



# Supporting people to move at home

## HCHA guide 2014



Home &  
Community  
Health  
Association

# Supporting people to move at home - HCHA guide 2014

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Supporting people to move at home. HCHA guide 2015. Version 1.

## References and Resources

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

A Guide for Carers - He Aratohu me Nga Kaitiaki (updated July 2013)

Preventing and managing discomfort and pain April 2013 (ACC)

Prevention and Treatment of Pressure Ulcers Guideline August 2014

Health and Disability Commissioner Act 1994

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)

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

NZS8158: 2012 Home and Community Support Sector Standard

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

The United Nations Convention on the Rights of People with Disabilities

Home and Community Health Association (HCHA)

Carers New Zealand

Moving and Handling Association of New Zealand (MHANZ)

# Glossary

**Aiga** – Samoan extended family.

**Bariatric**- An obese or extremely large client, usually with a Body Mass Index (BMI) of 40 or more.

**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.

**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/ encouragement in conjunction with or in place of physical assistance. Support can be done by a family member or paid employee.

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

# 1. Introduction

The aim of this resource is to provide information on how to reduce the risks of injury to carers and to those being assisted, during moving, handling, or transferring actions in home environments.

This document is provided for managers and people responsible for developing policies and training packages, for those who provide training and who organise any other activities associated with moving people in their homes.

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 main guideline.

When the main guideline was published there was a good deal of reflection that the home environment often presents challenges for carers and clients that are different from residential or hospital settings which is the focus of the main guideline. Carers New Zealand has also advocated for practical resources for family and informal carers. This led to discussions about the need for a section of the main guideline or a separate guideline on moving and handling people at home. This document does not attempt to be a separate section of the main guideline, but it is hoped that in future the New Zealand guidelines will be able to include a section that covers moving and handling in the home and community environment.

The Home and Community Health Association and Carers New Zealand worked alongside ACC in 2014 to develop this resource.

This resource recognises 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.

The term carer as used in this document describes anyone supporting a person to move, transfer or undertake other physical activities in the home environment. It includes paid support workers and registered health professionals working in a person's home, voluntary carers and family members. The majority of this document will be of value to managers, trainers, health professionals supervising and instructing support workers. There are many more unpaid carers in New Zealand than paid carers, and a resource is provided at the back of this document, and, separately, as a printed booklet, showing tips and techniques targeted at both paid and unpaid carers.

It is often the case that in the home environment, only the person being assisted and one carer are involved in moving and handling activities. It is expected when people have needs that require more than one carer there will be comprehensive care plans in place. It is also best practice that 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.

As referenced in *the New Zealand Guidelines*<sup>1</sup> moving and handling of people in their home by paid workers is covered by health and safety legislation. The Health and Safety in Employment Act (to be replaced in 2015 by the Health and Safety Reform Bill) requires employers to take all practicable steps to ensure the health and safety of employees and others at work. Many organisations providing support workers in the home are also working to the Home and community support sector Standard NZS 8158. This ensures staff are required to work to best practice policy and procedures in regard to all their work practices including assisting people to transfer from one place to another.

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. The process of developing this resource has revealed the challenges in

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<sup>1</sup> Section 10 Moving and Handling people: The New Zealand Guidelines ACC 2012

providing guidance that will cover the majority of situations and people. People with particular injuries, disabilities and medical conditions may require support that is very specific, and it is not possible to include each person's situation in one resource.

Strengths-based, restorative and rehabilitative approaches are promoted in this guide. Carers are encouraged to use moving and handling techniques in which the carer prompts and encourages the person to move themselves wherever possible, to prevent possible deconditioning. In some situations carers will physically assist the person initially. Over time if and /or when the person recovers strength, the carer may be able to provide verbal support only.

There will be times, of course, when people should not move, for example, when they are recovering from an injury and need to keep a limb immobile, or not place stress on part of their body. Carers should follow the care plan to ensure that their support is appropriate to the person. If the person being cared for does not have a care plan they should contact their doctor or other health professional for a referral for a needs assessment.

