bed from lying position

Caution *– This technique is only suitable for people with adequate upper limb strength and trunk stability.*

The handlers instructs the person to:

1. Bend at the hips and knees
2. Roll onto the side by turning the head in the direction of the roll, placing the outside arm across the chest and rotating the flexed knees over in the same direction.
3. Use the arms to push themselves up into a side-sitting position by placing the hands on the bed and using the arms to lift the upper body.
4. Straighten up from the side-sitting position by pushing through the elbows and/or arms.
5. Bend the knees and dig the heels into the bed ready to push themselves up the bed.
6. Push through the heels and fists at the same time, to lift and move the bottom up the bed until a comfortable sitting position is achieved

Equipment to help the person sit up in bed

Mechanical beds and lifters

Profiling beds, mattress elevators and lifters can eliminate the requirement for manual handling a person to sit up in bed. Profiling beds are designed with adjustable sections that can be raised or lowered with the push of a button. They allow for the head, knees and feet to be independently adjusted.

Non-mechanical aids

Bed rails, bed levers and rope ladders provide a stable support that can be used by persons to assist themselves in sitting up. Bed levers and rails are particularly useful because they allow people to use

their upper body strength to lift themselves into a sitting position. This can be done with legs straight for those who have enough abdominal strength. For people lacking in abdominal strength, they can combine the use of bed levers or rails, which involves a step-by-step process to assist in sitting up more comfortably. Rope ladders and similar work by allowing the person to 'walk' their hands up the rungs/straps to gradually pull themselves into a sitting position.

Monkey poles or patient lifting poles if available can be attached to the bed or free standing under the bed base to give an overhead support pole to those who find it difficult to sit up in bed. When positioned correctly they allow the person to assist themselves into a sitting position.

Hand blocks can be used by the person to gain leverage instead of closed fists. The blocks should be positioned just behind the person's hips while in sitting position. Using a slide sheet may also help.

Technique 18 MOVEMENT in bed using slide sheet(s)

The person can be lying down or sitting up for this technique:

1. The handler instructs the person to:
    - 'Bridge' by pushing the hips off the bed (if the person cannot 'bridge', use rolling technique as per Technique 17 to roll them onto the slide sheet)
2. The handler
    - Positions the slide sheets under the person's pelvis
    - Ensures the person's whole body,(bottom if sitting) except the feet, is on the slide sheet
3. The handler instructs the person to:
    - Bend the knees and dig the heels into the bed ready for pushing. The handler can hold the ankles so the feet cannot move as they push
    - Push themselves, using the feet and legs, up the bed. The slide sheet facilitates the move
4. The handler removes the slide sheet.

Please note: Introducing a second sliding sheet can help the person in moving their feet towards the edge of the bed. However, it is important to ensure that the sliding sheet is positioned in a manner that does not extend beyond the persons knees. Placing it too high up e.g. closer towards the hip can pose a risk, as it may cause the person to inadvertently slide forward.

Section 3: Rolling, Turning, Moving and Repositioning

This section will address core techniques for rolling, turning, moving and repositioning of the person. The term bed will be used but this may also apply to a trolley, treatment plinth or other flat surface.

The Safe Working Load (SWL) of the bed should be determined prior to performing any technique while also adhering to IPC guidelines.

The optimum posture can be achieved by the handler(s) by adjusting the bed to the correct working height.

Technique 19a Independent ROLLING

The handler instructs the person to:

1. Turn the head towards the direction of the roll.
2. Move the inside arm away from the body, either by lifting it above shoulder height to rest on the pillow, or by placing it across their chest. This positioning prevents them from rolling onto the arms.
3. Bend the outside knee (or both knees) to prepare for pushing off with the foot in the direction of the roll.
4. Place the outside arm across the chest, towards the direction of the roll. This enables them to be ready to reach over or grab the edge of the mattress.
5. Push off with the outside foot while simultaneously reaching across the body or holding on to the mattress with the outside hand ensuring that they move laterally away from the edge of the bed as they roll.

Technique 19b Independent ROLLING with equipment

The handler instructs the person to:

1. Turn the head towards the direction of the roll.
2. Move the inside arm away from the body, either by lifting it above shoulder height to rest on the pillow, or by placing it across the chest. This positioning prevents them from rolling onto their arms.
3. Bend the outside knee (or both knees) to prepare for pushing off with the foot in the direction of the roll.

4. Place the outside arm across the chest, towards the direction of the roll. This enables them to be ready to reach over and grasp a bed lever or grab rail.
5. Pushes off with the outside foot while simultaneously pulling on the bed lever or grab rail with the outside hand.

Technique 20a ROLLING the person with the bed LOW- one handler

The handler:

1. Positions themselves at the side of the bed in the direction of the roll
2. Instructs the person to:
    - Turn the head in the direction of the intended roll
    - Move the inside arm away from the body, either by lifting it above the shoulder to rest on the pillow or placing it across the chest to prevent rolling onto it
    - Bend the outside knee, preparing the foot to push off in the direction of the roll
    - Place the outside arm across the chest, ready for the roll

The handler:

3. Places the knee on the bed getting close to the person preventing overreaching or bending too far forward.
4. Positions one open hand behind the person's shoulder blade and the other hand on the hip (ensuring that the fingers are not spread).
5. On the command "Ready, Steady, Roll", transfers weight from the front leg onto the back leg that is on the ground and rolls the person onto their side.

