

**FIRST COMMUNITY
MOVING & HANDLING AND
EQUIPMENT COMPETENCIES**

PURPOSE OF EQUIPMENT COMPETENCY DOCUMENT

This document has been designed to guide new staff members and their managers within the teams to support assessment and provision and safe use of equipment to the patients. This document has also been designed for existing staff with their ongoing equipment training and equipment competencies needs.

This document must be used in conjunction with equipment manufacturers' user manuals / and guidance on how to use the equipment with the patients. This document should not be seen as an exhaustive list of equipment that may be available or in use with the patients. It does not replace professional accountability and experience to assess and provide equipment. The requirement to be up to date / competent with fitting and use of equipment solely rests with the individual – and will be supported by 1:1 supervision with line managers. The trainer/ assessor's competency is assured by their professional qualification / registration along with equipment manufacturer's user guidance and training provided by Millbrook Community Equipment Service.

Millbrook Healthcare provides community equipment service in Surrey. If you identify a need for equipment, please speak to an Occupational Therapist / Physiotherapist / Nurse in the team. Equipment is prescribed by therapists and nurses who have a Millbrook PIN number. There is also access to peripheral equipment stores at Phoenix House and Caterham Dene Hospital where limited pieces of equipment are available. Equipment taken to the patient from the equipment store has to be ordered back by a Millbrook PIN holder.

Please note: All equipment has a MAXIMUM USER WEIGHT – it is your responsibility to check this. Millbrook purchase stock from a variety of suppliers, so this information is subject to change. If the patient's abilities change, they will need to be reassessed. Patients must be made aware of the requirement to inform us if transfers become unsafe or health and weight bearing status changes.

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MOVING AND HANDLING AND EQUIPMENT COMPETENCY RECORD

Name.....

Moving and Handling Competencies as detailed below	TRAINING / COMPETENCY REQUIRED YES (Y) NO (N) NOT APPLICABLE (N/A)	<u>New Starters</u> DATE OF INDUCTION/ DEMONSTRATION + SUPERVISOR'S INITIALS	<u>New Starters</u> DATE COMPETENCY SIGNED OFF + SUPERVISOR'S INITIALS	STAFF SELF REASSESSMENT OR COMPETENCY REVIEW DATE	STAFF SELF REASSESSMENT OR COMPETENCY REVIEW DATE
1. Patient Safety					
2. Infection Control					
3. Documentation					
4. Communication					
5. Lateral Assist (PAT Slide)					
6. Use of Profiling Beds					
7. Log Rolling					
8. Hoisting					
9. Assisted stand/sit to Stand					
10. Sling Sizing					
11. Sling Fitting (patient in bed)					
12. Sling Fitting (patient in chair)					
13. Bed Manoeuvres (Slide Sheets)					
14. Standing Transfer (stand aid)Electric standing hoist					
15. Standing Transfer (Patient rotator/turner)					
16. Standing Transfer (Transfer-Transport platform/ sara steady/mackw orth)					

17. Seated Lateral Transfer Board /banana board					
18. Falls Prevention					
19. Moving a patient from Chair to Floor					

Comments and any actions to note/follow up

1. Patient Safety

The staff member is aware of the safety aspects of patient manual handling in a community / hospital environment:

1. Demonstrates the ability to complete a dynamic risk assessment of a patient prior to any moving and handling needs. This includes undertaking Observations of patients' vital signs including lying and standing blood pressure and Early Warning Scores with the knowledge of how and when to escalate any concerns.
2. Is familiar with referring to patient moving and handling information and care plans to enable consistently safe moving and handling
3. Is familiar with where to obtain moving handling equipment such as slide sheets and hoist
4. Demonstrates the ability to summon help in the event of an emergency stating the emergency type and reporting procedure.
5. Is able to locate the emergency equipment when working including
 - Hoverjack / Mangar Elk
 - Hoist
6. Discuss how to access policies and procedures in relation to their role
 - Manual handling
 - Handling of the bariatric patient
 - Load handling
 - Infection control – standard precautions/Hand hygiene
7. Discuss the procedure for reporting faulty equipment and incident reporting.
8. Is able to discuss the importance of communication with other staff and the patient during handling
9. Has knowledge of how to order equipment from Millbrook Community Equipment Service if applicable.
10. Has completed Manual Handling training / updates every 2 years
11. Demonstrates checking patient handling risk assessment (written and dynamic risk assessment) prior to handling
12. Demonstrates clear and concise communication with the patient including why the need for the handling and the patient's role in it.
13. Is aware of the Bournemouth Protocols found on the H:drive which provide information to staff on a wide variety of moving and handling equipment / aids and information sheets which can be given to patients and their carers. This information is used by Surrey OTs and can be shared with them.
14. Is aware of the First Community Equipment Guidelines which contains equipment competencies

