Moving and Positioning Workbook
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Safe Moving and Positioning of People

Position statement

This training has been developed to help when moving and positioning people. It follows current best industry standards laid down in The Manual Handling Operations Regulations 1992 and the current Guide to the Handling of People.

It is designed to provide sound guidance for participants regarding the awareness of safe practice when moving and positioning people and loads, safety for you and your service user. It will demonstrate how your spine works and activities and techniques you can use to prevent injury and help to maintain a healthy back.

The course will highlight the responsibilities of the employer and employee under the Manual Handling Operations Regulations 1992. The importance of risk assessment to prevent accidents and injuries and how this can be used as a tool to problem solve.

There will also be a practical element, which all participants will be expected to undertake.

The Management of Health and Safety at Work Regulations 1999 require employers to provide training for all their staff. In the case of manual handling this will require more specific information and training on manual handling risks of injury and prevention of accidents. It should be seen as the Employers responsibilities to reduce risk, carry out supervision and monitor. It should not be assumed that information and training alone should ensure safe manual handling. The right training will contribute to safe working methods, but it is not the whole answer.
Moving & Positioning People – Induction Programme

Aims

• To define moving and handling
• Understand the principles of moving and positioning and how they relate to the biomechanics of the spine
• Understand the importance of well-being
• Understand the impact of legislation on moving and positioning of people
• Understand the key principles of moving and positioning and unsafe techniques.

Outcomes

• To understand the benefits of moving and positioning training
• To understand and define the legal definition to working practice
• Relate the principles of moving and positioning to the biomechanics of the spine
• Relate moving and positioning to a 24 hour approach to back care
• Define responsibilities within current moving and positioning legislation
• Relate the principles of problem solving to risk assessment
• To perform moving and positioning techniques demonstrated
• To recognise poor or unsafe moving and positioning techniques.
Benefits of Manual Positioning Training

Activity

What is the benefit of training? List some ideas.
Definition of Manual Positioning

The transporting or supporting of a load including;

- Pushing
- Pulling
- Carrying
- Lifting
- Moving by hand or bodily force
- Putting down

List any activities that you do that include any of the definitions below. Divide them into 4 different categories.

<table>
<thead>
<tr>
<th>Chores (things you do at home)</th>
<th>Leisure (activities you enjoy)</th>
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<table>
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<tr>
<th>Work (what do you do during your working day)</th>
<th>Rest</th>
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Back care

How many of these activities would you be unable to do with a back injury? Go back and put a line through each activity which you think would be affected by you being in pain or lack of mobility.

What do you think the impact would be to:

<table>
<thead>
<tr>
<th>OURSELVES</th>
<th>OUR FAMILY</th>
<th>OUR EMPLOYERS</th>
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Here are some ideas that might help to prevent back problem occurring in the home.

**In The Kitchen**

- Raise the washing up bowl on an upturned bowl to prevent stooping.
- Open the cupboard under the sink and rest one foot on the bottom shelf to improve posture.
- Bend your knees when loading the washing machine and a chair under the washing line to put the basket on will prevent over bending.

**When Sitting**

- Sit upright in the chair.
- Use a cushion to support your low back.
- Try not to sit with your feet curled under you, use a footstool if you want to put your feet up. Your hips should be higher than your knees.

Remember this is also important when adjusting your car seat. Your posture and height change throughout the day so you need to adjust car seats regularly.
Doing Housework and Shopping

- Try to change the tasks you do in 10 to 15 minute cycles. This will allow your muscles to relax and not overtire one set of muscles.
- Try not to vacuum the whole house, do one room and then change your activity. Maybe have a vacuum upstairs as well as down stairs.
- When ironing try putting one foot on a telephone directory, this will help your posture and prevent stooping. Make sure the ironing board is a waist level or try sitting down.
- Shopping is one of the most difficult tasks we do. If help is on offer, accept it.
- Try to have a break during the shopping if possible and before putting it away.
- Don’t try to carry too many bags at a time and use a trolley whenever possible.
- Choose a waist level, shallow trolley if you can.
- Shop via the internet
- Remember neither housework nor shopping have to be done all in a day.