Technique 20b ROLLING the person with the bed HIGH- one handler

The handler:

1. Positions themselves at the side of the bed in the direction of the roll.
2. Instructs the person to:
    - Turn the head in the direction of the intended roll
    - Move the inside arm away from the body, either by lifting it above the shoulder to rest on the pillow or placing it across the chest to prevent rolling onto it
    - Bend the outside knee, preparing the foot to push off in the direction of the roll
    - Place the outside arm across the chest, ready for the roll
3. Adopts a push/pull stance, positioning one open hand behind the person's shoulder blade and the other on the hip (ensuring that the fingers are not spread).
4. On the command "Ready, Steady, Roll" transfers weight from the front leg onto the back leg and rolls the person onto their side.

Technique 20c ROLLING the person with the bed HIGH- two handlers

The handlers:

1. Positions themselves side by side at the edge of the bed in the direction of the roll
2. The lead handler instructs the person to:
    - Turn the head in the direction of the intended roll.
    - Move the inside arm away from the body, either by lifting it above the shoulder to rest on the pillow or placing it across the chest to prevent rolling onto it.
    - Bend the outside knee, preparing the foot to push off in the direction of the roll.
    - Place the outside arm across the chest, ready for the roll
3. Both handlers adopt a push/pull stance
4. The lead handler positions one open hand behind the person's shoulder blade and the other on the hip (ensuring that the fingers are not spread).
5. The second handler positions an open hand on the person's hip with the other hand positioned along the lower leg or knee (refer to the service user specific clinical risk assessment and moving and handling plan for the most appropriate hand placement)
6. On the command "Ready, Steady, Roll" the handlers transfer weight from the front leg onto the back leg and rolls the person onto their side.

Technique 21 ROLLING the person and INSERTING SLIDING SHEET with two handlers

The number of handlers required for the roll will be determined by the dynamic risk assessments e.g. two handlers may be required to roll the person (both handlers will position themselves side by side in the direction of the roll as per Technique 20c).

Caution: *The slide sheet(s) must be assessed for the person's needs and size allowing for the distance of the move*.

1. The lead handler adjusts the bed to the required height.
2. The handlers positions themselves on each side of the bed (lead handler in direction of the roll and the second handler on the opposite side to insert slide sheet(s).
3. The lead handler instructs the person to:
    - Turn the head in the direction of the intended roll
    - Move the inside arm away from the body, either by lifting it above the shoulder to rest on the pillow or placing it across the chest to prevent rolling onto it
    - Bend the outside knee, preparing the foot to push off in the direction of the roll
    - Place the outside arm across the chest, ready for the roll
4. The lead handler adopts a push/pull stance, positioning one open hand behind the person's shoulder blade and the other on the hip (ensuring that the fingers are not spread).
5. On the command "Ready, Steady, Roll" the lead handler transfers weight from the front leg onto the back leg and rolls the person onto their side.
6. The lead handler maintains the rolled person in position while the second handler inserts the slide sheet(s).
7. The seconder handler rolls (approx. 2 rolls depending on its size) the slide sheet(s) and places the rolled side down lengthways/ longitudinally on the bed, inserting under all the contact points of the person and under the pillow.
8. The lead handler allows the person to roll back into supine position and with the palms facing up, unrolls the remainder of the slide sheet(s) so that the person in now lying on the full width of the slide sheet(s).

Technique 22a INSERTING SLIDE SHEET(S) from head to foot of bed- TWO HANDLERS FACING EACH OTHER using side to side/lateral weight transference.

1. The handlers positions themselves on each side of the bed with a broad stable base facing each other.
2. The lead handler adjusts the bed to the required height.
3. With the person in a supine position, the lead handler inserts the slide sheet(s) rolled side down under the person's head/ pillow facing towards the foot of bed to allow it unroll smoothly.
4. In preparation for the unrolling the handlers:
    - Hand position is at approximately the person's hip and shoulder
    - Anchor the rolled slide sheet with the hand closest to the head of the bed with palm facing down while preparing to unroll with the other hand
    - Ensure that the legs closer to the head of the bed are bent, while the legs closer to the foot of the bed are straight with soft knees
    - Hold the sheet with the palms of the other hands facing up

5. On the command "Ready, Steady, Unroll" both handlers unroll the slide sheet(s) together, fold by fold, down the person's body simultaneously using clear instructions while gently transferring weight by moving from the bent leg onto the straight leg.
6. Each handler readjusts their position (hands, legs and feet) as the slide sheet unrolls towards the foot of the bed.

Technique 22b INSERTING SLIDE SHEET from head to foot of bed- TWO HANDLERS FACING THE HEAD OF THE BED.

1. The lead handler adjusts the bed to the required height.
2. The lead handler inserts the slide sheet(s) rolled side down with the person in a supine position under the person's head/ pillow facing towards the foot of bed to allow it unroll smoothly.
3. In preparation for the unrolling the handlers:
    - Positions themselves on each side of the bed with a push/pull stance facing the head of the bed
    - Secures the rolled slide sheet(s) with the hand closest to the bed, palm upwards (option for handler to use their outer hands to anchor the slide sheet close to the person's head/ shoulders)

5. On the command "Ready, Steady, Unroll" both handlers unroll the slide sheet(s) together, fold by fold, down the person's body keeping in time using clear instructions while gently transferring weight from the front leg onto the back leg.
6. Each handler readjusts their position (hands, legs and feet) as the slide sheet unrolls towards the foot of the bed ensuring that the slide sheets reach beyond the person's heels (if not a second smaller slide sheet can be placed under the person's heels).