2. Infection Prevention and Control

1. Demonstrates checking patient handling risk assessment (written / care plans / dynamic risk assessment) prior to handling.
2. Consistently practices in accordance with the organisation's Infection Prevention and Control Policy e.g. Bare below the elbow.
3. Demonstrates knowledge of cleaning practices within clinical area and is actively involved e.g. decontamination of equipment after use.
4. Demonstrates ability to provide clear explanations to patients, relatives and other staff regarding Infection Prevention practices and the use of Personal Protective Equipment (PPE).
5. Keeps up to date with organisational policies and adapts own practice accordingly.
6. Is able to escalate or demonstrate the ability to challenge others when policy is not adhered to using professional communication skills.
7. Identifies situations which require reporting to the Infection Prevention team and liaise with them appropriately.

3. Documentation

1. Demonstrates consistent adherence to the organisation's Clinical Record Keeping Standard.
2. Demonstrates ability to maintain clear, accurate, legible and timely patient handling risk assessments.
3. Ensures each entry in patient records is completed in a timely manner with clear description of moving and handling technique undertaken.
4. Ensures that any changes in manual handling methods are recorded.

5. Communication

1. Demonstrates ability to communicate with patients, relatives, carers, colleagues, and members of the multi professional team clearly and effectively.
2. Demonstrates understanding of both verbal and non-verbal communication methods and uses these effectively within the workplace.
3. Demonstrates ability to adapt communication methods according to the situation and with consideration to any sensory impairment in line with Accessible Information Standard.
4. Identifies situations where interpreting services are required and follows the procedure correctly to arrange.

5. Lateral Transfer (PAT slide)

1. Ensures that there is adequate numbers of staff and space to assist with this manoeuvre
2. Ensures that the patient is within the Safe Working Load of both the original and the receiving bed
3. Checks the PAT slide and slide sheet for damage and cleanliness. Ensures that the original bed is at a good working height for all staff
4. Rolls the patient onto their side and inserts the PAT slide so that it has approximately 1/3 of its width on the original bed. Lays a slide sheet onto the PAT slide to cover it.
5. Brings in the second bed which is the receiving surface with the appropriate mattress in situ. ensures that this is against the original bed with the brakes applied and both beds are flat / level.
6. Staff members prepare patient and selves for transfer including 'Ready Steady Slide'
7. Staff members complete manoeuvre on instruction of ready steady slide
8. PAT slide and slide sheet is removed by rolling patient onto their side
9. Ensures that patient is comfortable and safe at the end of the move

6. Use of Profiling Bed

1. Staff member is aware of the differences between standard and profiling bed
2. Staff understand how to raise and lower the side rails
3. Staff understand the importance of hand swiping / clearing under bed rails to ensure that there is no risk of entrapment before lowering
4. Staff understand how to fully inflate an air mattress for patient moving and handling
5. Staff understand the method of extending the bed and where to place the inserts
6. Staff members are fully aware of bed rail risk assessments and can describe the DOLS procedure for bed rails and bumpers
7. Staff understand how to escalate any bed and mattress faults
8. Staff are fully aware of how to use the profiling bed features in an emergency CPR scenario or cardiac seated position

7. Log Rolling

1. Staff member is aware of the differences between full spinal log roll and thoraco/lumbar spinal log rolls as per MASCIP guidelines
2. Can describe and understand the following roles and where hands should be placed
 - Role of person taking the head
 - Role of person taking torso
 - Role of person taking pelvis/upper legs
 - Role of person taking lower legs
 - Role of person assessing spine/administering care
 - Use of pillows in spinal positioning
3. Can identify the correct mattress for spinal patients
4. Can describe how to prevent pressure / moisture associated skin damage in spinal injured patients