This guide also aims 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*. The well-being and safety of both carers and the person being assisted is important.

## 2. Safety challenges and risks for carers and people at home when being assisted to move or transfer

### 2.1 Challenges and Risks

The home environment presents situations which can offer challenges and risks for both carers and the person receiving support:

- » The most likely situation is that the person being assisted and the carer are working together without direct expert 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 because of interdependence between the person and their carer.
- » People receiving assistance, and paid and unpaid carers are less likely to have access to, and training in, the use of moving and handling equipment that is available in residential or hospital settings.
- » People receiving support may experience changes of support workers, 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).



People being assisted may feel more comfortable and relaxed in their own home, and this is one of the many positive aspects of supporting people at home.

**Common work-related actions of people handling tasks that contribute to injury include:**

- » Unaided lifting or supporting weight.
- » 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. Support workers and family carers should be advised not to attempt to catch a falling person. After a person has fallen the worker or carer should take usual first aid and relevant emergency actions.

## 2.2 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 move or transfer the people they support.

The Home and community support sector Standard NZS 8158 sets the standard for provider organisations to ensure their support workers have the appropriate workplace environment and systems including robust policies and procedures, to cope with the risks and challenges of supporting people to move at home.

Policies should ensure they respond to the client's needs whilst also ensuring the safety of staff.

### **Examples of responses to challenges are:**

- » 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 service plan that also sets out expectations around worker and client safety, that is discussed carefully with the client and their informal carers or family and which is a key reference point in any discussion on challenges or changes.
- » 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 worker and client safety if there is a delay before necessary modifications are undertaken.
- » A process built into the service 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 for workers supporting people who live with particular conditions that may pose challenges or risks to workers or the client.

- » Training in cross cultural communication.
- » 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 about what can be done safely in the home.
- » Support for the family carers to access training in the proper and safe use of equipment.

## 2.3 Skin integrity

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

Further guidance with the management of preventing pressure ulcer is available both for healthcare professionals, caregivers and their family members from the Clinical Practice Guideline released in August 2014.<sup>2</sup>

### **Examples of responses to skin integrity challenges are:**

- » Reposition all individuals at risk of, or with existing pressure ulcers, unless contra-indicated.
- » Determine repositioning frequency with consideration to the individual's tissue tolerance, level of activity and mobility, general medical condition, overall treatment objectives, skin condition, and comfort.
- » Use manoeuvring techniques to reduce friction and shear.

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<sup>2</sup> Prevention and Treatment of Pressure Ulcers Guideline August 2014

### 3. Risk assessments in the home environment

Section 3 in ACC, 2012 *Moving and Handling People: The New Zealand 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 that document and describes the:**

1. Person risk assessment
2. Carer risk assessment
3. Task risk assessment
4. Environmental risk assessment

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 family/whanau/aiga carers.