In The Bedroom

- Your bed should support your spine so that the natural curves are maintained when lying on your back. A simple test is to lie on your back and slide your hand into the small of your back. If you can get your hand underneath easily, the mattress is probably too hard. If you have to squeeze your hand in, then it is probably too soft.
- If the mattress feels too hard, put a quilt under the sheet.
- If you have pain in your leg, you may find it more comfortable to lie on the opposite side with a pillow between your legs.
- A good supportive pillow is also important and should allow you head to remain in line with the rest of your spine.
- When making the bed, rest a knee on it to prevent over stretching.
- If you have a problem getting out of bed in the morning, roll onto your side, move one leg over the side of the bed, followed by the other leg, then push you body upright with your arms.
Causes of Low Back Pain

Key Points

There are 4 causes of lower back pain.

**Degenerative** - the normal ageing process

**Cumulative** - caused by poor posture and wear and tear. Repetition of a task. The cumulative nature of the majority of positioning injuries e.g. the dripping tap will eventually cause a major problem if not mended.

**Traumatic** - the whiplash injury, the person who drops to the floor suddenly.

**Psychological** - stress and the fear of a reoccurrence of injury.

Common Positioning Injuries

List the type of injuries that could occur through moving and positioning:
Increased risk factors

Occupational risk factors

There is a greater risk depending on occupational factors, such as –

- Physically heavy work, this could be anyone in the construction or the care industry.
- Frequent bending and twisting.
- Static postures
- Driving
- Vibration
- Psychological stress

Personal factors

- Low level of fitness
- Previous injury
- Pregnancy or motherhood
- Smoking
- Genetic factors
Back Facts

• 30% of all GP consultations are about musculoskeletal complaints (DoH 2006-Musculoskeletal Services Framework)
• It is estimated the cost of back pain to the UK is £17 billion a year in direct and indirect costs (The Welsh Assembly Government 2005)
• 4 out of 5 people will experience back pain lasting more than 24 hours during their lives (Palmer KT, Walsh K et al Back Pain In Britain 2000)
• Healthcare costs (NHS, community and private) are over £1.6 billion annually (Maniadakis et al 2000- The economic burden of back pain in the UK)
• Highest occupational group, nursing and social care (HSE 2004)
• Approx 5 million working days lost per annum (HSE 2005)
• Highest incidence in 16-55 age group (Burton et al European guidelines for prevention in low back pain 2006)
• 1.6 million inpatients, 24k surgery (clinical standards advisory group 1994)
How Your Back Works

In order to understand how to care for your back you need to understand how it works, what it is made up from, what it likes to do and what is likely to hurt it.

Think about how your back is constructed and its main functions.

The Spinal Column

The function of the spine is:

• to protect the spinal cord
• to support the skull
• to transmit weight through the pelvis, legs and feet
• to allow movement
• to provide attachments for ligaments and muscles
• shock absorber function, provided by the discs

There are three natural curves which ensure weight is evenly distributed through the discs and takes the stress of muscles and ligaments. Small curve at neck (cervical) as it has to support your head. Slightly bigger curve at thoracic (chest) area as that supports your ribs and vital organs. Largest curve being at lower back (lumber) region as this has to support the majority of your body weight.

Facet Joints

These link the vertebrae and allow us to bend and twist. Sometimes known as gliding joints, they stabilise the spine and protect the discs from over excessive bending and twisting movements.

Intervertebral discs

The intervertebral disc is a pad of cartilage between adjacent vertebrae. It acts as shock absorbers and allows movement of one vertebra on another.
Damage to these is usually the result of cumulative affect i.e. lots of prolonged, heavy lifting over a period of time or repetitive movement with a load in your arms. This damage will occur over many years and can result in degeneration of the disc, often without you knowing, and can then result in a sudden onset of severe and chronic back pain or loss of function after a minor stress such as a sneezing or twisting. Degenerative changes result in flattening of the disc which increased the risk of damage to facet joints and the formation of bony spurs.