8. Hoisting

1. Perform the following checks on the hoist – LOLER sticker in date, charged, working, clean, Safe working load
2. Check the patient risk assessment / care plan to ensure that the patient is suitable for hoisting, is the correct weight for the hoist and that they are in a correctly sized sling (as above)
3. Consider dynamic risk assessment for suitability in an emergency situation eg Contraindications / Nurse on floor and await emergency services
4. Use the identified number of staff
5. Ensure that the sling is correctly fitted to ensure safety and comfort. Uses a short shoulder loop and long leg loops unless advised otherwise by therapists or the patient is plus size or very tall. Attach shoulder loops first
6. Ensure that when the spreader bar is out of its clip, it is always held by a member of staff to prevent swinging and causing injury
7. Raise the hoist until the straps are slightly taut then performs last minute safety checks including loop position behind grey clip, leg loops crossed and patient hands crossed across chest or lap
8. Ensure the hoist brakes are off to enable the hoists centre of gravity before starting to hoist a patient
9. Lower the bed before raising the hoist to ensure that there is sufficient clearance
10. Use slides sheets under heels or lift heels clear to reduce friction
11. Hoist the patient upwards until their body just clears the bed or chair and is high enough to lower them onto the receiving bed, toilet or chair
12. Minimise the distance travelled in the hoist
13. Lower the patient safely and ensures that they are seated correctly on the bed, chair, wheelchair or toilet/commode
14. Remove the sling and ensures that the patient is comfortable and safely seated. (Can sit in an Insitu sling- but this can not be used for toileting)

REFER TO SPECIFIC SLING FITTING INSTRUCTIONS

REFER TO ARJO MANUFACTURERS INSTRUCTIONS FOR USE OF THE ARJO HOIST ON THE WARD

REFER TO OXFORD MIDI AND MAXI HOIST MANUFACTURERS INSTRUCTIONS

REFER TO VOYAGER HOIST MANUFACTURERS INSTRUCTIONS

REFER TO CEILING TRACK HOIST MANUFACTURERS INSTRUCTION

9. Assisted stand / sit to stand

Preparation for sit to stand:

1. Observed to check the patient risk assessment (handover / written / careplan / lying and standing blood pressure and other vital signs) to ensure that this patient is able to safely weight bear and stand
2. Clear environment where possible to give space for activity
3. Identify the level of support– Assistance of One, Assistance of Two, Supervision,
4. To identify appropriate furniture required eg Height and features of chair / bed/ toilet
5. To identify appropriate equipment to assist with transfer or to be in position once standing eg. Walking equipment of correct height if required.
To ensure that patient has suitable footwear or non slip socks.

Example of Hands on Assistance of One without a stand aid-

6. Staff member requests patient to shuffle forwards in the chair or assists them to do so. Staff member is aware that ability may be affected by cognition. If standing a patient from a bed, instruct the patient to sit at an angle on the bed so that staff can adopt a correct posture directly alongside the patient
7. Staff member instructs the patient to lean forwards and ensures that their feet are correctly positioned on the floor. Staff member adopts a step stance position next to the chair or bed with their weight on their back foot, facing in the direction of travel
8. Good clear communication with the patient including informing them that they will put their hand on the middle of the patient's back and the other hand on the front of the patient's shoulder
9. Instructs the patient that on the command 'Ready, steady, Stand' they should push down on the arms of the chair or on the bed and use their leg muscles to bring themselves up to a standing position and that the staff member will assist them
10. Uses a weight transfer method to assist the patient to stand ie Transfers weight from bottom to feet
11. Ensures patient is standing in a stable position and staff member / assistant does not move away from patient or let go until this has been achieved
12. Staff member uses correct posture throughout
13. Ensures patient comfort and safety at end of the handling to standing including positioning and use of mobility equipment if required.

