



Supporting people to move at home **Guide for managers (2015)**



**Home &
Community
Health**
Association

Supporting people to move at home, Guide for managers (2015)

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1. Introduction

The function of this guide is to provide information on risk assessment, planning, preparation and equipment related to moving, handling, or transferring actions in home environments. The underlying aim is to reduce the risks of injury to carers and to those being assisted. This guide is provided for managers and people responsible for developing policies and organizing training, and for anyone who organises activities associated with moving people in their homes.

The Home and Community Health Association and Carers New Zealand, supported by ACC, developed this guide in 2014-15, along with a brochure for carers *Supporting People to Move at Home, Practical tips and techniques for carers and support workers*.

The authoritative New Zealand document on moving and handling people is *Moving and handling people: the New Zealand Guidelines (March 2012, ACC)*. That document is the primary reference for all those involved with moving and handling and is referred to in this document as the ACC Guidelines. This Manager guide needs to be used in conjunction with the ACC Guidelines.

Techniques of moving and handling are reviewed regularly, nationally and internationally, and the advice in this guide is given at a point in time. We also recognize that the current Health and Safety Reform Bill, if passed into legislation, will impact on responsibilities of organisations and individuals.

Moving and handling of people in their home by paid workers carries legal and contractual responsibilities for the employer and for the worker under health and safety legislation, the Home and community support sector Standard NZS 8158, and contractual service specifications. They carry those responsibilities because the safety of staff and the people they support is essential. Risk assessment and planning, along with sound and applied policies and procedures, and a positive organizational approach to quality and safety are ways of embedding those responsibilities.

This guide, and the carer brochure that accompanies it, also aim to support the objectives set out in the New Zealand Carer's Strategy Action Plan for 2014 to 2018, in particular *Objective two: protect health and wellbeing of whanau, aiga, family and carers*.

This guide recognizes the autonomy and independence of all people receiving support, including the freedom to make their own choices, to be treated with dignity and to be involved in decisions about needs assessment, risk assessment and support. In that respect Article 20 of the *United Nations Convention on the rights of persons with disabilities* is relevant to the context of this guide. This guide also promotes the use of strengths based, restorative and rehabilitative approaches, which focus on the wellbeing of the whole person, respecting them and treating them as an individual, focusing on their needs, abilities and achievements.

People being assisted to move or transfer include people of all ages with a variety of support needs from short term to life long. Whilst a common element is that the person has reduced physical independence, each person's needs and capacities are unique to them. People with particular injuries, disabilities and conditions may require support and care planning that this guide does not attempt to include. The care plan should be appropriate to each person, and carers should follow the care plan. In addition all those who are assisting people in the home should receive training and/or learning opportunities that are specific to the person's needs and the situation.

This guide also recognizes the role of equipment as a core component of effective moving and handling, together with risk assessments and planning, the use of correct techniques and carer training.

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Thanks to all of those who provided valuable feedback during the consultation process on this Guide for Managers and also on the accompanying brochure *Supporting people to move at home: Practical tips and techniques for carers and support workers*.

2. Unique features of moving and transferring in the home environment

2.1 Challenges and risks

The home environment offers challenges and risks for both carers and the person receiving support. The development and application of good policies, procedures and processes should assist organisations to manage these challenges and risks more safely.

- » The most likely situation is that the person being assisted and the carer are working together without direct supervision. In some situations it is the carer who guides the support; in other situations it will be the person being assisted. There is potential for injury which can result, for example, from insufficient understanding or knowledge or from an unwillingness to address the issue.
- » People receiving assistance, and carers, are less likely to have access to moving and handling equipment in the home than in a hospital or residential setting.
- » People receiving support may experience changes of carers, and this can lead to the erosion of or gaps in technical knowledge.
- » If government funding for housing modifications is requested, it may take some time before these can be confirmed and completed.
- » Private homes offer challenges, such as confined spaces, uneven surfaces, insufficient light, and normal distractions such as pets, children and family life.
- » Situations can change for both the carer and the person being assisted which increase safety risk (e.g. weight, strength and cognitive changes, injury, repetitive use, illness, and changes in other responsibilities).