A prolapsed disc is one of the most serious injuries that can occur in the spine. A tear in the annulus allows part of the nucleus to leak out, putting pressure on the nerve root which can cause pain, numbness, weakness in the area supplied by the nerve.

It follows, therefore, that in order to care for these highly important parts of the spine we need to minimize the amount of heavy lifting, repetitive light lifting or over twisting, bending or stretching that we do.

Every year about 1.6 million people suffer with varying degrees of disc injury. Treatment usually involves a regime of rest, physiotherapy, medication and exercise. If this fails, surgery is used as a last resort; this often results in loss of movement and a degree function of the spine. Around 24,000 people each year have this type of surgery.

The Spine’s Support System

Whilst injury to the spinal column is serious and potentially can cause life long problems, these injuries tend to be far fewer than the injuries we see each year to the muscles and ligaments. Each year up to 13 million people suffer with new (acute) or old (chronic) muscle related pain, sprains and strains.
There are hundreds of muscles in the back but they are designed for flexibility and movement not for strength. Our muscles work in two separate ways, dynamic and static. Our back muscles are mainly made up of static muscles; they are there to provide support and flexibility. If we try to use them for lifting weights or over stretch them it will usually result in a form of strain or sprain. This maybe minor, resulting in simple backache or quite major, resulting in loss of movement, function and pain.

We need to think care to care for these muscles, and the best way is to think about your posture. Maintaining good posture when standing, sitting and lying down (remember, a good mattress is essential to good back care). Do not over use your muscles, a muscle can be worked hard for about 15 minutes and will then tire. Therefore, change your activities in 15 minute cycles, especially when gardening, doing housework or at work. Do not sit for too long in one position and take regular breaks on long journeys and think if your lumber area is well supported.

Try to improve the general health of these muscles by strengthening them. Simple exercise, walking and swimming regularly, exercise the abdominal muscles to help the support system. Ensure when you are doing manual positioning tasks you use the large powerful, dynamic (designed as work horses) muscles in the legs to do the work.

If you have an injury, ensure that you follow a regime of exercise, rest and movement. Do not stop moving or take to your bed, this will not help the healing process or the circulation and is very likely to prolong the problem. Consult a Doctor if simple measures do not help or if your pain, loss of function gets worse. Take prescribed medication as this will help to take away the pain and any muscle spasm which will mean you can move more freely and assist in the healing process.
Safe principles

If lifting cannot be avoided or mechanised then safe principles must be used. These reduce the chance of injury by using skilled, safe lifting techniques.

Stop, think and plan.

When team working, one person should be the lead, giving clear instructions.

Know your own capabilities.

Try to place the load between your feet to provide a balanced position.

Point the loading foot in the direction you are going.

Bend knees so you are able to use your powerful leg muscles.

Maintain your natural curves of the spine.

Take a firm, good grip.

Hold the load close to your body. (love your load)

Raise chin as lift begins.

Move feet to change direction, not body. Do not twist or overstretch.

Be smooth, avoid jerky movements.

Remember to reverse the procedure for lowering.

The principles of levers explain why it is important to maintain an upright posture and the need to keep the load close to the body.

When forward bending, the weight of the trunk must be counterbalanced by the back muscles to stop the body falling forwards. The muscles of the back are close to the spine and therefore have
short levers compared to legs/arms and require a greater force to maintain balance. If a load is held at a distance from the body, the back muscles will have to generate a greater force to balance the body. The muscles of the back are designed for support and flexibility and will tire when leaning forward and supporting a load for any period of time. Using safe principles allows you to use strong muscles of the legs and reduce the risk of damage and injury.

How can you apply these principles to safely moving people?