10. Sling Sizing

Staff member/s

1. Is aware of Sling purpose eg. Multifit, In situ sling, toileting sling, single patient use sling in hospital
2. check the safe working load of the sling against the patient weight
3. check that they have a sling / slings appropriate for use with the hoist eg; Single Patient Use slings with clips for the ARJO hoists on the ward.
4. check the sling to ensure it is safe to use – observes intact stitching, pulls on loops, assesses general condition and cleanliness on Community Equipment store prescribed slings.
5. raise bed to correct height for both staff members and adopts good posture. If sizing from chair, stand alongside the chair and adopt good posture, kneeling if necessary
6. appropriately sizes the sling taking at least 2 measurements from -spine length, shoulder width and leg length without touching the patient

11. Sling Fitting (patient in bed)

Staff member /s

1. Check that the sling is the correct size for the patient and carries out the safety/LOLER checks on the sling
2. Ensures that the bed space is clear and patient is ready for the activity
3. Ensure that the bed is a suitable height with bed rails lowered to enable sling fitting
4. Request the patient roll onto their side or assists them to do so. Uses clear instructions as to how the patient should roll themselves (foot flat on bed, head turned to look in direction of roll, arm away from body to prevent lying on it, reach across with hand to grasp rail)
5. If assisting patient to roll, both staff to adopt step stance position close to bed. Staff place one hand behind patient hip and one behind shoulder. Use weight transfer method to roll patient. If needed, one staff member to support patient in side lying
6. Correctly insert sling flat on the bed with the top level with the shoulders and the excess sling material folded in the centre. Asks the patient to roll back onto their back (or assist them to do so) and then roll onto the other side. Pulls the other half of the sling flat and smooth onto the bed. Requests patient to roll back onto their back. Patient should now be in the centre of the sling
7. Insert the sling leg loops by laying them flat alongside the patient legs and then pushing them down into the mattress and sliding them under the patient's legs, ensuring they are smooth
8. Crosses the leg loops and threads one through the other for Community Equipment Store Multifit and in situ slings
9. Use the profiling bed to bring the patient to a seated position

12. Sling Fitting (patient in chair)

Staff member/s

1. Check that the sling is the correct size for the patient and carries out the safety/LOLER checks on the sling
2. Request the patient leans forwards or assists them to do so. If assisting patient, adopts step stance position next to the chair. . Places inner hand on the patient's mid back and outer hand on the front of the patient's shoulder. Uses a weight transfer technique and the commands 'Ready,

Steady, Go'. Assists the patient to lean forwards then supports patient leaning forwards if required

3. Opens the sling with the flat side towards the patient and the loops and label towards the chair. Slide the sling down the back of the patient until the top of the sling is in line with the patient's shoulders
4. Slides the leg portion of the sling alongside the patient's legs. The toileting aperture of the sling should be approximately level with the patient's coccyx and not under their bottom at this stage.
5. To be aware that it may be helpful to use a small slide sheet or glove or leaning side to side technique to enable sling fitting under leg.
6. Adopts a kneeling stance in front of the patient and slightly to one side with one knee raised at 90 degrees and one bent. Taking hold of the patient under the foot, raises the foot enough to place it onto their bent knee. Carefully inserts the leg portion of the sling underneath the leg, ensuring that it is flat and bring the leg loops between the legs. Repeat with the other leg.
7. Cross the leg loops, inserting one between the other for Community Equipment store Multifit and In Situ slings

13. Bed Manoeuvres (slide sheets)

Staff member/s

1. Ensure that the bed is at the correct height if possible, with bed rails lowered, for all involved. Use identified number of staff, consider increasing the number of staff if patient is plus sized
2. Insert the slide sheet using either the rolling patient or unravelling technique, using correct posture
3. Ensure that the whole of the patient is lying directly on the slide sheet, from the top of the head to the bottom of the feet, to ensure safe moving and help prevent pressure damage
4. Using a wide stable base and a weight transfer method, slide the patient either laterally or up or down the bed.
5. Use only enough power in the manoeuvre to safely facilitate the move, without hitting head or lower limbs on the head or foot board.
6. Use the correct commands 'Ready, steady, Slide/go'
7. Safely remove the slide sheet using either the rolling technique or pulling the bottom part of the sheet diagonally across the top part of the sheet so as to slide the sheet on itself to remove. This should be done from bottom to top to prevent patient moving back down the bed.
8. Ensure that the patient is comfortable and safe at the end of the move
9. If using a profiling bed, use the profiling bed features to enable comfort and reduce the risk of sliding down.