Technique 23a MOVING a supine person DOWN/UP the bed- TWO HANDLERS FACING EACH OTHER

1. The handlers position themselves on each side of the bed with a broad stable base facing each other following insertion of slide sheets.
2. In preparation for the move, the handlers:
    - Position themselves so that each hand is at the person's hip and shoulder
    - Grasp the top slide sheet with both hands, knuckles facing downwards and close to the person's body
    - **Down the bed** -ensure that the leg closer to the head of the bed is bent, while the leg closer to the foot of the bed is straight with a soft knee
    - **Up the bed** - ensure that the leg closer to the head of the bed is straight with a soft knee, while the leg closer to the foot of the bed is bent

3. On the command “Ready, Steady, Slide” both handlers slide the person down/up the bed by transferring weight from the bent leg onto the straight leg.
7. Ensure the hands stay in contact with the lower sheet when sliding to avoid a lifting action.
8. Readjusts their position (hands, legs and feet) per move.

Caution: *When transferring from side to side, it is important to avoid overreaching (moving the person beyond the handler’s lead hand) as this will cause twisting and side bending of the lower back. This can be achieved by ensuring that the arms do not extend beyond the forward bent leg.*

Technique 23b MOVING a supine person UP THE BED – TWO HANDLERS FACING FOOT OF THE BED

1. The lead handler adjusts the bed to the required height
2. The handlers, following insertion of the slide sheets:
   - Position themselves on each side of the bed facing the foot of the bed between the person’s hip and shoulder
   - Adopt a push/ pull stance
   - Grasp the top slide sheet with the hands closest to the bed, knuckles facing downwards and close to the person’s body
3. On the command “Ready, Steady, Slide” slide the person up the bed by transferring weight from the bent leg onto the straight leg.

Technique 24 REPOSITIONING a supine person ACROSS/SIDEWAYS the bed with two handlers

1. The lead handler adjusts the bed to the required height.
2. The handlers, following insertion of the slide sheets;
   - Position themselves on either side of the bed facing one another.
   - Adopt a push pull stance (the push/ pull action by each handler facilitates the move of the person)
3. The handler pulling grasps the top slide sheet at hip and shoulder level of the person. The handler pushing places their hands on the hip and shoulder of the person (not on the slide sheet).
4. The handler pushing delivers the command “Ready, Steady, Slide” and transfers weight from the back leg on to the front leg.
5. The handler pulling transfers weight from the front leg onto the back leg.

Technique 25 REMOVING SLIDE SHEETS:

The handler:

1. Reaches under the person (using their natural body curves - neck, lumbar, ankles) and firmly grasps the far corner of the bottom sliding sheet by turning it underneath itself so that it peels away from under the person.
2. Adopts a push/pull stance and uses weight transference to pull the sheet out and away from the bed by moving from the bent leg onto the straight leg.
3. Pulls the slide sheet steadily, smoothly and in stages.
4. Keeps the slide sheet as flat as possible rather than bunching it to avoid causing discomfort to the person.
5. Repeats the action with the remaining sheet, turning the corner in under itself.

Section 4: Lateral and Sitting Transfers

If a person is being transferred from a bed to a trolley or a trolley to bed, for example, a large transfer board is required to bridge the two surfaces. Slide sheets must be used with the transfer board as this reduces the friction and assists with the transfer.

Technique 26 LATERAL TRANSFER from trolley to bed using roller board/patslide and sliding sheet with 3 or more handlers

Caution: *Extreme care must be taken when rolling a person on a narrow surface such as a stretcher/trolley. Handlers must ensure to secure the person safely throughout the technique.*

The number of handlers required will be determined by the dynamic risk assessments e.g. more handlers may be required to control the person's head, feet or manage attached medical equipment.

1. The lead handler adjusts the bed to the required height.
2. The handlers positions themselves on each side of the bed (lead handler in direction of the roll and the second handler on the opposite side to insert slide sheet(s) and roller board/ pat slide).
3. The lead handler instructs the person where conscious to:
    - Turn the head in the direction of the intended roll
    - Move the inside arm away from the body, either by lifting it above the shoulder to rest on the pillow or placing it across the chest to prevent rolling onto it
    - Bend the outside knee, preparing the foot to push off in the direction of the roll
    - Place the outside arm across the chest, ready for the roll
4. The lead handler adopts a push/pull stance, positioning one open hand behind the person's shoulder blade and the other on the hip (ensuring that the fingers are not spread).
5. On the command "Ready, Steady, Roll" the lead handler transfers weight from the front leg onto the back leg and rolls the person onto their side.
6. The lead handler maintains the rolled person in position while the second handler inserts the slide sheet(s) and roller board/ pat slide.
7. The seconder handler rolls (approx. 2 rolls depending on its size) the slide sheet(s) and places the rolled side down lengthways/ longitudinally on the bed, inserting under all the contact points of the person and under the pillow.
8. The handlers position the transfer board under the person between the slide sheets and the bed to make a bridge between the two surfaces (the person's head must be on the board).
9. The lead handler allows the person to roll back into supine position.

10. While two handlers remain with the person another handler retrieves the target surface and positions it next to the bed/trolley on which the person is lying (at the same height or slightly lower) and applies the brakes.
11. The handlers take up positions on either side of the adjoined surfaces facing each other. Feet are in a push/pull stance and facing forward.
12. The handler (s) pushing, have back leg bent and front leg straight with a soft knee. During the technique weight will be transferred from the back leg to the front leg.
13. The handler(s) pulling, have front leg bent and back leg straight with a soft knee. During the technique weight will be transferred from the front leg onto back leg.
14. The lead handler gives the command “Ready, Steady, Slide”.
15. On the “Slide” command, the handlers pushing commence smoothly in the direction of the transfer ensuring the movement is controlled. Handlers should only push the persons within a natural reach so that the handlers pulling can take over the movement. The technique can be performed in two smaller movements rather than one sequence.
16. Secure the person safely on the target surface and remove the empty surface (this will avoid overreaching while removing the slide sheet(s) and roller board/ pat slide).
17. Handlers initiate a roll that is sufficient to remove the slide sheet(s) and roller board/ pat slide.