Common work-related actions to avoid are:

- » Unaided lifting or supporting of people or things
- » Frequent and repetitive lifting with a bent and/or twisted back regardless of weight
- » Pushing or pulling actions, particularly on slopes or surfaces that are uneven, or are resistant to wheels, for example carpeted floors, or wheeled equipment that is not maintained
- » Unexpected force or movement for example spasms or an unexpected shift of weight
- » Static working positions with the back bent, for example leaning over a bath whilst tending to a person
- » Lowering in restricted spaces, for example into a vehicle or onto a toilet.

Another recorded type of injury is the attempt of a carer to catch a person who is falling. Carers should be advised not to attempt to catch a falling person. After a person has fallen the carer should take usual first aid and relevant emergency actions. The ACC Guidelines provide advice on how to respond to falling (page 98, Assisting a fallen client). That page describes why you should not try to catch a falling person.

Skin integrity

Particular care should be taken in regard to moving people at risk of developing pressure areas and injuries. The challenges and the appropriate moving and handling techniques to be used should be documented for each client and carers trained in these.

Further guidance with the management of preventing pressure areas and injuries is available from the Clinical Practice Guideline released in August 2014.¹

¹Prevention and Treatment of Pressure Ulcers Guideline August 2014

2.3 Policies and procedures

Providing accessible information about correct techniques, appropriate equipment and the opportunity for training is more likely to encourage a safer working environment for carers when they support people to move or transfer.

The development, adoption and application of robust policies and procedures will assist organisations to conform to the requirements of legislation, NZS 8158 and contractual obligations in relation to health and safety.

Section 1.5 of the ACC Guidelines gives more information about employee and employer responsibilities under New Zealand legislation.

Organisations should ensure that their policies respond to the client's needs while ensuring the safety of staff.

Examples of policy responses might include:

- » A policy on what carers should do when they feel the situation is not safe for them or they are being asked to work outside of the organisation's policy
- » A full care plan that also sets out expectations around carer and client safety, that is discussed carefully with the client and their family and which is a key reference point in any discussion on challenges or changes
- » A policy on withdrawal of service
- » A policy on the need for expert training on the appropriate use of equipment
- » A policy on how the organisation will respond in relation to carer and client safety if there is a delay before necessary modifications are undertaken
- » A process built into the care plan that encourages discussion and proposition of options if there are challenges
- » A policy on safe thresholds of moving and handling for one worker

- » Training in communication including; cross cultural, working with people who are non-verbal or who are vision or hearing impaired
- » A health and safety assessment, which is reviewed if there are changes and which can identify the need for equipment
- » Clarity with the funding organisation or Lead contractor about what can be done safely in the home
- » Support for family carers to access training in the proper and safe use of equipment.

3. Risk assessments in the home environment

Introduction

Any risk assessment activity requires a clear process, a plan of action to address the risks identified and a robust review process. The home environment is no different in this regard.

Steps

Section 3 in ACC Guidelines describes why risk assessment is important; the risks related to moving and handling; how to identify hazards in workplaces; workplace hazard management and risk controls; the risk assessment process, and the need for this to be done both initially and on an ongoing basis as the person's needs change.

An overview of the risk assessment process is provided on page 62, Figure 3.1 of the ACC Guidelines and describes the: person risk assessment, carer risk assessment, task risk assessment and environmental risk assessment.

The LITE Principles are described in the ACC Guidelines (page 74) and are a useful way to remember the key risk factors when preparing a safe person handling strategy.

In a home situation the risk assessment needs to include the risks to both the person being assisted and the carer providing the support. Any risk assessment should include and involve the person receiving assistance and any carers including family, whanau or aiga.