14. Standing Transfers (stand aid) (Electric Standing Hoist)

Staff member /s

1. Performs the following check on the Stand Aid – LOLER sticker in date. Charged, working, clean and patient within the safe working load and that the standing slings are safe to use
2. Correctly identifies the patient as suitable for this electric standing hoist, is able to participate and work with the staff members and the electrical movement of the equipment to, stand up and maintain standing balance during a transfer.
3. Explains how the Stand Aid works, to the patient
4. Correctly sizes the stand aid sling to ensure that it supports the patient around their chest with the edge of the sling by the loops large enough to be just in front of the shoulder
5. Fits the sling to the patient by asking or aiding them to lean forwards, placing the sling behind them so that the top of the sling aligns with their shoulder. Fastens the Velcro strap and clips, around their chest. These do not need to be very tight, just enough to prevent the patient slipping downwards. Brings the loops under the patient's arms.
6. Wheel the electric standing hoist in front of the patient
7. Requests the patient to put their feet on the footplate and their knees up against the kneepad. providing assistance when required Puts on the brakes. Fastens the loops on the correct size for the patient.
8. Prior to activity c orrectly instructs the patient to stand on 'ready steady stand' and lean forwards, push down on the arm rests with their hands (if using), power through their legs and bring themselves up to a standing position, holding the electric standing frame bar if they are able to.
9. To enable the centre of gravity of the hoist, removes the brake and raises the stand aid on the fast setting unless instructed otherwise using verbal cues above to facilitate the stand
10. Ensures that the patient is stable before moving the stand aid
11. When returning the patient to their chair or bed, instructs them to stick out their bottom and sit down.
12. Removes the sling
13. Ensures the patient comfort and safety at the end of the move.

15. Standing Transfers (patient rotator/Rotastand/ Etac Patient Turner)

1. Correctly identifies the patient as suitable for this Rotastand, can stand up with assistive equipment and maintain standing balance.
2. Checks that the Rotastand is in good working order and is clean. Ensures that the commode or other chair that will be the receiving surface, is at 90 degrees to the original chair or bed.
3. Explains how the Rotastand works, to the patient
4. Requests that the patient put their feet on the footplate, with their knees against the kneepad, providing assistance when required
5. If needed, puts their foot on the metal brake to prevent the Rotastand from being pushed away from the patient. Slides the counterbalance forwards if applicable
6. Instructs the patient to lean forwards, grasp the metal bar and bring themselves up to a stand on the command 'Ready, Steady, Stand'
7. Ensures that the patient is stable before moving the Rotastand then retracts the counterbalance if applicable and rotates the Rotastand 90 degrees using appropriate posture and a weight transfer method.

8. Slides the counterbalance forwards if applicable
9. When returning the patient to their chair or bed, put foot on metal brake to prevent rotastand from being pushed away if required, instructs them to stick out their bottom and sit down on the command 'Ready, Steady, Sit'.
10. Ensures that the patient is comfortable and safe at the end of the move

REFER TO SPECIFIC MANUFACTURERS INSTRUCTIONS

16. Standing Transfers (ReTurn / Molift raiser)

1. Staff member checks the patient handling risk assessment / careplan to check the suitability of this manoeuvre with the patient.
2. Checks the cleanliness of the equipment and that it is working correctly
3. Uses good clear communication and demonstrates where necessary how to use the equipment
4. Brings in the ReTurn and instructs the patient to put their feet on the foot plate and their knees against the knee pad assisting as required. Puts on the brake
5. Instructs the patient to lean forwards and grasp the red / black and white bar and on the command 'Ready, steady, stand', to bring themselves up to a standing position. If assistance is needed, use of the assisted stand technique with one hand on the back and one on the front of the shoulder
6. Uses Strap if assessed as requiring one
7. Encourage the patient to hold the higher bar once in standing if appropriate
8. Ensures that the patient is holding onto the bar while the ReTurn is moved.
9. Removes brakes prior to move
10. At the end of the journey, put the brakes on and requests the patient repeats the move as above, including bringing their hand down to a lower bar and allowing them to feel the chair behind them on their legs.
11. Ensures the patient is safe and comfortable at the end of the move