Technique 27 INDEPENDENT TRANSFER from chair to chair

1. The handler positions the target chair in the required position/ location close to the seated person
2. The handler instructs the person to:
    - Position themselves with their arms on the armrests of the chair.
    - Lean forward in the chair
    - Place the feet flat on the floor shoulder-width apart for stability.
    - Shuffle the bottom towards the edge of the chair, leaning forward slightly to aid in momentum.

- Place the lead foot (the foot on the stronger side) in the intended direction of movement
- Reach over and grasp the far arm of the other chair with the leading arm.
- Push themselves upright using the armrest.

Once upright the person can either shuffle across or step around to sit in the target chair.

Technique 28 NON-WEIGHT-BEARING TRANSFER with one handler

Caution: *A hoist should be used if the transfer cannot be carried out with one handler as described below.*

This technique uses a small transfer board and handling belt. The person should lead from their strongest side.

The handler:

1. Securely fastens the handling belt around the person's waist, ensuring that the belt is the correct size for the person.
2. Places the transfer board so that approximately one third is under the person's bottom, one third bridges the gap between the two surfaces, and one third rests on the target chair.
3. Position themselves in front of the person in a half-kneel posture.
4. In preparation for the transfer the handler instructs the person to :
    - Lean forward in the chair
    - Place the feet flat on the floor shoulder-width apart for stability
    - Extend the leading arm in the direction of the transfer and place the hand on the board, being careful to avoid trapping fingers under the board
    - Apply some weight on the leading arm to initiate the transfer
5. The handler begins the transfer by securely holding the handling belt and transferring the weight from the front leg to the back leg.
6. The handler removes the transfer board when the move is complete.

Section 5: Use of Hoists

A hoist is “a mechanical device used to transfer the full weight of a client in a lying, semi reclined or sitting position”.

It consists of a central mast, boom with a rotating spreader bar, hooks to attach the sling and an adjustable U-shaped base on castors or wheels. Slings are the most important component of any hoist system as the sling is the interface between the person and the hoist system. The sling must be compatible for the hoist, the lift required and the person.

Handlers **must** receive site specific hoist training on the particular **type and model** of hoist being used locally within the work environment and in accordance with hoist and sling manufacturer instructions.

Technique 29 HOISTING a person using mobile/overhead hoist

The handler:

1. Instructs the person to roll onto the side (if they cannot roll independently an assisted roll is required).
2. Inserts the sling under the upper body.
3. Positions the hoist over the person.
4. Spreads the legs of the hoist, and use the lowering mechanism to bring the boom down to a reachable height.
5. Attaches the sling securely (loop or clip attachments) to the hoist.
6. Raises the person slowly to a point of tension and makes final adjustments and checks to the sling and attachments.
7. Raises the person until clear of the bed.
8. Carefully manoeuvre the hoist towards the receiving surface.
9. Aligns the person appropriately with the back/ over the receiving surface.
10. Lowers the person gently onto the receiving surface.
11. Carefully detach the sling from the hoist, once the person is secure on the receiving surface
12. Removes the sling from under the person.
13. Document any concerns or issues in the Service User Specific Clinical Risk Assessment Moving and Handling plan.

Please note: When hoisting from the FLOOR

The handler must ensure brakes are applied in accordance with manufacturer's instructions where required.

The hoist can be positioned in following ways depending on the available space with option 1 being the most desirable:

1. The legs of the hoists straddle the person from the side or their front.
2. Approach from the feet with the person legs straddling the hoist frame.
3. Approach from the person's head.

See **Appendix 2** for Dynamic risk assessment factors for Hoist

Section 6: Dealing with the Fallen Person

Caution: *If a person has fallen manual lifting from the floor must be avoided except in emergency situations. A clinical assessment must be completed before any intervention to determine the most appropriate method of assistance required e.g. use a hoist, inflatable air mattress, and other electronic lifting devise such as a raizer or instruction using chairs.*

Technique 30 Instructing and supervising a FALLEN person to get up FROM THE FLOOR using chairs.

1. The handler instructs the person to:
    - Roll over on to their side
    - Bend their knees towards the stomach
    - Bring one arm across the chest until the hand is flat on the floor
    - Push up with one hand and lower arm into a side sitting position and to continue pushing upright with arms until on “all fours” (hands and knees) position is reached
2. The handler places a sturdy chair in front of the person.
3. The handler instructs the person to:
    - Place their forearms on the chair
    - Use the chair to help push themselves upright into a half-kneeling position
    - Bend one knee and place the foot flat on the floor
    - Push themselves upright with the hands and forearms until the hips lift upwards
4. The handler places the target chair behind the person under the hips allowing them to feel the back of the chair as they ease themselves backwards into the seat of the target chair.

Please note: The Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be updated and a Clinical Falls Risk Assessment maybe required or have to be updated.

Appendix

Appendix 1 Dynamic Risk Assessment for Manual Handling and People Handling Activities

A dynamic risk assessment must be carried out by the handler(s) prior to conducting any manual handling and people handling activity. This assessment is based on the '***STOP, THINK, PLAN and DO***' approach which is incorporated into everyday life tasks for example crossing the road safely. The results of the dynamic risk assessment should not preclude the ability to implement the 11 Principles of Safe Manual Handling.

Factors to consider in Dynamic Manual Handing (inanimate) Risk Assessment (non-exhaustive)

- Is the technique used in accordance with the Task Specific Manual Handling (inanimate loads) and People Handling Risk Assessments?
- Is assistance required for elements of the activity?
- Can equipment be used for the task to reduce the risk?
- Is the clothing and footwear worn by the handler(s) appropriate for the activity?
- Is there adequate space to complete the activity?
- Can the furniture or equipment be positioned or adjusted to minimise the risks?
- Can the load be placed at waist height?
- Are loads stored at above shoulder height?

