

Training for moving and handling people



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5.1 Overview of training

This section provides guidelines for training based on New Zealand and international best practice. It describes why training is essential for all carers and other staff involved in moving and handling people, describes the core components of an effective training programme and provides information on who provides training in New Zealand. The following section (Section 6) covers how to organise training programmes, including steps for setting up, operating, maintaining and evaluating training programmes.

Participation in effective training is a crucial part of a moving and handling programme, for minimising risks. Systematic reviews of training interventions have concluded that training by itself does not reduce back pain and injuries among healthcare staff.¹ However, training that is part of a multi-component moving and handling programme within an organisation can reduce injuries and absenteeism among staff.²

Training should be integrated with effective health and safety systems, moving and handling equipment, and workspaces that are designed to facilitate moving and handling clients.

Suitable equipment should be in place before moving and handling training takes place, so that what is learnt during training can be applied immediately. The practice of techniques following training serves to reinforce the training while the learning is still fresh.

Why is training important?

Training is one of the six core components required for an effective moving and handling programme (see Figure 5.1). The six components are interrelated and the absence of one programme component is likely to weaken the overall impact of training.

Training is a vital part of implementing moving and handling because it:

- Provides information about policies and protocols for moving and handling
- Teaches staff how to identify and assess client moving and handling risks

BOX 5.1

Sample policy: Training requirements

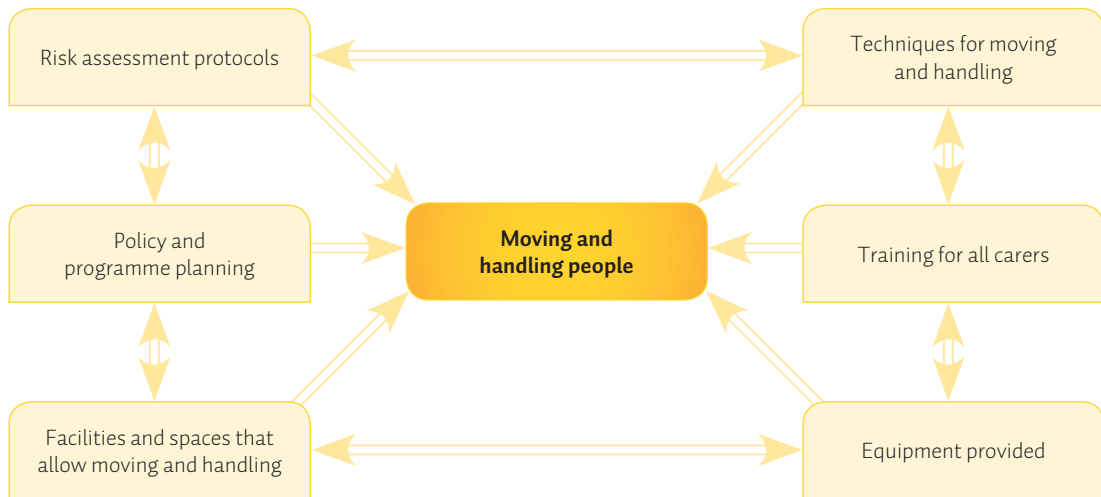
Training should be provided to all staff affected by the safe patient lifting program; this should include... nursing staff, physical and occupational therapists... All nursing staff and caregivers who lift and transfer patients should be trained and made competent in the use of patient lifting equipment and the procedures to follow while transferring patients.

Source: Nelson et al, 2007, p. 30

1. Clemes, et al 2010; Dawson et al, 2007; Martimo et al, 2008; Tullar et al, 2010.

2. Clemes, et al 2010; Higney, 2003; Tullar et al, 2010.

- Provides staff with the skills they need to manage the risks
- Supports professional growth by developing staff knowledge and skills
- Encourages staff to take personal responsibility for safety in the workplace
- Helps employers and employees to meet their legal responsibilities
- Enhances client safety and preserves their dignity.

FIGURE 5.1 THE SIX CORE COMPONENTS OF A MOVING AND HANDLING PROGRAMME

For training to be effective, it should take place within a system that has appropriate health and safety policies and senior management commitment and support. This includes an organisation that fosters a culture of safety among clients and staff, has budget allocations for the purchase of equipment and training of staff, and encourages early reporting of incidents and ways to prevent or reduce the risk of future incidents.