3.1 Risk assessment process

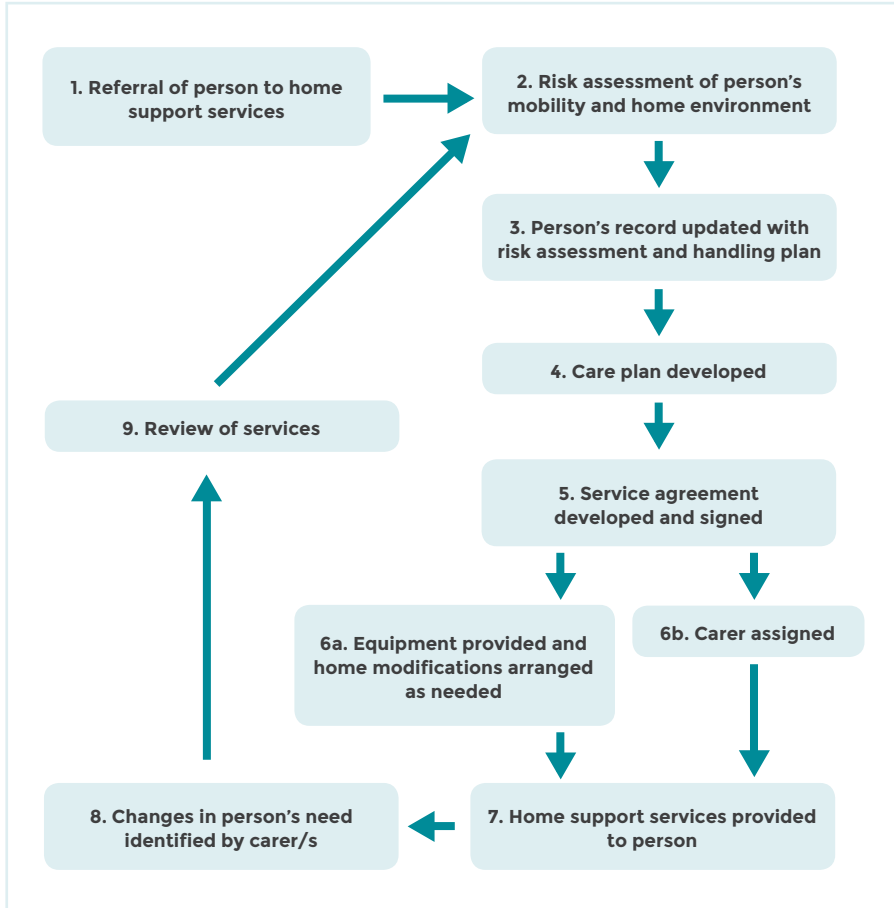
Prior to provision of support to assist a person to move or transfer in the home setting, there should be a systematic risk assessment to identify hazards and organise controls for risks identified.

When a person is referred to a home support service for the first time the initial risk assessment (the pre-service risk assessment) should be carried out by a health professional who has appropriate training and experience.

The risk assessment process should include any documents available (relating to the client's health or mobility) and a face-to-face assessment at their home.

When there are changes in a client's mobility, or when a question arises as to whether moving and handling equipment is needed for transfers, a more comprehensive risk or needs assessment may be required through referral to a needs assessment agency.

Steps needed for an effective home care service



This shows an overview of the typical steps needed when a person is referred to a home support service. These steps emphasise that risk assessments need to occur early in the process and again when a change in need is identified.²

² Adapted from 2012 DRAFT adapted from: Worksafe Victoria, 2005, p. 10

3.2 General Home Environment

The home environment needs to be safe for carers to work in, and this may require negotiation to reduce the likelihood of risk to carers, while also respecting the choices of the person and their family. Any solution should not compromise the health and safety of carers, or of the person being assisted.

Areas to include in a general home environment risk assessment

Location of transfers	Specific details to note
From vehicle to inside house	Type and condition of equipment needed (for example walking frame or wheelchair), access for wheeled equipment, steps or other obstacles, ramps (type of surface), presence of handrails, presence of any external lighting.
Hallways and stairways	Type and condition of flooring, furniture which may obstruct wheeled equipment, width of corridors and doorways, space for manoeuvring equipment, presence of handrails, level of lighting, accessibility to other areas of house.
Bedroom	Type and height of bed, space beside bed, type of chair (if any), type and condition of flooring, presence of handrails, and level of lighting.
Bathroom and shower	Type and condition of flooring, space for manoeuvring, drainage in wet areas, type of shower or bath, access for wheeled equipment, presence of handrails, level of lighting, ventilation, handrails.
Toilet	Presence of handrails, space for wheeled equipment or over-toilet frame, space for manoeuvring, type and condition of flooring, level of lighting, height of toilet, presence of rails and raised toilet seat.

Dining area/lounge	Suitability of furniture for client, space for manoeuvring, type and condition of flooring, objects which may obstruct wheeled equipment, presence of handrails, and level of lighting.
Kitchen	Type and condition of flooring, objects which may obstruct wheeled equipment, height of work surfaces and accessibility of commonly used equipment, level of lighting.
General	Comment on home floor surfaces should include potential hazards such as loose carpets or rugs, steps or raised surfaces that might impede wheeled equipment, other slip or trip hazards. Note any electrical points which may be knocked by (or needed for) equipment and location and type of any heating appliances and whether heat guards are present or needed.
Furniture	Type and condition of beds, chairs and other furniture used by person and for person transfers.
Other factors and potential hazards	Carers may be exposed to harmful substances or personal threats to their safety. Potential hazards that may need changes or improvements include managing pets, cluttered space and cigarette smoke.