Factors to Consider in Dynamic People Handling Risk Assessment (non-exhaustive)

- Is the technique used ~~is~~ in accordance with the person's Service User Specific Clinical Risk Assessment and Moving and Handling Plan?
- Has there been a change to the person's clinical condition?
- Does the person require a mobility assessment?
- Is the person physically able and willing to complete the task?
- Is the person able to co-operate and understand instructions?
- Has the person recently taken medication that may impact their ability?
- Does the person require medication prior to the task?
- Does the person require assistance for elements of the task?
- Can equipment be used for the task to reduce the risk?
- Does the person use a walking aid or prosthetic device?
- If an aid is required has it been adjusted e.g. to the correct height?

- Is the person's footwear appropriate e.g. non-slip and securely fitted?
- Is the person initiating movement from their stronger side?
- Is there adequate space for the person(s) to complete the task?
- Can the furniture or equipment be better positioned or adjusted to minimise the risks?
- Are there opportunities for the person to rest during the task if required?

Factors to Consider in Dynamic Risk Assessment When Using Equipment (non-exhaustive)

- Is the equipment suitable for the activity?
- Is the pathway clear from obstacles and hazards?
- Has the route been planned?
- Is the load stable and secure prior to starting the activity e.g. safety belt/ harness?
- Is the equipment designed for pushing or pulling?
- Are the wheels or casters in good working condition?
- Is the equipment appropriate for the environment and its floor surface?
- Has the equipment been properly maintained?
- Are there any defects to the equipment?
- Does the equipment have a Safe Work Load (SWL)/ Load Capacity
- Are the brakes functioning correctly?
- Can the equipment pass through corridors/ doorways unobstructed?
- Are there any uneven surfaces, thresholds or small steps throughout the route?
- Is there adequate lighting throughout the route?

Appendix 2 Dynamic Risk Assessment for Hoist

A dynamic risk assessment must be carried out by the handler(s) prior to conducting any manual handling and people handling activity. This assessment is based on the '***STOP, THINK, PLAN and DO***' approach, which is incorporated into everyday life tasks, for example crossing the road safely. The results of the dynamic risk assessment should not preclude the ability to implement the 11 Principles of Safe Manual Handling.

Factors to Consider for Dynamic Risk Assessment in Use of the Hoist (non-exhaustive)

- Has the type of hoist been clinically prescribed for the person?
- Has the handler received specific training on the type and model of the hoist?
- Is supervision provided by an experienced handler who is familiar and competent in the use of the specific type and model of the hoist?
- Has a visual inspection been carried out prior to use?
- Have statutory examinations been completed on the hoist by a competent person in the last 6 months (this includes a thorough inspection and a service)?
- Is the service label attached to the hoist indicating the date of the last service and next service due date?
- Are manufacturer's instructions accessible/ available to the user e.g. attached to the mast of the hoist?
- Is the Safe Working Load (SWL) clearly marked on the hoist?
- Is the raising and lowering mechanism functioning correctly?
- Do the legs of the hoist open and close correctly?
- Can the hoist be raised and lowered smoothly during operation (no sudden stopping and starting)?
- Is the emergency stop button working?
- Is the emergency lowering mechanism working?
- Are the brakes working?
- Is the hoist battery fitted correctly?
- Is the hoist battery sufficiently charged?
- Is there a second battery available and charged if required?
- Is there an appropriate storage area for the hoist where charging can take place if required (access to electrical outlet) when not in use?
- Is the sling being used compatible with the hoist?

- Has a visual inspection been carried out on the sling e.g. no defects to the stitching, or fabric, integrity of the material /fabric intact?
- Is there a procedure for removing and reporting hoist from service where faults or defects have been identified?

Factors to Consider –The Person Being Hoisted (non-exhaustive)

- Has the Service User Clinical Risk Assessment and Moving and Handling Plan been consulted?
- Has the following being considered?
    - Person's ability/ disability, taking account of their physical condition and cognitive ability
    - Person's weight and body mass index (BMI)
    - Type of transfer / lift required e.g. chair to bed, lifting from the floor to the bed etc. for the person
    - Use of appropriate hoist e.g. passive hoist or sit to stand hoist for the particular transfer taking account of the person's size, weight and ability, in accordance with their Service User Clinical Risk Assessment and Moving and Handling Plan (where applicable)
- Has the hoist appropriate attachments in place e.g. wider spreader bar/bariatric equipment for larger person where required?
- Has the appropriate sling being selected for the person's size, weight, ability and the type of hoist being used e.g. universal, toileting, amputee or bariatric sling in accordance with their Service User Clinical Risk Assessment and Moving and Handling Plan (where applicable)?

Factors to Consider –The Environment before Use of the Hoist (non-exhaustive)

- Has the lift been planned (start considered, end points and the route)?
- Has the transfer been considered (positioning of wheelchair / shower chair etc.)?
- Has the environment been considered (any changes to the environment, which may affect the use of the hoist –uneven floor surface e.g. rolling from tiles onto carpet)?
- Has the route been cleared of any obstacles to ensure sufficient space for the hoist to manoeuvre?
- Have checks been carried out to ensure attachments are secure and person is comfortable?
- Has the clearance required, height of bed, undercarriage of bed/trolley to allow unobstructed access of hoist legs /wheels been considered?

- Has the application of hoist brakes been considered (this will depend on the type of lift being conducted, the particular environment and in accordance with manufacturer's instructions e.g. many hoists require brakes to be applied when lifting from the floor, lifting from a slope or when parked)?

