Moving and Handling and Pressure Ulcers
- Some areas for consideration

This paper describes the important relationship between moving and handling and pressure ulcers. Some key areas for consideration by practitioners are identified.

Introduction

Effective moving and handling has a role to play in the prevention of pressure ulcer formation. Inappropriate moving and handling practices may result in tissue damage and contribute to ulcer formation. Once formed, pressure ulcers may prove difficult to treat and their presence may have implications on how a client may be positioned and moved and may further hinder their recovery. Many ulcers could, and should, be prevented (Disabled Living Foundation (DLF), 2001). It is therefore essential that practitioners are aware of those moving and handling techniques that may assist in the prevention of pressure ulcer formation as well as mindful of any practices that may lead to tissue damage, albeit unwittingly.

Pressure Ulcer Formation

A pressure ulcer may form on any part of the body that is pressing against a hard surface and where blood is unable to circulate freely. If the pressure continues, minute blood vessels under the skin will collapse, blood flow will be prevented and the cells in the area eventually die (DLF, 2001).

Common sites for pressure ulcers are bony prominences, such as buttocks, elbows and heels, and those most at risk of developing them are clients on bed rest or those with limited mobility.

There are a number of factors that contribute to the formation of pressure ulcers. These include broken skin; skin exposed to excessive heat, cold or damp and skin affected by friction or shearing.

The Role of Mobility in Pressure Ulcer Prevention

Mobility has a significant role to play in the prevention of pressure ulcers. By facilitating client movement, the practitioner is reducing the likelihood of tissue damage by:

- Relieving pressure
- Promoting circulation
- Allowing air to reach the skin
- Reducing temperature and humidity
- Avoiding incontinence
- Allowing skin to be inspected

Moving and Handling
Moving and handling my be described as

"Facilitating the movement of an individual from one position to another"

The individual concerned may be
- Independent without using equipment
- Independent using equipment
- Dependant upon others for assistance
- Totally dependant upon others

In this instance, "Handling" is the term given to the assistance that is provided by others to enable the client to move (DLF, 2001).

Moving and Handling Situations
A moving and handling situation may be described as a transfer for an individual between one position and another. Examples of transfers could be:
- to / from sitting
- to / from standing
- to / from lying
- turning when lying

It is likely that the transfer will involve movement between two or more pieces of basic or specialist 'equipment', such as:
- Chairs
- Wheelchairs
- Beds
- Shower / Commode Chairs
- Toilets
- Baths
- Hospital Trolleys
- Therapy Equipment
- Vehicles

Moving and handling activities are carried out in a wide variety of environments, for example:
- Hospital Ward
- A and E Department
- X Ray
- Operating Theatre
- Rehabilitation Department
- Community Unit
- Client's home.

A vast range of equipment is available that is designed specifically to assist with moving and handling situations. This includes:

- Chairs
- Wheelchairs
- Beds
- Shower/Commode Chairs
- Sliding Boards
- Sliding Sheets
- Low Friction Rollers
- One Way Slides
- Turntables
- Hoists and Slings

Equipment and Techniques and Pressure Ulcer Formation

A comprehensive risk assessment of a moving and handling task will identify any hazards posed by the activity (Manual Handling Operations Regulations (MHOR) 1992; Royal College of Nursing, 1999). Some of the hazards that may arise through the use of moving and handling equipment and techniques are presented in Table 1, with particular emphasis on those aspects that may contribute to pressure ulcer formation.

Avoiding the Pitfalls

In order to meet the needs of individual clients, it is vital that all moving and handling equipment is correctly identified, prescribed and utilised. Training should be made available to handlers to educate them in the selection and application of appropriate equipment and procedures (MHOR, 1992). Handlers need to be competent in the technique(s) required to use equipment safely. The safe use of equipment concerns both achieving the transfer as intended and preventing unnecessary injury to client or handler in the process. By acknowledging the potential for tissue damage to occur during a moving and handling activity and adopting appropriate moving and handling practices, practitioners can play a key role in ensuring the health and safety of their clients.

END

References

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TABLE 1

POSSIBLE HAZARDS PRESENTED THROUGH THE USE OF MOVING AND HANDLING EQUIPMENT

Equipment / Technique	Possible Hazards
Chairs	Client may be unable to get out of chair The seat surface, covering or padding may cause uneven distribution of pressure, perspiration or friction
Wheelchairs	May be ill-fitting, causing pressure A self-propelling wheel may cause an obstruction in a sideways transfer Skin may be damaged on contact with protrusions such as footplates.
Beds	Confinement to bed Client unable to alter position in bed Harsh edge to commode aperture
Shower/Commode Chairs	Remaining seated over aperture for long periods Skin contact when placing board in position
Sliding Boards	Bare skin on board surface Composition of board may cause grazing Clothing may be pulled against skin Feet may drag as buttocks slide
Sliding Sheets	Skin contact when placing sheet Fabric may crumple against skin Feet and/or arms may drag as buttocks move

Low Friction Rollers	Fabric may become crumpled Heels may drag as buttocks are moved
One Way Slides	Heels may drag as buttocks are moved Composition of fabric may be ‘rough’ Temptation to leave in place
Turntables	Skin contact when placing in position Feet may drag if turntable used under buttocks
Hoists and Slings	Ill fitting sling may cause pressure against skin Sling left in place causing pressure against skin Fabric of sling may be ‘rough’ Combined pressure from clothing against sling Incorrect sling for task Application of sling against bare skin Insufficient lift causing client to be dragged against surface