Generally, the home risk assessment will take place concurrently with the client risk assessment so the outcomes from both types of risk assessment can be included in the care plan.

If any changes to the home environment are needed following the home risk assessment, these should be discussed and agreed between the client, service provider, and if relevant the needs assessment agency.

3.3 Plan of action

Following the risk assessment, a plan of action is developed to address the hazards identified by eliminating, isolating or minimising any risks identified. Responsibility for these actions needs to be clearly documented and followed up on by the client, service provider and if relevant the funding agency. The control measures described in the risk assessment example on page 16 are an example of a plan of action.

3.4 Risk assessment reviews

Risk assessments should be reviewed annually, or more frequently when there have been significant changes for the client and their carer/s.

Significant changes could include:

- » the client moving to a different house or having alterations to their home
- » an incident or accident involving the client or the carer.
- » changes in the client's condition or level of function
- » changes in the carer's ability to provide care, e.g. illness, accident, employment, other caregiving responsibilities
- » changes in the number or wellbeing of the people living in the home who can assist with cares.

It is important that carers are encouraged to report any relevant changes affecting the client or their home environment. Support workers should report to their supervisor. Family carers should report to the registered health professionals overseeing the client.

A risk assessment should also be carried out if the carer's circumstances change. For example, if a carer has had an accident, operation, or illness it may affect their ability to assist with another person's transfers.

Carers should be encouraged to report instances of discomfort and pain that they personally experience as soon as they are recognised (e.g. shoulder neck and back pain) and near miss injury incidents so that remedial action can be taken.

Subsequent risk assessments may lead to changes to the client's care plan.

Risk assessment example

Task

Assisting people in low beds and on double beds, including:

- » turning in bed
- » moving up or down the bed
- » sitting person to lying and vice-versa
- » bed-bathing
- » getting a person in or out of bed.

Identified risks for carers

- » prolonged stooped postures when attending to a person who is in bed
- » awkward posture when moving a person in their bed

Control measures

The level of risk depends on the person being assisted, and the carer, and assessments should be carried out at the person's home. For medium to high risks, consider using these options when working with the person:

- » place knee(s) on bed or floor to reduce stooping when attending to a person (consider infection control issues)
- » arrange a suitable bed such as an electric profiling bed
- » arrange for hoists or transfer boards for transfers to or from bed
- » support the person in bed until equipment is available
- » provide extra carers as required.

Assessments may result in recommendations to move furniture or provide equipment. These would need to be discussed with the person receiving assistance, and their family if appropriate.

Adapted from: Royal College of Nursing, 2003.

4. Preparation for moving and transferring people at home

Preparation by home support service providers for moving and transferring people at home requires; a client care plan, communication and consultation with the client and training for the staff involved.

4.1 The client care plan

Information from the risk assessment is used to develop the care plan. This plan provides the carer with essential information on the techniques and equipment most suitable for each handling task. It should be reviewed if the client's condition changes, for instance a change in the client's condition or medication may alter their strength, balance or ability to follow instructions.

The care plan should describe the goals for care, the specific areas and activities where the client needs help or assistance and should also detail how assistance is to be provided.

Where significant hazards are recognised for carers, then these should be discussed with the client with the aim to eliminate or minimise the risk of injury to the carer. Service providers would be expected to outline in service agreements clear obligations, responsibilities and expectations of the client, the carer and the provider organisation to ensure safe moving and handling practices.

Where the support is provided by more than one support worker the care plan should describe the specific tasks of each support worker, where they are expected to carry out different tasks.

Where a risk assessment has identified that more than one person is essential to ensure the safety of both the person being moved and the carer, then this should be incorporated into the care plan for the client.

The care plan should describe the procedures including moving and handling techniques to be used to ensure carers and the client are all aware of their specific responsibilities.