Factors to Consider – Handlers Use of the Hoist (non-exhaustive)

- Is there a sufficient number of handlers to carry out the task?
- Has the handler raised the hoist sufficiently to clear the surface during transfers?
- Has the handler ensured the person being hoisted is not raised above the maximum lift height of the hoist?
- Is the receiving surface ready (height adjustments made, brakes applied etc.)?
- Has the person been lowered to the most comfortable position before transfer?
- Are the legs of the hoist adjusted as required?

Appendix 3 Evidence Based Instruction Technique References

Technique no	MANUAL HANDLING TASKS (INANIMATE)	Evidence based instruction reference
Technique 1	Practice of Principle without load	• 11 Principles of Safer Manual Handling (11 Principles) Health and Safety Executive (UK) (2003) The Principles of Good Manual Handling: Achieving a Consensus • HSE Principles of Safer Manual Handling
Technique 2	Lifting load to surface – bench height	• Croshaw C and Fray M (eds). (2019) (Clinical Skills) Section 2c Principles of risk assessment and load handling, page 13
Technique 3	Lifting load onto height (not above shoulder)	• Croshaw C and Fray M (eds). (2019) (Clinical Skills) Section 2c Principles of risk assessment and load handling, page 13
Technique 4	Pushing load	• Croshaw C and Fray M (eds). (2019) Section 2e Principles of pushing and pulling, page 20
Technique 5	Pulling a load	• Croshaw C and Fray M (eds). (2019) Section 2e Principles of pushing and pulling, page 20
Technique 6	Team Lift	• Croshaw C and Fray M (eds). (2019) Section 2f Principles of team handling, page 25

Technique no	PEOPLE HANDLING TASKS	Evidence based instruction reference
Section 1: Sitting, Standing and Walking		
Technique 7	Mobility assessment	HOP 7th Edition, Sitting to standing assessment, page 83
Technique 8	Reposition a person FORWARD on a chair	HOP 6th Edition, Sub task 10.7.1 Moving forward in the chair, page 158 HOP 7th Edition, Sub task 5b.1.1 Standing method of assisting a person to move forward in chair, page 87
Technique 9a	Independent repositioning BACK on a chair	HOP 6th Edition, Sub task 10.7.1 Moving forward in the chair, page 158
Technique 9b	Reposition a person BACK on the chair- two handlers (half kneel position) and glide sheet	HOP 5th Edition, Reposition person in chair with one way glide, page 163
Technique 9c	Reposition a person BACK on the chair- one handler (double kneel position) and slide sheet	HOP 5th Edition, Reposition person in chair with one way glide, page 163
Technique 10	Independent STANDING from Sitting	HOP 6th Edition, Task 10.7 Sitting to standing, page 154
Technique 11a	Sit to STAND with one or two handlers facing the same direction as the person	HOP 6th Edition Task 10.7 Sitting to standing, page 154 HOP 7th Edition, Assistance: sitting to standing from a chair, page 89
Technique 11b	Sit to STAND with one or two handlers facing towards the person	HOP 7th Edition Assistance: sitting to standing Two handlers, page 89

Technique 12	WALKING the person with one or two handlers	HOP 6th Edition, Task 10.10 Walking, page 164 Croshaw C and Fray M (eds). (2019) (Clinical Skills) Section 3a Manually assisted stand and walk with one or two handlers
Technique 13	Independent SITTING from standing.	HOP 6th Edition, Task 10.8 Standing to Sitting 159
Technique 14a	Stand to SIT with one or two handlers facing forward.	HOP 7th Edition, Task 5b.2 Assisting a person from standing to sitting, page 92 Voluntary Healthcare Agencies Towards Safer Patient Handling II– Patient Handling Techniques 3.4: Lowering the Patient into the Chair. (See note .2)
Technique 14b	Stand to SIT with one or two handlers facing the person	Voluntary Healthcare Agencies Towards Safer Patient Handling II"– Patient Handling Techniques 3.4: Lowering the Patient into the Chair.
Technique 14c	Stand to SIT with one or two handlers facing the opposite direction to the person.	Voluntary Healthcare Agencies, Towards Safer Patient Handling II, Patient Handling Techniques Lowering the patient into chair
Section 2: Sitting up and Movement in Bed		
Technique 15	Independent side lying to SITTING	HOP 6th Edition, Task 10.4 Side lying to edge sitting, page 146 Croshaw C and Fray M (eds) (2019) (Clinical Skills) Section 4c Getting out of bed from lying using normal movement/ Section 4d Getting out of bed from sitting using normal movement
Technique 16	Assisting a person from side lying to SITTING in the bed	HOP 6th Edition, Task 10.4 Side lying to edge sitting, page 146
Technique 17	Independent SITTING and MOVING up in bed from lying position in bed	HOP 5th Edition, "Lying to Sitting" with no physical help from another person, page 197 HOP 6th Edition, Task 10.3 Moving up in bed
Technique 18	Independent MOVEMENT in bed using SLIDE SHEET	HOP 7th Edition, Task 5c.3 Assisting a person with movement up/down the bed, page 143
Section 3: Rolling, Turning, Moving and Repositioning		
Technique 19a	Independent ROLLING	HOP 6th Edition, Task 10.1 Rolling or turning in bed, page 133
Technique 19b	Independent ROLLING with equipment	HOP 6th Edition) Task 10.1 Rolling or turning in bed: bed lever, page 133
Technique 20a	ROLLING the person with the bed LOW - one handler	HOP 6th Edition, Task 10.1 Rolling or turning in bed Bed low (10.1b illustration), page 133
Technique 20b	ROLLING the person with the bed HIGH - one handler	HOP 6th Edition) Task 10.1 Rolling or turning in bed, page 133

