

**Sit to Stand Transfer with two using Key Points**

| Issue Date | Review Date | Version |
|------------|-------------|---------|
| March 2021 | Jan 2024    | 1       |

**Purpose**

To promote safe practice in the use of Sit to Stand Transfer of patient with Two Staff members using key points of patient for support, thus reducing the risk of musculoskeletal injury to staff, enabling patients and objects to be moved safely.

It is to be used in conjunction with the Moving and Handling People and Objects Policy, and Manufacturer’s Instructions.

**Who should read this document?**

Senior clinicians and senior managers because they need to know their responsibilities and accountability in respect of promoting safe handling behaviours in their work place.

All staff involved in moving and handling because they need to follow the Trust’s Standard Operating Procedures in Moving and Handling People or Objects safely to protect the safety of patients and staff.

**Key Messages**

Avoid hazardous moving and handling as far as reasonably practical.

Assess all risks in relation to moving and handling people or objects where avoidance is not an option.

Reduce the risk of moving and handling as far as is reasonably practical by following the Standard Operating Procedures, these include ensuring staff are adequately trained in carrying out moving and handling activities safely, reducing the risk of injury to staff and patients.

The Sit to Stand Transfer of a Patient with Two Staff Members is to be used in conjunction with the Safe Moving and Handling Principles and Moving and Handling Risk Assessment.

## Core accountabilities

|  |   |
|--|---|
| <b>Owner</b>                                 | Sarah Fishwick  |
| <b>Review</b>                                | Health and Safety Committee                                     |
| <b>Ratification</b>                          | Deputy Chief Nurse  |
| <b>Dissemination<br/>(Raising Awareness)</b> | Health and Safety Committee                                     |
| <b>Compliance</b>                            | The Manual Handling Operations Regulations 1992 (amended 2002). |

## Links to other policies and procedures

Moving and Handling People and Objects Policy. Plus Size Moving and Handling Policy. Health & Safety Policy. Risk Management Policy. Prevention and management of falls policy.

## Version History

|          |            |                                |
|----------|------------|--------------------------------|
| <b>1</b> | 2011       | Guidance created               |
| <b>2</b> | 2018       | Updated                        |
| <b>1</b> | March 2021 | Transferred to SOP and Updated |

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Sit to Stand Transfer of patient with Two Staff members using key points of patient for support

#### 1 Introduction

Methods for Safe Movement  
University Hospitals Plymouth NHS Trust

#### 2 Definitions

Manual handling - the transporting or supporting of loads, by human effort which includes any lifting, putting down, pushing, pulling, carrying or supporting a load by hand or by bodily force.

Risk – the chance that an event will occur that will impact adversely on the Trust’s objectives.

Hazard – a condition that gives rise to, or increases the risk of an adverse event occurring

Likelihood – a measure of the probability that the predicted event will occur

Consequence – a measure of the adverse impact of the predicted event, in terms of harm, loss or damage on people, property, or the Trust’s objectives

Incident – for the purposes of this procedure, is any unwelcome outcome arising from a manual handling action, regardless of the level of injury resulting

#### 3 Regulatory Background

Health and Safety of Work Act 1974  
Management of Health and Safety at Work Regulations 1999  
Manual Handling Operations Regulations 1992 (amended 2002)  
Provision and Use of Work Equipment Regulations 1998  
The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014  
15.—(1)

#### 4 Key Duties

All staff are expected to take practical steps to minimise risk to themselves, patients and colleagues. Wherever there is doubt or uncertainty, staff are expected to seek assistance necessary to make the procedure safer.

All staff must report all manual handling incidents, in line with the Trust’s Adverse Events policy.

Understand the Trust’s procedural documents on managing manual handling risks and ensure that they have an up to date record of completion of required training, as detailed in the Trust’s Workforce Induction and Training Policy.

Use only equipment and procedures for which they are trained and competent to use

Seek basic guidance from the manual handling key worker, or the manual handling team for specialist advice, for any situations where they are uncertain of the best approach to use.

Report discomfort or pain possibly associated with their work to their line managers and refer to the Staff to Occupational Health and Wellbeing department as appropriate in line with Trust policy

Ensure that they do not create hazards or increase risks as a result of their working practices and behaviours

**Sit to Stand Transfer of patient with Two Staff members using key points of patient for support**

**Staff:** Two Person Task

**Patient Criteria:**

- Able to co-operate and follow instruction
- Must be able to take his/her own weight through his/her legs
- Maintain sitting balance
- Must be able to place feet on the floor
- Must be able to flex forward the trunk

**Contraindications:**

Recent sternotomy / cardiac surgery: in this situation slide hand across and place on the front of the shoulder

N.B: This is a facilitated technique

**Equipment:** Handling Belt if required

**Controls:** The patient must be able to maintain standing with minimal assistance prior to the task. If the patient is unable to weight bear adequately **DO NOT** use this form of transfer.

**REBA Score:** 4



- Handlers to place one relaxed hand on the patients shoulder.(See insert).

- The patient should be prepared by asking them to move forward in the chair (by bottom walking) place both feet flat on the floor to ensure a stable, balanced base. Ask them to lean forward slightly whilst looking ahead.



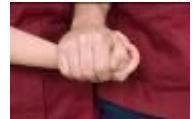
- Place the inside hand in contact with the persons back to provide touch point to stand. The hand can be placed centrally at shoulder level, or lower on the back depending on the assistance needed to facilitate the stand.
- Encourage the patient to rock forward and back to help with momentum of transferring weight over feet.



- On command, '**Ready, Steady, Stand**' the handlers should transfer own bodyweight from back to front leg to support the patient as they move on the instruction of 'Stand'



- Hand holds - palm to palm. **See insert.**
- Patient is now in a standing position. Adopt hand hold (see insert). Ensure patient is balanced and coherent before they walk away from the chair.



- Handler encourages patient to move toward the chair until they can feel it behind them.
- Encourage the patient to move their hands to the chair to support themselves as they sit down
- The handler places a hand on the patients shoulder and a hand on their back.
- The handler prepares by adopting a stable base to enable a body weight transfer as the patient lowers into the chair.
- The handler transfers their weight toward the back of the chair as the patient sits down
- On Command **READY, STEADY, SIT**. Encourage the patient to flex their trunk.
- Ask the patient to 'stick their bottom out '. Lower the body weight and grasp both arm rests, pushing their body right to the back of the chair



## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Deputy Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Deputy Chief Nurse, by the nominated author. These must be ratified by the Deputy Chief Nurse and should be reported, retrospectively, to the group or committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Deputy Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

All appropriate staff receives mandatory training as per Moving and Handling People and Objects Policy.

Moving and handling team regularly monitor incidents via Datix, in line with Moving and Handling People and Objects Policy reporting to the Health and Safety committee who have oversight.

Health and Safety Committee report directly to the Trust board. They are responsible for ensuring that the Trust maintains adequate arrangements to manage and mitigate the risks of injury arising from moving and handling.

## **9 Reference Material**

Health and Safety of Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992 (amended 2002)

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 15.—(1)