Examples of client moving and handling activities covered in a care plan

Activity	Goal for care	Care Tasks
<p>Moving around house: Client sometimes needs assistance moving from room to room, is often unsteady and may be at risk of falling.</p>	<p>Client can move safely around house, maintaining independence where possible.</p>	<p>Monitor client when moving around house, remove obstacles where feasible, provide physical assistance for client when requested or needed.</p>
<p>Showering: Client at risk of falling while in shower.</p>	<p>Client is able to safely attend to personal hygiene needs and dignity is maintained.</p>	<p>Provide assistance as needed before and after shower (undressing, drying, dressing), transferring from walking frame to shower stool, and monitoring during showering.</p>
<p>Toileting: Client needs assistance when accessing the toilet.</p>	<p>Client is able to attend to toileting needs and dignity is maintained.</p>	<p>Observe client using walking frame to get to toilet. Assist client to transfer from walking frame to toilet and from toilet to walking frame, as needed.</p>
<p>Visits to GP: Client uses a walking frame to get from house to vehicle.</p>	<p>Client is able to attend necessary appointments.</p>	<p>Provide assistance to client when exiting house using walking frame and when client is transferring from walking frame into vehicle and from vehicle to walking frame.</p>

4.2 Consultation and communication

Consultation is about discussing options for assisting a client to move or transfer in the home, with all the interested parties involved considering the hazards and risks identified during risk assessments.

Discussions at this time can enhance people's understanding of the situation and make them more likely to engage with the techniques identified for use. Assisting a client to move or transfer at home is a collaborative process reliant on mutual understanding.

Provider organisations should consult with the client about the moving and handling techniques that they expect. People who have a long term need for support often know what works for them, and this should be considered alongside the safety of the support worker and the carer.

Effective consultation and communication are central to managing any barriers to ensure practices are safe for both carer and the client, and to reduce fear of the unknown. This can be enhanced by:

- » Establishing clear expectations of the client responsibility and that of support worker responsibility
- » Ensuring carers and client have access to risk assessment and current care plans
- » If a client has more than one carer, developing a written communication process that identifies any problems or changes that may affect mobility or transfers.
- » Recognising situations that involve unreasonable behaviours or unreasonable expectations of carers.

Client and carer safety should not be compromised by poor communication or consultation.

Try to avoid getting caught out by unplanned events. Even the simplest request for moving and handling assistance should always be accompanied by assessing the risks.

4.3 Moving and handling training for carers

It is important for carers to learn about the techniques for moving and handling people, and to receive training in the use of specialist equipment. This should be ongoing to ensure safe practices are well understood. Service providers are responsible for providing their staff with ongoing training. The Moving and Handling Association of New Zealand (MHANZ) provides links to training on its website www.mhanz.org.nz.

The therapist who prescribes equipment for use in the home should provide or arrange for training on how to use the equipment correctly. The New Zealand Qualifications Authority Unit Standards which are relevant to moving and handling people are: Unit Standard (US) 26977 Move a person using equipment and care for equipment in a health, disability or aged care context and US 27833 Support people to use assistive equipment and move in a health, disability or aged care context.

People can either study US 26977 or US 27833. US 27833 is more suitable for home and community workers where only assistive equipment is available and US 26977 is more suitable for workers in organisations where a range of moving equipment is available.

Anyone involved in training should be familiar with the competencies covered in these Unit Standards and be able to train people to these Standards.

MHANZ recommends the use of the ACC Guidelines which provide guidance on: the importance of training, who should receive it, when it is needed, who provides it, the core competencies in moving and handling training and training session outcomes.

5. Moving and handling techniques

Where moving and handling equipment is assessed as being required in the care plan and is subsequently provided, this should be used in the first instance.

Any feelings of discomfort by carers or clients should be reported early on, so they do not develop into pain and injury. If contributory factors are reported early changes to work patterns can be made.

Some risk factors that should be avoided or reduced while assisting a person to move or transfer in the home setting include:

- » Load – the effort or force put into moving or holding a person during transfers
- » Awkward postures – when any part of the body bends twists excessively or is held for an extended period e.g. dressing, showering
- » Repetitive movements - that occur when repeatedly using the same muscle groups, for example, vacuuming.

Carers should follow safe handling principles in order to reduce their risk of injury when caring for people. These include:

- » Bend hips and knees
- » Maintain the natural curves of the spine
- » Stay close to the person
- » Avoid twisting.

The Lunge is shown on page 88 of the ACC Guidelines.