# Steps needed for an effective home care service

Figure 1. Steps needed for an effective home care service

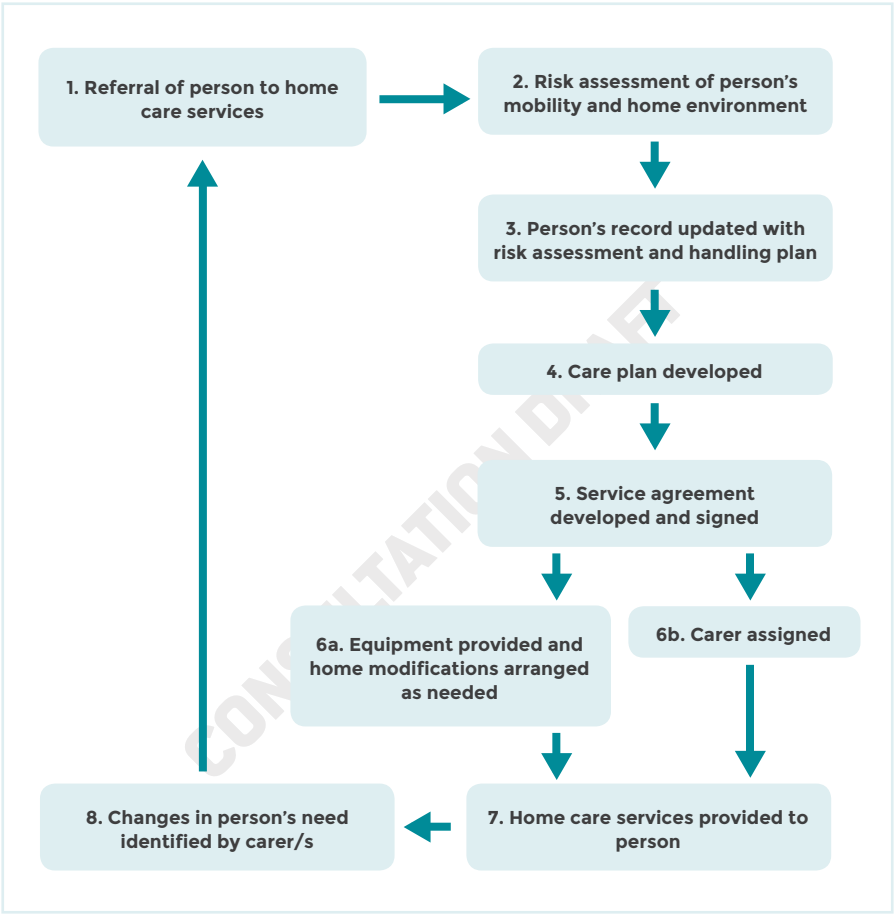


Figure 1. shows a summary of the typical steps needed when a person is referred to a home care service for the first time. These steps emphasise that risk assessments need to occur early in the process.<sup>3</sup>

<sup>3</sup> Adapted from 2012 DRAFT adapted from: Worksafe Victoria, 2005, p. 10

## 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 care 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. All assessors should be competent in moving and handling people and referrals are generally made to allied health professionals, such as occupational therapists or physiotherapists.

The LITE Principles are described in the main guideline (page 74) and are a useful way to remember the key risk factors when preparing a safe person handling strategy. The LITE principles are described in the table below.

## LITE principles

Load:	refers to the characteristics of the person that can affect the handling risk, such as age, gender, diagnosis, comprehension of oral language, dependency, neurological status, size, weight, ability, extent of person's cooperation, person's disabilities, culture and fall risk.
Individual:	refers to carers who are moving the person. It includes the carers' knowledge, training, general health and fatigue that can affect one's ability to do the job.
Task:	refers to the nature of the moving and handling task to be done, how and when. Different tasks have different challenges. Each moving and handling task needs assessment and a specific strategy.
Environment:	refers to the working environment, this includes space, equipment availability, number of carers available, the person's living situation and resources which all impact on how the task can be done.

## *Risk assessment example*

### **Box 1. Caring for people in low beds**

**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
- » provide blocks to raise the bed

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.

**Box 1.** gives an example of risk assessment process for those caring for persons in low beds:



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

**Table 1: 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.

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	List of other specific features or circumstances, such as pets, cluttered space, and risk of carer being exposed to harmful substances or personal threats to their safety which may be potential hazards that need changes or improvements.

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 client's 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 funding agency.

## 3.2 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.

## 3.3 Risk assessment reviews

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

**Significant changes could include:**

- » the client moving to a different house or having alterations to their home
- » an incident or accident involving the person or the carer/support worker
- » changes in the person'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 people living in the home who can assist with cares

It is important that carers are encouraged to report any relevant changes affecting the person or their home environment. Paid carers should report to their supervisor and family carers to the registered health professionals supporting the person.

A risk assessment should also be carried out if the carer's circumstances change. For example, if a paid or family 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 person's care plan.

