

9: Hazardous handling

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Except in emergency situations, manual lifting techniques should be avoided because of the high risk of injury to the person and the carers. The techniques shown in this section are **not recommended**. There will always be more appropriate options that will be more comfortable for the person and pose less of a risk to the carer. See section 8 for short-term solutions. Carers should make every effort to obtain appropriate equipment following the required assessment. When unsure of alternative methods, seek advice from a competent colleague.

Routine handling should not involve manual techniques that require lifting most or all of a person's weight because of the high risk of injury to the person being moved and the carers. Carers must not use techniques that involve unstable postures or that compromise their posture.

Except in rare situations (see section 8 on "Short-term solutions"), carers should avoid kneeling on the bed because of issues relating to infection prevention and control, and the stability and safe working load of the bed. In hospital settings and care homes, suitable equipment (e.g., profiling beds) should be readily available to manage the person's foreseeable needs.

Poor handling techniques will inevitably lead to musculoskeletal disorders for the carers carrying these out, and may lead to litigation claims and removal from the professional register if they are registered staff. The consequences of poor handling for an organisation include bad publicity, loss of credibility in the wider community, legal actions and poor staff retention and recruitment.

The person being moved is at risk of injuries, such as bruising, skin tears, friction and shear damage, and musculoskeletal injury including fractures. They may feel pain during the move and become fearful of future handling. In addition, most of the hazardous techniques shown here do not encourage the person to maintain or increase their current level of independence.

The illustrations highlight how these hazardous techniques compromise the carers' musculoskeletal health by adopting poor postures that involve twisting, stooping, bending sideways or holding the person from a distance. Some of the techniques involve several poor postures simultaneously.

The orthodox lift (cradle lift)



The carers' arms are placed beneath the person's trunk and thighs to lift them up. However, this involves holding the person at some distance from the carers' centre of gravity, putting them at a high risk of musculoskeletal injury. The person being moved may feel uncomfortable and vulnerable.

Drag-lift to assist with moving up the bed



Each carer places a forearm beneath the person's axillae (armpits) before pulling them up in the bed. This is uncomfortable for the person, and may cause bruising, skin tears, friction and shear damage to the skin, fracture of the humerus and shoulder dislocation. This technique will inevitably lead to musculoskeletal disorders for the carer.

The Australian lift (shoulder lift)



The person being moved may experience pain, shoulder injuries and friction and shear damage to their sacrum and heels. This technique will inevitably lead to musculoskeletal disorders for the carers. See section 5 for safer methods to help move a person up the bed.

Do not undertake or attempt any procedure unless you are, or have supervision from, a properly trained, experienced and competent person. Always first explain the procedure to the person and obtain their consent, in line with the policies of your employer or educational institution.

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Through-arm or hammock lift: transfer from chair to bed



One carer wraps both arms around the person's torso from behind and grasps their forearms, while the other lifts them from below the knees. This is uncomfortable for the person and may result in shoulder injury, bruising, and friction and shear damage to the sacrum. This technique will inevitably lead to musculoskeletal disorders for the carer. See sections 3, 4 and 7 for safer methods.

Drag lift to assist with standing up



Each carer places a forearm beneath the person's axillae (armpits) and pulls them up on to their feet. This is uncomfortable for the person, and may cause skin tears, bruising, friction and shear damage, fracture of the humerus and shoulder dislocation. This technique will inevitably lead to musculoskeletal disorders for the carer. See section 3 for safer methods.

Drag hold to assist with walking



When using this technique, should the person fall, the carers will find it difficult to disengage and are therefore at risk of injury. This technique is uncomfortable for the person, and can cause bruising, skin tears, fracture of the humerus and dislocation of the shoulders. See section 3 for safer methods.

Drag lift to raise a person from the floor



Each carer places a forearm beneath the person's axillae (armpits) and together they pull the person up onto their feet. Carers will inevitably sustain musculoskeletal injuries from this type of move. This lift is uncomfortable for the person, and there is a risk of bruising and shoulder injuries. See section 6 for safer methods.

Holding hands to assist with standing up



This technique is unstable for both the person and the carer. It is uncomfortable for the person and risks causing friction and shear damage to the skin, and shoulder injuries. As the carer is using the person's body weight to balance their own weight, any sudden movement by the person can make them lose their balance and fall backwards. See section 3 for safer methods.

Bear-hug to assist with standing up (pivot transfer)



This technique is unstable for both the person and carer. The person may pull or swing on the carer's neck, causing serious injury. Carers will inevitably sustain musculoskeletal disorders with this posture. See section 3 for safer methods.