The brochure *'Supporting people to move at home: Practical tips and techniques for carers and support workers'* includes illustrations of a variety of tasks that occur in the home environment. These techniques include: sitting to standing, moving in and out of bed, transferring with wheelchairs and walking frames and moving in and out of cars. The brochure is available electronically at www.hcha.org.nz.

Strengths based approach

Whenever possible, and only where appropriate, a strengths based approach should be taken by the carer to encourage the maintenance and, if possible, improvement of, the person's physical condition. In a strengths based approach the focus is on the individual and their strengths and abilities, not their disability. This means carers should prompt and encourage people to move themselves as much as they possibly can rather than the carer physically assisting the person to move.

Videos and techniques

ACC videos demonstrating moving and handling people are available from ACC online at www.acc.co.nz, type WPC113061 into the search field.

6. Moving and handling equipment

6.1. Equipment for moving and handling

The information in Sections 7 and 8 of ACC Guidelines is the primary reference document for the use of equipment in the home environment in New Zealand.

Section 7 of those guidelines describes the main types and functions of equipment for moving and handling people.

Section 8 of those guidelines covers equipment procurement systems, maintaining an equipment register and equipment storage, maintenance and replacement.

An assessment by allied health professionals should be conducted before deciding on the type of equipment that is suitable for moving a client in their home.

This assessment should take into account the person's physical and general health, and where appropriate the carer's physical and general health, the living environment and person's lifestyle, as well as likely future changes in mobility to ensure the suitability of any equipment used.

6.2 Main tasks for which equipment may be used relevant to home support

Equipment may be used to facilitate a person's mobility and to reduce risks when transferring people. In home support, transfers can be categorised into four main groups:

- » Sitting, standing and walking
- » Bed mobility
- » Lateral transfers
- » Hoisting.

For the safety of clients and their carers, training on how to use equipment should reinforce the importance of visual checks and other basic checks before each use to ensure it is safe to use. An example would be the use of a visual check list which is linked to the organisation's policies and procedures.

Employers should have policies describing how their support workers are taught the safe and correct use of equipment and these should be clearly linked to their policies on moving and handling, and health and safety.

In addition to the occupational health and safety legislation requirements the New Zealand standard NZS 8158:2012 Home and community support sector Standard should be referenced by service provider organisations and people with disabilities when using equipment for moving and handling.

Equipment use and training in the home setting

Standard 4.8 *Consumers* are supported to safely use any required or prescribed equipment aids or enablers.

4.8.1 *Consumer*-specific information and training is made available to *service providers* in the use of equipment, aids and enablers, including definitions and descriptions of each.

4.8.2 All equipment aids or enablers are used safely and as required or prescribed to support the consumer to maintain their independence, dignity, and respect.

Source: NZS 8158: 2012 Home and community support sector Standard

6.3 Common types of equipment

Some common types of equipment designed to assist with mobility are shown in the table below. There are many other specific devices not listed in the table that may be useful for people with specific types of disabilities.

Common types of equipment	
Type of equipment (and alternative names)	Description and common uses
Slide sheets (sliding sheets, Slippery Sam)	Sheets made of low friction material and used under a person to allow easy repositioning in bed, sling attachment and transferring sideways/laterally.
Walkers (Walking frame, gutter frame, mobility walker)	A frame which the person holds onto for support while they walk.
Chair or bed raisers	Extensions placed underneath the legs of beds, chairs and armchairs to raise the seating level. Used to assist person transfers such as sit to stand or transfer to a wheelchair.
Transfer belts (handling belt, gait belt, walking belt)	Belts placed around the client's waist to provide support during several types of transfers and for assisted walking for rehabilitation – important that they are not used to pull people.
Over bed pole	To assist turning in bed.
Transfer boards (PAT slide, slide board, banana board)	A board used to bridge gaps for client transfers from one surface to another, such as from a stretcher to a bed with a full body length board or shorter. Transfer boards can be used for seated to seated transfers.