Training should be comprehensive and cover organisational policies, risk assessment and documentation, handling techniques and use of equipment. Interactive training that gives staff hands-on experience in the techniques and use of equipment should be an industry standard. Where feasible, training should be tailored to participants' knowledge and awareness of risks, and their specific work environments.

BOX 5.2**Training for medical staff**

Nurses have been known to lift patients on doctors' instructions even though they knew it was not safe for them and the patients. This kind of unsafe practice needs to stop even if done in the best interests of the patient. Medical staff should be trained in patient handling for practical reasons as they often take a lead role in the wards and may have to move patients.

Even those not in the front line of duty, such as cultural and disability advisers who are trained in patient handling, would be in a better position to explain and reassure patients and their families of the benefits of safe patient handling.

Source: Nurse

The training needs of staff working in aged care and the community differ from those of staff in acute hospitals. Aged-care and community-based staff require training programmes that address their specific moving and handling requirements. Home care and community organisations need to consider organising their own training programmes using the assistance of external providers to provide the expertise and support required.

5.2 Who needs to receive training?

Training should be required for all staff directly involved in moving and handling clients, as well as their managers and supervisors. Staff and carers directly involved in moving people include, but are not limited to, nurses, physiotherapists, occupational therapists, medical staff, ambulance staff, health and nurse aides and people working with the disabled and aged in the community.

All carers should complete basic moving and handling training before handling clients. Moving and handling managers and staff responsible for the supervision of moving and handling (e.g. client-handling advisers, instructors and trainers) need further training in moving and handling people (see Section 6).

Moving and handling advisers and instructors need to keep up with changes and developments in client handling techniques and equipment, so they can provide up-to-date advice and guidance. Carers need to attend annual update training courses to ensure best practice is maintained.

5.3 When is training needed?

Training should be provided in the following instances:

- When a new employee starts work if their work requires them to move and handle people
- Update courses for existing staff who have already attended orientation training in moving and handling
- When new equipment or work practices are introduced
- As remedial action following an incident or near miss
- For staff working in areas that require techniques or equipment that are more specialised (e.g. care of clients with spinal injuries).

Training should be long enough to enable carers to move and handle clients in the work environment. Staff should attend a one-day training workshop, preferably during their orientation to the job. This allows the learning of good practice before they commence work and reduces the likelihood of incidents to carers and clients. A one-day training workshop enables the basics to be covered. Initial training should be followed by a second one-day workshop (follow-up training) within six months, then a minimum of an annual update. Priority should be given to carers most at risk: those who move and handle people regularly, carers working with bariatric clients, carers who have had previous incidents or injuries, and carers working in the community. Carers in the community often work alone without the help and support of co-workers. They may not have access to moving and handling equipment, and the homes and locations in which they work may not be properly set up for moving and handling. Table 5.1 outlines the key stages when training is needed.

Situations or events can often indicate that specific additional staff training is required. These include: carers involved in moving and handling incidents, injuries or near misses; incorrect use of equipment; and where an audit has identified poor client handling practices within a unit or ward.

TABLE 5.1 RECOMMENDATIONS FOR TIMING OF TRAINING

Type of training	Description
Initial (induction) training (one day)	A one-day workshop, preferably during the orientation period in new jobs for all carers who have not had previous training in moving and handling people Workshop covers an introduction to moving and handling
Follow-up training (one day)	One-day workshop within first six months of employment Workshop covers more advanced moving and handling topics
Annual training (four hours minimum)	Four-hour session providing an update on training and developments in moving and handling
Incident involving incorrect use of equipment or injury	Consider re-attending either orientation or update training

It is recommended that staff receive a minimum of one day of training following their appointment, especially staff who have not had any previous training. However, if they can show evidence of recent training, they may only require update training.

BOX 5.3**Comments about training from survey respondents**

There seems to be a very poor understanding of what safe handling training entails. I have found there is an expectation that a one-hour teaching session will be sufficient to 'tick the box' that safe handling has been taught. Technique-specific skill-based learning is much more challenging to teach and evaluate – this must include adequate time for students to develop skills.