17. Standing Transfers Transfer-Transport platform (Sara Stedy/ Mackworth)

12. Staff member checks the patient handling risk assessment / careplan to check the suitability of this manoeuvre with the patient.
13. Checks the cleanliness of the equipment and that it is working correctly
14. Uses good clear communication and demonstrates where necessary how to use the equipment
15. Brings in the Sara Stedy and instructs the patient to put their feet on the foot plate and their knees against the knee pad assisting as required. Puts on the brake
16. Instructs the patient to lean forwards and grasp the grey bar and on the command 'Ready, steady, stand', to bring themselves up to a standing position. If assistance is needed, use of the assisted stand technique with one hand on the back and one on the front of the shoulder
17. Folds down the blue paddles to form a seat and instructs the patient to sit back onto the paddles, ensuring that their knees are still against the knee pads and the patient is therefore 'locked' in position before moving them
18. Ensures that the patient is holding onto the bar while the Sara Stedy is moved.
19. Removes brakes prior to move
20. At the end of the journey, put the brakes on and request the patient repeats the move as above, including standing from the paddles to enable them to be lifted out of the way and allowing them to feel the chair behind them on their legs.
21. Ensures the patient is safe and comfortable at the end of the move

18. Seated Lateral Transfer / Banana Board

1. Staff member checks the patient handling risk assessment/ care plan to ensure this is the correct method for transfer.
2. Patients must be able to clear their skin / buttocks / private parts to enable safe transfers and reduce risk to skin integrity
3. Ensures that they use clear communication to instruct the patient how to use the board
4. Ensures that the board is clean and in good safe condition. If using a disposable fin, ensures that this is securely attached and is in a clean and safe condition
5. Ensures that the 2 surfaces are at close proximity to each other and that wheelchair and bed brakes are on (if applicable)
6. Instructs the patient to lean to one side in the opposite direction to that which they will travel. Assists if required. Requests the patient inserts the board underneath their buttock area, placing it so that 1/3 of the board is on the initial bed/chair/surface, 1/3 is on the receiving surface and the final 1/3 covers the gap. Assists with the placement if required
7. Ensure that patients are aware of friction and shearing risks and adjust seated position and clothing accordingly eg Male patients positioning their 'private parts' out of the way
8. Requests the patient places their hand flat on the board on the receiving surface and checks that they do not have their fingers curled around the edge of the board
9. Instructs the patient place their other hand on the chair or bed and then pushes down with both hands and slides themselves across the board onto the receiving surface. If assistance to slide is required, ensures that they are in a suitable position/posture with a wide stable base and uses a weight transfer method to assist
10. Requests the patient to lean to one side, assists if required and removes the board. Clean the board after use
11. Ensures that patient is comfortable and safe at the end of the move

19. Falls Prevention

1. Discuss the principles of the Slips, Trips and Falls
2. Demonstrates awareness of potential hazards within work environment and takes action to appropriately reduce the risk of slips, trips and falls.
3. Demonstrates ability to undertake Falls Risk Assessment according to Guidelines for the preventing and management of falls in community hospital policy and implement interventions as required.
4. Demonstrates understanding of and is able to follow procedure required following a patient fall.
5. Reviews use of bed rails in accordance with the organisation's guidance.
6. Is able to complete Radar should there be an incident.
7. Is aware of the risks associated with trying to catch a falling patient and techniques to avoid this such as steering patients towards beds, chairs or walls
8. Can identify methods to return a patient to bed after a fall including backward chaining, hoisting or other lifting aid
9. PLEASE REFER TO GUIDANCE AT CATERHAM DENE HOSPITAL ON THE WARD FOR MANAGEMENT OF FALLS ON THE WARD. THIS INCLUDES IMPLEMENTATION OF INTERVENTIONS AS REQUIRED

20. Moving a Patient from Chair to Floor

1. Demonstrates awareness of how to summon help in Cardiac arrest or other emergency collapse situation
2. Knowledge of the appropriate number of staff for this technique and how to vary it to support the patient's head if doing this alone
3. Checks area/environment for danger
4. Places patient's hands on lap and leans then to one side if able
5. Kneels in front of patient with one knee up at 90 degrees, keeping weight on front knee. Places one hand behind the hip of the patient and the other hand below the patient's opposite knee
6. Uses a weight transfer method from front knee to back and slides the patient forwards towards the edge of the chair. If alone, supports the patient head against the staff member's chest to protect it
7. Awareness of how gravity acts on an unconscious body and what effect this will have on this manoeuvre.