Framed turning platform	A framed turning platform enables the person to stand during the move from bed to seat or seat to seat. It may have cushioned kneepads for the person to brace against during the move. Similar equipment includes pivot aids and turners.
Toilet raiser Toilet riser, raised toilet seat	A device to raise the height of the toilet to make it easier for a disabled person to get on and off.
Wheelchairs (Manual or Electric)	A mobile chair used for transporting clients in a sitting or upright position. Bariatric wheelchairs must be powered or moved with a bed pusher.
Mobile hoists (floor hoist, floor lift, portable hoist)	A hoist with wheels that can be moved along the floor – used for lifting people inside a sling or on a stretcher designed for use with hoists.
Standing hoists (sit-to-stand hoist, standing lift, stand-aid hoist)	A specific type of mobile hoist designed to assist people between sitting and standing positions. Standing hoists are designed to fit under or around chairs.
Ceiling hoists (overhead hoist, ceiling lift, mechanical lift, gantry hoist)	Hoists attached to permanently mounted ceiling tracking that move people inside a sling. Gantry hoists have an overhead track mounted on wheeled frames.
Slings	A fabric support used for carrying people while being moved with a hoist – there are multiple types of slings.
Electric profiling beds (electric beds)	Electrically operated beds that have a mattress platform split into two, three or four sections, and which allow adjustment using a control handset or panel.
Rails (Grab Rails)	Generally metal rails firmly fixed to support standing and transfers in showers, baths and toilet areas.

Shower stools	Used to reduce the need for people to stand while showering or dressing.
Ramps	Permanent or temporary ramps that replace steps to ease access in or out of home.
Lifts	Electric or hydraulic lifts to support people to access multiple stories, can also include chair or stair lifts.
Electric bath seat	Reclining bath seat or lift.

It is important in a communal living situation to ensure that each person uses their own equipment i.e. Mrs Smith is not given Mr Smith's walking frame. Equipment set up for one person should not be used by another.

6.4 Selecting and purchasing equipment

Funding agencies such as ACC, DHBs and the Ministry of Health have their processes and eligibility and access criteria, which include the selection of suitable equipment and home modifications based on a person's individual needs and funding prioritisation. In some cases people may need to consider purchasing their own equipment or housing modifications if they are not covered by a government agency.

Generally people will be referred for an assessment which is completed by an allied health professional, such as an occupational therapist or physiotherapist (the assessor). The assessor will recommend a range of strategies and interventions to meet the person's needs. This could include equipment or modification to their home or vehicle. The assessor will consult with the person, and with their family and carers, and take into consideration the environment the person lives in.

For people with long-term physical, sensory, intellectual or age-related impairments not covered by ACC there are currently two agencies that provide access to equipment housing and vehicle modifications on behalf of the Ministry of Health.

1. *Accessible Environmental Health Management Services* provides similar services for the upper North Island (Auckland and Northland).
2. *Enable New Zealand*, based in Palmerston North, covers the lower North Island (South of Meremere) and South Island.³

Their web sites have equipment lists and details of their services (www.accessable.co.nz; and www.enable.co.nz). An assessment is required before contacting Enable or Accessable.

Some Disability Information Centres and Supported Living Services sell aids and equipment. www.nzfdic.org.nz

³Enable New Zealand is an operating division of the MidCentral District Health Board.

The pamphlet *A Guide for Carers, He Aratohu mā ngā Kaitiaki*, produced by the Ministry of Social Development offers practical help for whānau, aiga and carers who assist family members and friends who need help with everyday living because of a health condition, disability or injury. It includes information on the government-funded services and supports available for family carers.⁴

⁴ Available from <http://www.msd.govt.nz/what-we-can-do/community/carers/>

6.5 Equipment care and maintenance

Responsibility for each aspect of the equipment care, cleaning and maintenance should be agreed and documented as part of the care plan. This should be updated at the time each item of equipment is obtained by the client.

Documentation should identify who is responsible for using the equipment appropriately, who takes care of it and who checks it is safe to be used prior to each use. For example, every time a sling is used it needs to be checked for fraying, damage, holes or tears. Equipment should be maintained according to the manufacturer's instructions to ensure the safety of the users. Problems with equipment should be reported to the person who supplied the equipment.

6.6 Common problems with equipment and furniture

All equipment needs to be installed correctly. The person or agency responsible for supplying the equipment should be responsible for its installation. The carer should be taught the correct and safe use of new equipment. Prior to using the equipment carers should demonstrate their learning and this should then be documented. Specific equipment, such as mobile hoists and tilt tables may need adjusting to specific settings for the person receiving support. Carers should not adjust settings on equipment.

Household furniture can also contribute to or reduce the likelihood of injury, depending on how it is positioned and used.