All staff entering the organisation who will be working with patients are trained during orientation, this training is 6.5 hours long. Orientation is monthly. There is a compulsory two-yearly refresher which is 3.5 hours long and is available monthly.

(Manual handling coordinator with a team of six trainers)

We have two educators for up to 12 staff on any update. Any staff member who handles patients is expected to attend a two-hour update each year.

Source: Thomas & Thomas, 2010

5.4 Who provides training in New Zealand?

At the time of writing these Guidelines (2011), there were two main sources of training: trainers working in District Health Boards (DHBs) and private training providers. DHBs usually have more resources to develop their own in-house training programmes; some employ moving and handling coordinators who have responsibility for organising training as part of in-house programmes.

Some DHBs and other organisations have structured training programmes. Such programmes typically have a group of core trainers who are led by moving and handling coordinators. They provide training for trainers (where trainers are drawn from different occupational groups or departments, such as nurses, radiologists and physiotherapists) and have ongoing trainer recruitment. Training programmes, training sessions and workshops are held on a regular basis (e.g. weekly or fortnightly). Some organisations have dedicated training facilities that are similar to ward environments. Other organisations appoint individuals, or small groups of part-time trainers, who provide training on a more ad hoc basis. In some instances, DHBs provide training for carers in community organisations who move clients as part of their work. Private training is also available.

Although there is some moving and handling training in New Zealand, it needs further development and recognition as a profession. There is a need for assessment and monitoring of current training programmes and training providers. The development of a national standard for moving and handling training would be desirable, perhaps similar to the *All Wales Manual Handling Training Passport scheme*.³ Training for client handling needs to be a recognised profession with its own career path.

Organisations with limited resources may not be able to employ a full-time moving and handling coordinator or trainer. An option is for several organisations to combine resources to contract external trainers when needed, or a specific staff member (such as a physiotherapist or a health and safety coordinator) is trained and resourced to take responsibility for moving and handling training and coordination.

3. Welsh Assembly Government, 2009.

5.5 Core competencies in moving and handling training

The purpose of training workshops is to provide carers with practical skills and knowledge to reduce the risks involved in moving and handling in the workplace. The core components of training should cover:

- **Theory** – covering definitions of moving and handling, New Zealand legislation, hazard identification, risk assessment, and relevant policies of the organisation
- **Practical skills** – including completing risk assessments, techniques used for sitting and standing, bed mobility, lateral transfers, and hoists and other equipment for moving and handling people.

Effective training programmes encourage problem-solving skills that enable carers to consider all relevant aspects of tasks to determine the most appropriate techniques to use. Training should instruct staff how to assess the risks associated with handling tasks and make appropriate decisions to reduce risks. Table 5.2 sets out the core knowledge and competencies that would be appropriate to cover in a one-day training workshop. A key principle for workshops is that participants must be given opportunities to practise the techniques that are taught, as well as review client case studies or scenarios in which they have to select appropriate handling techniques. Training based on passive learning, where staff merely attend lectures or watch training videos, is not effective for teaching moving and handling techniques.

TABLE 5.2 SUGGESTED CONTENT FOR A ONE-DAY MOVING AND HANDLING WORKSHOP

Topic	Description
Background and context	Definitions of manual handling and client handling New Zealand legislation and relevant organisation policies and procedures
Risk assessment	Risk assessment should include the risk to the carer, the client and the employer, and the costs of discomfort, pain and injury
Techniques	Overview of moving and handling techniques Sit to stand – including verbal prompts, minimal assistance and transfer belts Lateral transfers such as wheelchair-to-chair transfers Use of slide sheets, repositioning using slide sheets, storage and washing Moving a fallen client Bed mobility, up and down, on and off the bed Using mobile and ceiling hoists, floor to bed and bed to chair, sit to stand hoist Moving bariatric clients
Equipment	Main types of moving and handling equipment, including slide sheets, transfer boards, transfer belts, mobile hoists, sit to stand hoists, ceiling hoists and slings Slings and slide sheets – sizes and types, single- and multiple-use slings, laundering Safe working load (SWL), maintenance certificates, storage and servicing
Demonstration of techniques	Demonstration of selected techniques by trainers Techniques covered should progress from supervising mobile and partially mobile clients to transferring completely dependent clients, and emergencies
Practise of techniques	Participants (trainees) practise selected techniques across all levels of client mobility in both client and carer positions
Problem-solving	Cases (scenarios) involving clients presented to trainees to select appropriate solutions. Work in groups to problem-solve using skills and knowledge covered in earlier part of workshop
Assessment	Participants can self-assess confidence in practice and trainers can assess participants' ability in techniques

