Manual handling 1 – assisted stand

The manual handling procedure to help a seated patient into a standing position

AUTHORS Sue Thompson, RGN, is moving/handling coordinator; Phil Jevon, PGCE, BSc, RN, is resuscitation officer/clinical skills lead; both at Manor Hospital, Walsall, West Midlands.

INTRODUCTION
Manual handling can be defined as the transporting or supporting of a load by hand or another part of the body. It can include lifting, lowering, pushing, pulling, carrying and intentional throwing of a load. Manual handling is an integral part of nursing care.

An estimated one-third of all reported accidents in healthcare settings result from moving and handling, and approximately 40% of all sickness absences in the health service are attributed to moving and handling accidents (Department of Health, 2002). Some 80,000 nurses sustain back injuries at work each year (National Audit Office, 2003).

According to the Health and Safety Executive, NHS staff are more likely to suffer back pain or injury than those in any other industry in the UK. Staff and managers understand there is a need to reduce the risks of manual-handling injury.

The Health and Safety at Work Act 1974 imposed a duty on all employers to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all staff. This should be done by the provision of:

- A safe workplace;
- Safe systems of work;
- Safe equipment;
- Training, information, instruction and supervision in health and safety;
- A written health and safety policy. It also outlined requirements for staff.

PROCEDURE
The following outlines the procedure for assisted stand (one nurse) from a sitting position from a chair without a handling belt.

- Before undertaking any manual-handling procedure, it is important to be wearing appropriate non-slip regulation footwear and an appropriate uniform.
- Ensure any sharp objects, for example scissors, are securely stored and not protruding in a way that may cause injuries.
- Perform a risk assessment. Assess the patient for standing – check their mobility care plan and consult colleagues.
- Ascertain whether the patient has some function in the knee joint. For example, ask them if they are able to pick their foot up or move their leg to test for knee strength – if you are uncertain, request assistance from colleagues.
- Wash and dry hands.
- Explain the procedure to the patient (Fig 1). Advise them that they will need to push up from the chair arm and keep their head up. It is usual practice to follow a

**Fig 1. Explain the procedure to the patient**

**Fig 2. If the patient requires assistance with footwear, remember your posture**

**Fig 3. Stand to the side of the patient, with the nearest leg slightly backwards**

**Professional Responsibilities**

This procedure should be undertaken only after approved training, supervised practice and competency assessment, and carried out in accordance with local policies and protocols.