## 4. Preparation for moving and transferring people at home

### 4.1 The Client Care Plan

Information from the risk assessment is to be used to develop the client care plan that provides the carer with the 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 person'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 (see Box 2), the care plan should describe the specific tasks of each worker, where they are expected to carry out different tasks.

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

**Table 2: Examples of client moving and handling activities covered in a care plan**

Client activity	Goal for care	Care Tasks
<b>Moving around house:</b> Client sometimes needs assistance moving from room to room as he is often unsteady and may be at risk of falling	Client can move safely around house, maintaining independence where possible	Monitor client when moving around house, remove obstacles where feasible, provide physical assistance for client when requested or needed
<b>Showering:</b> Client at risk of falling while in shower	Client is able to safely attend to personal hygiene needs and dignity is maintained	Provide assistance as needed before and after shower (undressing, drying, dressing), transferring from walking frame to shower stool, and monitoring during showering
<b>Toileting:</b> Client needs assistance when accessing the toilet	Client is able to attend to toileting needs and dignity is maintained	Monitor 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.
<b>Visits to GP:</b> Client uses a walking frame to get from house to vehicle.	Client is able to attend necessary appointments	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
<b>Medication:</b> Client takes medicines three times each day	Correct medications are taken at the appropriate time each day	Ensure medications are prepared ready for client and in a location where they are easily accessible to the client

## 4.2. Consultation and Communication

Consultation is about discussing options for assisting a person 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 person 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 are often the most experienced in what works for them.

### **Box 2. Provision of help or backup for moving and handling clients**

When a risk assessment shows it is not possible for client transfers to be conducted safely by a lone worker, address that risk by, for example, making arrangements to provide help or back-up. .... Where a risk assessment of the moving and handling needs for a particular client has highlighted a requirement for more than one person to be involved to ensure the safety of both client and staff, then this should be incorporated into the care plan for the client. With the increasing incidence of obesity in the population, the likelihood of visiting clients who fall into this category will also increase.

**Source: Tofts, 2012 p. 54**

**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 client care plans,
- » Developing a written communication process that identifies any problems or changes that may affect mobility or transfers, if a client has more than one carer,
- » 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 assistance should always be accompanied by a risk assessment.



## 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 caring staff with ongoing training. The Moving and Handling Association of New Zealand (MHANZ) can provide advice on where to access training.

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.

It is recommended that people study either US26977 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.

*Moving and Handling People: The New Zealand Guidelines* provides 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. Techniques for support by a carer

*Moving and handling people: the New Zealand Guidelines* is the primary reference that describes techniques for moving and handling people.

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

Assisting a person to move or transfer in the home is potentially dangerous because of the risk to the carer of developing musculoskeletal conditions. These may not have a single identifiable cause, instead there may be many contributing factors.

Any feelings of discomfort 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 noted in Section 4 of *Moving and Handling people: New Zealand Guidelines*. It is a body position or movement that needs to be taught appropriately in order to ensure that it is effective and safe.

The brochure *'Supporting people to move at home: Practical tips and techniques for carers'* (in appendix) includes illustrations of a variety of tasks that occur in the home environment:

- » Prompted sitting to standing
- » Assisted sitting to standing
- » Prompted turning or rolling in bed
- » Assisted turning
- » Prompted hip hitch movement up the bed
- » Assisted movement up the bed
- » Prompted sitting to the edge of the bed
- » Prompted sitting to sitting transfer
- » Assisted sitting to sitting transfer
- » Transfer from vehicle to walking frame
- » Transfer from vehicle to wheel chair
- » Prompting a fallen (uninjured) person to stand
- » Assisted walking up and down stairs
- » Assisted movement in small spaces i.e. toilet
- » Assisted dressing/undressing
- » Supporting people who are in low beds

### **Box 3. Strengths based approach**

Whenever possible, and only where appropriate, a strengths based approach should be supported by the carer to encourage the maintenance and strengthening of the person's physical condition.

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.