It is recommended that there be at least one trainer for every five or six participants (a 1:6 ratio)⁴ for training workshops. In most workshops, this will mean at least four trainers for every 18 participants, including an overall coordinator. The coordinator ensures that trainers keep to the time allocated for each of the sessions, maintains a flow from one activity to the next and runs the day. This ratio is the minimum necessary to ensure an adequate practical instruction of trainees during the demonstration of techniques, practice by trainees and feedback from trainers to trainees. Most demonstrations of techniques require two 'carers' plus a 'client' so a minimum of three trainers is required.

The core training components can be developed into training modules, and include more specialised techniques to meet the needs of specific groups of staff. Staff working with bariatric clients need training in bariatric moving and handling, as there are increased risks and specialised equipment is required. An example of a one-day training workshop programme is shown in Appendix 5.1 at the end of this section. Appendix 5.3 describes a more detailed outline for a moving and handling training programme.

Plan for follow-up training workshops to consolidate learning. Opportunities for follow-up practice are important. Trainees need to practise the techniques they have learnt soon after workshops, or they may forget how to do them. Advice and mentoring are also important for consolidation of learning. Advise trainees to seek assistance and guidance from moving and handling coordinators who can give advice and mentor staff in their workplaces.

4. Welsh Assembly Government, 2009, p.9.

5.6 Training session outcomes

At the conclusion of a training session, keep a record of each trainee's attendance and provide a certificate that verifies their participation in training. Trainees should be assessed on the knowledge and skills taught in the session by the trainers. Trainees can also do self-assessments or peer assessments of their skills. Appendix 5.2 shows an example of a self-assessment form.

- A moving and handling certificate or letter of attendance should include:
- Name of trainee and sign-off from a trainer
- Date of training
- Duration of training session.

BOX 5.4

Key points for training workshops

- Provide induction training on moving and handling people for all new staff, before commencement of work during the orientation period or as soon as possible following commencement.
- The recommended format for induction training is a one-day workshop.
- Training sessions should be conducted in a dedicated area for training with toilet, bathroom, electric beds and relevant equipment.
- Training must include theory, demonstration, practice and assessment of specific moving and handling techniques and use of equipment for all trainees.
- Each year, staff should receive at least a four-hour update training session.

Evaluation of training sessions and workshops

Trainers should routinely gather feedback from trainees so that the moving and handling coordinator and the trainers can assess the effectiveness of the training sessions. This can be done using a brief evaluation form handed out to participants at the end of the training session. Specific questions in the evaluation form could cover the extent to which trainees found the workshop useful, what could be improved and what other training they would like (see Section 6 and Section 13 for more details).

It is also useful for trainers to record how the day went for them and debrief after the session whilst also recording any innovations or problems from the day.

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Appendix 5.1 Example of a programme for a one-day training workshop⁵