Technique 20c	ROLLING the person with the bed HIGH - two handlers	HOP 6th Edition Task 10.1 Rolling or turning in bed, page 133
Technique 21	ROLLING the person and INSERTING SLIDE SHEETS	Coshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5b Insertion and removal of slide sheets, page 71
Technique 22a	INSERTING SLIDE SHEETS sheet from HEAD TO FOOT of bed- two handlers FACING EACH OTHER using lateral weight transference.	HOP 6th Edition, Task 10.3 Moving up the Bed and Task 10.3.1 Inserting and removing slide sheets without rolling the person, page 139 Coshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5b Insertion and removal of slide sheets, page 71
Technique 22b	INSERTING SLIDE SHEETS from HEAD TO FOOT of bed- two handlers FACING HEAD of the bed	Coshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5b Insertion and removal of slide sheets, page 71
Technique 23a	MOVING a supine person down/up the bed- two handlers FACING EACH OTHER	x By agreement with the NHSF, Manual Handling Coordinators/Advisors Group.
Technique 23b	MOVING a supine person up in the bed – two handlers FACING FOOT of the bed	Croshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5e Using sliding sheets to move a person up a bed, page 77
Technique 24	REPOSITIONING a supine person ACROSS/SIDEWAYS in bed-two handlers	Coshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5d Position a person on their side from supine: Step 1 Slide the person to the side of the bed, page 75
Technique 25	REMOVING slide sheets:	Croshaw C and Fray M (eds) (2019) (Clinical Skills) Section Section 5b Insertion and removal of slide sheets, page 75
Section 4: LATERAL TRANSFERS FROM TROLLEY/BED &BED/ TROLLEY		
Technique 26	LATERAL TRANSFER from using rollerboard/Patslide and sliding sheet.	Croshaw C and Fray M (eds) (2019) (Clinical Skills) Section 5f Moving a person in a supine position from a bed to a trolley or from a bed to a bed, page 78
Technique 27	INDEPENDENT TRANSFER with equipment	HOP 7th Edition, Independent Transfer from wheelchair using a transfer board, page 148
Technique 28	NON WEIGHT BEARING TRANSFER with one handler	HOP 5th Edition, Sideway transfer with slide/ roll board and assistance of 1 handler, page 167
Section 5: USE OF HOIST		
Technique 29	HOISTING a person using mobile/ overhead hoist	HOP 6th Edition, Task 11.2 Passive hoist transfer from a chair, page 180 HOP 6th Edition Task 13.7 rolling a person on the floor to position handling equipment, page 243 Task 11.7 Hoisting on and off the floor, page 188

Section 6: Dealing with the Fallen Person		
Technique 31	Instructing and supervising a FALLEN PERSON to get up FROM FLOOR using chairs	Croshaw C and Fray M (eds). (2019) (Clinical Skills) Section 6 Management of the falling or fallen person to include: ○ Risk factors pg 90 ○ Managing risk factors pg 90 ○ The falling person pg 90 ○ Preparation: the plan, the person, the environment, the task pg 91 HOP 6th Edition (Task 13.6 Instructing a person to get up from the floor, using minimal supervision and two chairs, page 242

Appendix 4 Manual Handling Inanimate Training Practical Technique Record

National Health and Safety Function, Workplace Health and Wellbeing Unit,

National HR Division

	Manual Handling Inanimate Training Practical Technique Record					
Ref: CF:037:04	*Issue date:*	***April 2019***	*Revised:*	***December 2024***	*Review:*	***December 2026***
Author(s):	National Health and Safety Function (Training Team) Acknowledgements: assistance and support from the HSE National Manual Handling Training Project Group					
Note:	*Instructor to ✓ relevant section in below table to record the practical techniques explained (E) and demonstrated (D) by the Instructor and practiced (P) by the participants during the training programme. Additional information should be included to document any further details of these tasks/ techniques e.g. specific equipment used, specific loads, weights of load etc. Additional practical techniques E/D/P during training must be included in Section 2 'Other'. This form must be maintained in compliance with GDPR*					

Training Programme:	MH (Inanimate) Practical ☐ MH (Inanimate) Theory and Practical ☐		
Date :		Time	
Venue			
Instructor 1 Name(s)	Print	Signature	
Instructor 2 Name(s)	Print	Signature	

PRACTICAL TECHNIQUES		E	D	P	**ADDITIONAL INFORMATION (e.g. Aid used)**
Technique	**MANUAL HANDLING (INANIMATE) TASKS**				
Practice of Principles without load					
1	***Lifting and carrying a load from the floor***				
2	**Lifting a load onto and off a surface at waist height**				
3	**Lifting a load to and from a height – not above shoulder level**				
4	**Pushing a load**				

5	**Pulling a load**				
6	**Team Lift**				
Section 2: Other as specified by Locally Co-ordinated Training Request Form (LCTRF)					

3.0 EMPLOYEE ADJUSTMENTS/ ACCOMMODATIONS RECORD (Ref: Section 3(b) of LCTRF	
Name of Employee	**Techniques not practiced by employee during practical training (reference as numbered in practical training record)**

Appendix 5 People Handling Training Practical Technique Record

	People Handling Training Practical Technique Record					
Ref:CF:043:04	*Issue date:*	***April 2019***	*Revised:*	***December 2024***	*Review:*	***December 2026***
Author(s):	National Health and Safety Function (Training Team) Acknowledgements: assistance and support from the HSE National Manual Handling Training Project Group					
Note:	*Instructor to ✓ relevant section in below table to record the practical techniques explained (E) and demonstrated (D) by the Instructor and practiced (P) by the participants during the training programme. Additional information should be included to document any further details of these tasks/ techniques e.g. specific equipment used (e.g. hoist and sling type and make), specific loads, weights of load, etc. Additional practical techniques E/D/P during training must be included in Section 2. 'Other'. This form must be maintained in compliance with GDPR*					