## 6. Moving and handling equipment

### 6.1. Equipment for moving and handling

Section 7 of *Moving and Handling People: The New Zealand Guidelines* describes the main types and functions of equipment for moving and handling people.

Section 8 of that guideline covers equipment procurement systems, maintaining and equipment register and equipment storage, maintenance and replacement.

The information contained in Sections 7 and 8 of *Moving and Handling People: The New Zealand Guidelines* is the primary reference document for anyone considering the use of equipment in the home environment in New Zealand.

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

#### Box 4. 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*

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

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

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

For the safety of people being assisted 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 of support workers should have policies describing how their carers are taught the safe and correct use of equipment and these should be clearly linked to their moving and handling and health and safety policies.

In addition to the occupational health and safety legislation requirements; both the New Zealand standard NZS 8158:2012 Home and community support sector Standard (Box 4) and Article 20 Personal mobility of the United Nations convention on Rights of persons with Disabilities (Box 5) should be referenced by service provider organisations and people with disabilities when using and choosing equipment for moving and handling.

#### **Box 5.**

#### **Article 20 - Personal mobility (UN convention on Rights of persons with Disabilities)**

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

- a. Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- b. Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
- c. Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;

Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

## 6.3 Common types of equipment

Some common types of equipment designed to assist with mobility are shown in Table 3 below. There are many other specific devices not listed in the table that may be useful for people with specific types of disabilities.<sup>4</sup>

Table 3 Common types of equipment	
Type of equipment (and alternative names)	Description and common uses
<b>Slide sheets</b> (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.
<b>Walkers</b> (Walking frame, gutter frame, mobility walker)	A frame which the person holds onto for support while they walk.
<b>Chair or bed raisers</b>	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.
<b>Transfer belts</b> (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.
<b>Over bed pole</b>	To assist turning in bed.
<b>Transfer boards</b> (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.

<sup>4</sup> For more detailed descriptions of moving and handling equipment, see Section 7 in ACC, 2012.

<b>Framed turning platform</b>	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.
<b>Toilet raiser Toilet riser, raised toilet seat</b>	A device to raise the height of the toilet to make it easier for a disabled person to get on and off.
<b>Wheelchairs</b> (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.
<b>Mobile hoists</b> (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.
<b>Standing hoists</b> (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.
<b>Ceiling hoists</b> (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.
<b>Slings</b>	A fabric support used for carrying people while being moved with a hoist – there are multiple types of slings.
<b>Electric profiling beds</b> (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.
<b>Rails</b> (Grab Rails)	Generally metal rails firmly fixed to support standing and transfers in showers, baths and toilet areas.

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

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## 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. *Enable New Zealand*, based in Palmerston North, covers the lower North Island (South of Meremere) and South Island.<sup>5</sup>
2. *Accessible Environmental Health Management Services* provides similar services for the upper North Island (Auckland and Northland).

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

*Disability Resource Centres* sell aids and equipment as well as providing advice on options.

The pamphlet *A Guide for Carers*, produced by the Ministry of Social Development, lists the various agencies that provide funding, services

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<sup>5</sup> Enable New Zealand is an operating division of the MidCentral District Health Board.

and support for those in need of home care. It includes information about accessing multiple resources for carers including: equipment, housing and vehicle modifications.<sup>7</sup>

## 6.5 Selecting Equipment – general advice

For unfunded clients and families, the following advice is provided about the process of selecting equipment:

- » Consult an occupational therapist, physiotherapist or a person trained in moving and handling people before deciding on what equipment suits the person.
- » Even with equipment as simple as grab rails and raised toilet seats it is important that the equipment selected is safe and appropriate for the person and their particular environment.
- » Equipment used to lift or bear the weight of people, such as hoists and handrails, should have a safe working load (SWL) stated. Check that any equipment for large or heavy people (e.g. over 100kg) has a suitable SWL.
- » Ensure the person being moved is consulted, and is part of the discussions that take place before deciding what equipment is to be purchased.
- » Ensure any medical devices have been tested to the standard AS/NZS: 3551 Management programs for medical equipment, as relevant.