Time	Session
0800-0830	Theory, definitions of manual handling and client handling, New Zealand legislation, the Accident Compensation Corporation (ACC), District Health Board (DHB) policy Introduction to key principles and risk assessment
0830-0900	Lecture on discomfort, pain and injury
0900-0945	Sit to stand, including verbal prompts, minimal assistance and transfer belts Wheelchair to chair transfer
0945-1000	Morning tea
1000-1115	Turning the client Introduction to slide sheets, including storage and laundry Applying and removing slide sheets Reposition using slide sheets
1115-1135	Using the transfer board (PAT slide) and slide sheets for lateral transfer of a client
1135-1215	Group 1 – How to instruct a fallen client who is conscious and uninjured to get up themselves Bed mobility, up and down, on and off the bed Group 2 – Moving an injured and dependent/unconscious fallen client Groups to swap after 20 minutes
1215-1300	Lunch
1300-1315	Discussion of 'falling' clients and bariatric clients
1315-1430	Introduction to hoists. Observation and practice using mobile and ceiling hoists and hoists for floor to bed and bed to chair. Demonstration of sit to stand hoist
1430-1530	Practical scenarios – groups to problem-solve using skills and knowledge of equipment learnt during the day DHB documentation for risk assessment using the client profile and HASI card Complete self-assessment forms
1530-1545	Feedback from scenarios and opportunity to discuss issues from own practice areas. Complete workshop evaluations, receive certificates

5. Adapted from the Waitemata District Health Board Moving and Handling Orientation Training Programme.

Appendix 5.2 Example of an assessment form for moving and handling training

Moving and Handling Self-Assessment Form⁶

Please tick each of the items to indicate which activities you observed and practised, and which topics you understood.

Theory	Understood
Legislation, ACC, provider organisation's safety policy	
Principles of safe client handling and risk assessment	
Pain and injury	
Falling clients, medical emergencies and bariatrics	

Practical	Observed	Practised
Sit to stand, stand to sit, verbal instruction, assistance and transfer belt		
Use of slide sheet		
Bed mobility – rolling, sitting up, sitting to edge of bed, moving up and down the bed (with and without slide sheets)		
Use of hoists – selecting and applying the sling, correct use of hoist and experienced being hoisted		
Verbal instruction to get uninjured fallen client up from the floor		
Potentially injured or unconscious fallen client – moving with equipment		
DHB documentation – use of the client profile and mobility assessment card		

Equipment selection, maintenance and use	Observed	Practised
Bed		
Slide sheet		
PAT slide		
Transfer belt		
Mobile hoist		
Ceiling hoist		

Participant: Signature:

Training coordinator: Signature:

6. Adapted from the Waitemata District Health Board Moving and Handling Orientation Training Programme.

Appendix 5.3 Example of content for a moving and handling training programme⁷

Summary of training programme

Module	Content	Time
A. Moving and handling theory	The causes and effects of musculoskeletal disorders Injury prevention and musculoskeletal disorders Legislation applicable to moving and handling people	1 hour
B. Ergonomics and risk assessment	Application of risk assessment, ergonomic principles and the discomfort, pain and injury (DPI) and LITEN-UP frameworks	1 hour
C. Sitting, standing and walking	Instruction and training for safe moving and handling for sitting, standing and walking transfers	1.5 hours
D. Bed movements	Instruction and training for the safe moving and handling of people in bed	1.5 hours
E. Lateral transfers	Instruction and training for moving people from one surface to another, on surfaces of similar height	1.5 hours
F. Using hoists	Instruction and training for moving people using multiple types of hoists and slings.	1.5 hours

A. Moving and handling theory

The suggested time for this session is one hour.

Aim: To provide the contextual knowledge necessary to reduce the risk of musculoskeletal injuries caused by poor moving and handling in the workplace.

Objectives: By the end of the session, the trainee should be able to:

- Describe the scope and meaning of 'moving and handling people'
- Describe the causes and effects of musculoskeletal disorders
- State the basic principles of injury prevention and managing musculoskeletal disorders
- Outline the legislation that applies to moving and handling people at work
- Describe the importance of ergonomics and risk assessment in reducing the risk of manual handling injuries
- Describe the principles of safer handling
- Identify the risks involved in team handling

7. Some parts of this appendix have been adapted from *All Wales Manual Handling Training Passport and Information Scheme* (Welsh Assembly Government, 2009). Retrieved 11 August 2010 from www.wlga.gov.uk.

- Describe the importance of effective communication in relation to moving and handling
- Outline the role of management in safe handling e.g. policy, health and safety roles, training, incident recording and audits.

B. Ergonomics and risk assessment

The suggested time for this session is one hour.

Aim: To provide instruction on the application of risk assessment, the safer handling of people, the application of ergonomics principles, the DPI framework and the LITE model to ensure the health and safety of staff.