Beds

Everyday tasks such as making beds can create risks for carers from stooping and awkward postures. If a bed is low and is pushed against a wall, this restricts access and increases the risk of injury to the carer from over-reaching or stooping. If possible move the bed to provide access from both sides particularly if the person has a disability affecting one limb or side of their body. The best bed height for person transfers is often found by an individual assessment being done by an occupational therapist or physiotherapist as the exact height will depend on the firmness of the mattress. The floor to back of knee measurement is a standard guide for a firm surface but the bed height may need to be slightly higher if the mattress is soft.

A possible solution for low beds is to use bed raisers under the bed legs to lift the height of the bed. This option needs to suit the individual person and the correct height may need to be decided following an assessment from an Occupational Therapist or Physiotherapist to ensure this is safe.

Chairs

Some chairs commonly used in houses can create problems for the person's transfer if the chairs are too low and the person reclines back into the chair. The preferred chair height and profile should allow the person's feet to sit flat on the floor with their back upright and supported against the backrest. Chairs with arms are preferred for sitting to standing transfers. However, chair arms may obstruct lateral transfers between a chair and wheelchair.

A possible solution may be chair raisers under the legs or a raised platform under the chair. This option needs to suit the individual person and the correct height may need to be decided following an assessment from an Occupational Therapist or Physiotherapist to ensure this is safe.

Handrails and grab rails

Handrails or grab rails are especially important for people who are partially mobile. The fitting of rails requires specialist knowledge about angles, heights and weight loading. Rails and other wall-mounted equipment can only be fitted in areas where there are no pipes along the wall in a bathroom or toilet. Community occupational therapists and physiotherapists can advise angles and heights of rails and have names of builders who can install them.

7. Emergency situations

Any emergency should be responded to in line with a service provider organisation's policies and procedures or a carer's local situation. This may mean a carer calls 111 for assistance with a moving and handling emergency. When developing a care plan consideration should be given to a moving and handling emergency such as a person being immobilised in a small space.

Following a fall or similar incident, whether or not the person sustains an injury, the support worker or carer should report the event to their supervisor or health professional. A risk assessment and care plan review may be required.

Tips on providing verbal prompts to a person who has fallen are available in the brochure: *Supporting people to move at home – practical tips and techniques for carers and support workers* available online at www.hcha.org.nz and www.carersair.net.nz

Glossary

Carer – anyone who is caring for another person, who is supporting a person to move, transfer or undertake other physical activities in the home environment. This includes paid support workers and registered health professionals working in a person's home, voluntary carers and family members.

Care plan – a document that describes the goals for care, the specific areas and activities where the client needs help or assistance, and details of how assistance is to be provided. Some organisations refer to this as a service plan.

Family carer – a family member who is supporting a person to move, transfer or undertake other physical activities in the home environment.

Needs assessment – an appraisal of a person's support needs by a health professional who is trained as an assessor.

Risk assessment – an appraisal of the actual or potential hazards. The risk assessment is carried out prior to moving and handling people, and is done in conjunction with controlling the risks.

Support – assistance (in this context) with moving and handling in the home. Support may include verbal prompting and encouragement in conjunction with or in place of physical assistance. Support can be provided by a family member or paid employee.

Support Worker – a person employed to provide assistance in the home and community.

References and resources

Moving and Handling people: The New Zealand Guidelines, March 2012 (ACC)

A Guide for Carers - He Aratohu mā ngā Kaitiaki (updated July 2013)

Carers New Zealand

Good governance practices guideline for managing health and safety risks (Institute of Directors New Zealand)

He Atawhai I te Hunga Ngākau Oha o Aotearoa (The New Zealand Carer's Strategy Action Plan for 2014 to 2018 (Caring for the carers)

Health and Disability Commissioner Act 1994

Health of Older People Strategy

Health and Safety Reform Bill

Health and Safety in Employment Act 1992 (to be replaced by the Health and Safety at Work Act in 2015)

Home and Community Health Association (HCHA)

Moving and Handling Association of New Zealand (MHANZ)

New Zealand Disability Strategy

New Zealand framework for Dementia

NZS 8158: 2012 Home and community support sector Standard

Preventing and managing discomfort and pain April 2013 (ACC)

Prevention and Treatment of Pressure Ulcers Guideline August 2014

The United Nations Convention on the Rights of People with Disabilities



Home & Community Health
Association

www.hcha.org.nz