## 6.6 Equipment selection criteria

When selecting equipment for hire or purchase there are some

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<sup>7</sup> Available from <https://www.msd.govt.nz/what-we-can-do/community/carers/>

general considerations to consider. If the proposed equipment order is large or expensive, it is worth putting additional work into the initial consultation and assessment process to increase the likelihood that the equipment will be suitable for its intended purposes. Consider the general selection criteria below.

- » **Appropriateness:** Any equipment must be “fit for purpose” and be able to carry out the tasks for which the equipment is intended.
- » **Accessibility and storage:** Where will the equipment be stored so it is accessible when needed?
- » **Infection control:** Equipment which gets soiled must be able to be cleaned as recommended by the infection control requirements, particularly when there is likelihood of direct exposure to skin or body fluids.
- » **Value for money:** What is the expected useful life of the equipment before it will need replacing?
- » **Servicing:** Will the equipment require routine servicing? What is the cost of servicing and who will provide it?
- » **Training requirements:** Will the equipment require specific training for carers using it? Will the supplier provide training?

Where there is a changeover of funding source, equipment may need to be returned to the supplier or approval given by the supplier for the equipment to be retained. Most equipment is labelled with a number and identifying information regarding the supplier.

## 6.7 Equipment care and maintenance

Responsibility for each aspect of the equipment care and maintenance should be agreed and documented as part of the person's plan. This should be updated at the time each item of equipment is obtained by the person receiving support.

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.

Paid workers are working under Section 19 of the Health and Safety in Employment Act. Duties of Employees 19b) states "that no action or inaction of the employee while at work causes harm to any other person." Section 1 of the main guideline gives more information about employee responsibilities under New Zealand legislation.

## 6.8 Common problems with both 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 the persons 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.

## *Handrail and grab rails*

Handrails or grab rails are especially important for people who are partially mobile. The fitting of rails requires specialist knowledge. Grab rails in toilets may not be suitable if they are too far from the toilet. 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.

## *Hoists*

There are three general categories of hoists; mobile floor hoists, standing hoists and ceiling hoists (sometimes called overhead hoists). All hoists use slings to hold people.<sup>8</sup> All carers using hoists should be trained in fitting slings and in proper use of the hoist prior to using it. Use of a hoist by carers who have not been appropriately trained is a hazard. Carers also need to be familiar with the specific functions of particular types or models of hoists. Like other moving and handling equipment, hoist designs and features are continually evolving.

## **6.9. Further Resources on equipment**

ACC DVDs demonstrating moving and handling techniques are available from ACC online at:

[www.acc.co.nz/preventing-injuries/at-work/industry-specific-safety/moving-and-handling-people-nz-guidelines/WPC113061](http://www.acc.co.nz/preventing-injuries/at-work/industry-specific-safety/moving-and-handling-people-nz-guidelines/WPC113061)

Your local equipment suppliers pamphlets and online.

Moving and Handling Association of New Zealand at: [www.mhantz.org.nz](http://www.mhantz.org.nz)

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<sup>8</sup> For detailed descriptions of hoists and slings, see Section 7 in ACC, 2012

## 7. Emergency situations

Any emergency should be responded to in line with a service provider organisation's policies and procedures or a family 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 to ensure a risk assessment and care plan review can be done to prevent a recurrence of the incident.

Tips on providing verbal prompts to a person who has fallen are available in the Supporting people to move at home – practical tips and techniques for carers brochure available through your Needs Assessment Agency and online at

[www.hcha.org.nz](http://www.hcha.org.nz) and [www.carersair.net.nz](http://www.carersair.net.nz)

## 8. Practical Tips and Techniques for Carers

This guide has been developed alongside a brochure: Supporting people to move at home – practical tips and techniques for carers. The brochure is available through your Needs Assessment Agency and online at [www.hcha.org.nz](http://www.hcha.org.nz), and [www.carersair.net.nz](http://www.carersair.net.nz).

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