Objectives: By the end of the session, the trainee should be able to:

- State the principles of safe handling of people and the DPI and LITEN-UP frameworks
- Identify the key areas to be considered when undertaking a moving and handling risk assessment
- Complete a formal risk assessment for a moving and handling scenario
- Identify how the principles of safe handling can be applied to moving bariatric clients
- Outline the importance of good posture and the application of ergonomics principles, appropriate to workplaces and work activities.

C. Sitting, standing and walking

The suggested time for this session is 1.5 hours.

Aim: To provide instruction and training for safe moving and handling for sitting, standing and walking transfers.

Objectives: At the end of the session, the trainee should be able to:

- Identify the key areas of manual handling risk assessment
- Discuss unsafe practices
- Competently demonstrate the following techniques with a client moving independently, moving with instruction, and being assisted by one carer and two carers, including where appropriate the use of relevant handling equipment:
 - assisting a person forward in a chair
 - assisting a person back in a chair
 - sitting to standing from chair
 - standing to sitting in a chair

- sitting to standing from edge of a bed
- standing to sitting on the edge of a bed
- assisted walking
- raising a fallen person – instructing the person to raise themselves, and use an emergency lifting cushion if available
- assisting a fallen person out of a confined space
- bed assisted sit to stand.

During the training session, trainees will be given the opportunity to practise relevant techniques.

Suggested equipment: slide sheets, handling belt, one-way slide sheet and electric profiling bed.

D. Bed movements

The suggested time for this session is 1.5 hours.

Aim: To provide instruction and training for the safe moving and handling of people in bed.

Objectives: By the end of the session, the trainee should be able to:

- Describe the principles of working at a bed e.g. appropriate height, and outline the principles of using slide sheets
- Discuss unsafe practices
- Correct posture while transferring a person
- Competently demonstrate the following techniques with a client moving independently, moving with instruction and being assisted by one carer and two carers, including where appropriate the use of relevant handling equipment:
 - fitting and removing slide sheets
 - turning in bed, including 180° turns
 - sliding a supine person up/down a bed
 - sitting a person from lying
 - sitting a person up and onto the edge of a bed
 - assisting a person to lie down from sitting on the edge of a bed
 - demonstrating the safe use of electric profiling beds.

During the training session, trainees will be given the opportunity to practise relevant techniques.

Suggested equipment: slide sheets, turntable, hand blocks, leg raiser and electric profiling bed.

E. Lateral transfers

The suggested time for this session is 1.5 hours.

Aim: To provide instruction and training for the safe moving and handling of people from one surface to another, where the surfaces are of similar height.

Objectives: By the end of the session, the trainee should be able to:

- Competently demonstrate the following techniques with a person moving independently, moving with instruction and being assisted by one carer and two carers, including where appropriate the use of relevant handling equipment:
 - lateral supine transfer from bed to trolley/trolley to bed
 - standing transfer from bed to chair/chair to bed
 - seated transfer from bed to chair/chair to bed
 - transfer from chair to chair/commode/toilet.

During the training session, the trainee will be given the opportunity to practise relevant techniques and transfers.

Suggested equipment: lateral transfer board (PAT slide), slide sheets, straight and curved transfer boards, stand aid, handling belt.

F. Using hoists

The suggested time for this session is 1.5 hours.

Aim: To provide instruction and training for the safe moving and handling of people using multiple types of hoists and slings.

Objectives: By the end of the session, the trainee should be able to:

- Describe the principles of hoist use, and the types of hoist available
- Outline the type, selection and use of slings
- Discuss unsafe practices
- Competently demonstrate the following techniques:
 - fitting a sling with a person in bed
 - fitting a sling in bed using slide sheets
 - fitting a sling with a person in a chair
 - fitting a sling in a chair with slide sheets
 - hoisting from chair to bed/bed to chair
 - hoisting a person from the floor
 - using a standing hoist.

During the training session, trainees will be given the opportunity to practise relevant techniques and transfers.

Suggested equipment: mobile floor hoist (capable of lifting from the floor), ceiling hoist (if available), stand-aid hoist, slide sheets and a selection of slings.