Training Programme:	PH Practical ☐ PH Theory and Practical ☐		
Date:		**Time:**	
Venue:			
Instructor 1 Name(s)	Print	Signature	
Instructor 2 Name(s)	Print	Signature	

PRACTICAL TECHNIQUES		**E**	**D**	**P**	**ADDITIONAL INFORMATION**
Technique	**MANUAL HANDLING (INANIMATE) TASKS**				
	Practice of Principles without load				
1	Lifting and carrying a load from the floor				
2	Lifting a load onto and off a surface at waist height				
3	Lifting a load to and from a height – not above shoulder level				
4	Pushing a load				
5	Pulling a load				
6	Team Lift				

PEOPLE HANDLING TASKS					
Sitting, Standing and Walking					
7	Mobility Assessment				
8	Reposition a person FORWARD on a chair- one Handler				
9a	Independent repositioning BACK on a chair				
9b	Reposition a person BACK on the chair- two Handlers (half kneel position) with slide sheet				
9c	Reposition a person BACK on the chair- two Handler (double kneel position) with slide sheet				
10	Independent STANDING from Sitting				
11a	Sit to STAND with one or two handlers facing the same direction as the person				
11b	Sit to Stand with one or two handlers facing towards the person				
12	WALKING the person with one or two Handlers				
13	Independent SITTING from standing				
14a	Stand to SIT with one or two handlers facing forward				
14b	Stand to SIT with one or two Handlers facing the person				
14c	Stand to SIT with one or two Handlers facing the opposite direction to the person				
PRACTICAL TECHNIQUES		**E**	**D**	**P**	**ADDITIONAL INFORMATION**
Sitting up and Moving in Bed					
15	Independent side lying to SITTING at the edge of the bed				
16	Assisting a person from side lying to SITTING at the edge of the bed				
17	Independent SITTING and MOVING in the bed from lying position				
18	MOVEMENT in bed using slide sheet(s)				
Rolling, Turning, Moving and Repositioning					
19a	Independent ROLLING				
19b	Independent ROLLING with equipment				
20a	ROLLING the person with the bed LOW- one Handler				
20b	ROLLING the person with the bed HIGH- one Handler				
20c	ROLLING the person with the bed HIGH- two Handler				
21	ROLLING the person and inserting sliding sheets with two handlers				
22a	INSERTING SLIDE SHEET(S) from head to foot of bed- two Handlers facing each other using side to side/lateral weight transference				
22b	INSERTING SLIDE SHEET from head to foot of bed- two Handlers facing the head of the bed.				

23a	MOVING a supine person down/up the bed- two Handlers facing each other				
23b	MOVING a supine person up the bed – two Handlers facing foot of the bed				
24	REPOSITIONING a supine person across/ sideways the bed-two Handlers				
25	REMOVING slide sheets				
Lateral and Sitting Transfers					
26	LATERAL TRANSFER from trolley to bed using roller board/patslide and sliding sheet with 3 or more handlers				
27	INDEPENDENT transfer from chair to chair				
28	NON-WEIGHT-BEARING transfer with one Handler				
Use of Hoist and Slings					
Basic Guidelines in Use of Hoists					
29	HOISTING a person using mobile/overhead hoist				
Dealing with the Fallen person					
30	Instructing and supervising a FALLEN person to get up from the floor using chairs				
Section 2: Other as specified by Locally Co-ordinated Training Request Form (LCTRF)					

3.0 EMPLOYEE ADJUSTMENTS/ ACCOMMODATIONS RECORD (Ref: Section 3(b) of LCTRF	
Name of Employee	**Techniques not practiced by employee during practical training (reference as numbered in practical training record)**

Appendix 6 National Manual Handling Coordinators/ Advisors Group

Name	Role and Position	Location
Margo Kelly	Manual Handling Advisor Manual Handling and People Handling Instructor	Occupational Health Department, St. Conal's Hospital, Letterkenny, Co. Donegal.
Carole Murphy	Regional Co-ordinator & Advisor for Moving & Handling Manual Handling and People Handling Instructor	HSE Midlands, c/o St. Fintan's Hospital Campus, Portlaoise, Co. Laois.
Debbie Jobling	Quality Safety and Risk Manager Manual Handling and People Handling Co-ordinator & Instructor	St Columcilles Hospital, Loughlinstown, Co Dublin
Theresa Flynn	Senior Physiotherapist in Ergonomics (Manual Handling Advisor) CORU Manual Handling and People Handling Instructor	St Vincent's University Hospital Dublin.
Patricia Kenny	Health & Safety Advisor (Audit & Inspection Team) Manual Handling and People Handling Instructor	Thurles Community Hospital of the Assumption Hospital Campus Thurles Co. Tipperary E41DX72
Eamonn Freir	Manual Handling and People Handling Training Coordinator & Instructor	Health Service Executive South
Brian Creamer	Paramedicine Tutor Manual Handling and People Handling Instructor	National Ambulance Service National Ambulance Service, St Nessans Rd, Dooradoyle, Limerick

Katrina Dempsey	Head of the National Health and Safety Function Chair	School of Nursing, Dr Steevens' Hospital, Dublin D08 W2A8
Fiona Dardis	Health & Safety Advisor Manual Handling and People Handling Instructor	School of Nursing, Dr Steevens' Hospital, Dublin D08 W2A8
Tony Kenny	National Health & Safety Manager (Training Team) Deputy chair	School of Nursing, Dr Steevens' Hospital, Dublin D08 W2A8