The Legal Requirements

The legislation relating to manual handling is as follows:

Health & Safety at work act 1974 (HSWA)

Management of Health and Safety at work Regulations (MHSW) 1999

Manual Handling Operations Regulations (MHOR) 1992

Provision and Use of Work Equipment Regulations (PUWER) 1998

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

The above have a common aim in the respect of manual handling, that is, the health and safety of all employees is ensured to a minimum standard.
Employers Duties

Employers have responsibilities under Health and Safety legislation to provide the following:
Information, instruction, training, supervision and monitoring of employees.
Provision and maintenance of equipment and safe systems of work.
Maintenance of a safe and healthy working environment

Under the MHO Regulations employers they must also:

Avoid hazardous moving and positioning activities as far as is reasonably practicable.
Assess any hazardous manual positioning operations that are not avoidable.
Reduce the risk of injury as far as is reasonably practicable.
Review assessments to ensure they are valid, current, suitable and sufficient.

Your employer should look at the moving and positioning tasks that you are expected to carry out as part of your working day and try to ensure a safe system of work (task or handling plan) to avoid those which may involve a risk of you being injured.

List some ideas on how you think we can avoid moving and positioning.

Where it is not possible to avoid the task, an assessment of the level of risk to the employee should be carried out. This involves looking at all the hazards and deciding how likely it is that the hazard will actually cause harm and how serious is the injury likely to be. What controls, measures do I need to put in place to reduce the likelihood and seriousness of the injury to the lowest reasonably practicable level.

As an employee you also have responsibilities. You must:
Take reasonable care of your own safety and that of those affected by your actions.
Co-operate and comply with your employer to enable him to fulfil his health & safety duties. Use equipment provided and follow safe systems of work. Report your concerns.

Where a general risk assessment indicates a possibility of injury due to manual handling, the requirements of the Manual Handling Operations Regulations 1992 must be followed.

List what you think are the benefits of risk assessment

It is difficult to avoid moving and positioning when dealing with people, remember that the introduction of equipment can introduce new hazards and risks.

How are moving and positioning hazards identified

There are five factors that need to be considered when carrying out a moving and positioning risk assessment. Identify 6 hazards that we should considered under each of the headings

Load (service user)

1.
2.
3.
4.
5.
6.
Individual Capability (carer)

1.
2.
3.
4.
5.
6.

Task (job itself)

1.
2.
3.
4.
5.
6.

Environment

1.
2.
3.
4.
5.
6.

Equipment

1.
2.
3.
4.
5.
6.
Unsafe Techniques

The following techniques or manoeuvres should be considered to be unsafe, and as such should not form part of Hampshire County Council employees moving and positioning practice.

- Drag lift (any techniques that requires you to use the arms as handles)
- A person linking arms around another persons neck
- Cradle or orthodox (arm or leg lug)
- Australian or shoulder lift
- All face to face transfers (pivot, bear hug)
- Walking behind a person going up the stairs or in front of a person going down the stairs
- Lifting from the floor without appropriate equipment
- Catching a falling person
- Any technique that requires the handler to support the majority, or all, of a person’s weight

Equipment

Equipment has been introduced to help move and handle people to reduce the risk of injury to the carer. This requires those people who use the equipment to follow some simple, but essential principles, to ensure not only the safety of you but the safety of the person you are moving.

List as many pieces of moving and positioning equipment that you can think of:
List 3 reasons why you think we should use equipment to move and handle people.

1.

2.

3.

Before using equipment make sure you:

- Read the care plan
- Do you know how to use the equipment?
- On visual inspection does the equipment look in good working order?
- Are there any changes to service user that make using the equipment unsafe.
- Had the required training

By following this system you will ensure that:

- Identify any changes to the care plan that you may not be aware of.
- Do not use any pieces of equipment that is damaged and considered unsafe.
- Identify any training needs.
- Identify changes in the service users’ condition which might endanger yourself or the service user.

Reporting faulty equipment

- Do not use the piece of equipment once the fault is noticed
- Report the fault promptly to your line manager.
- Clearly mark the faulty item.
- Record the steps you have taken to report the fault.
- Report in writing; never rely on only reporting information verbally.
• Follow these guidelines and you will ensure that others are not put at risk by attempting to use faulty/unsafe equipment. It will also help managers ensure that repairs can be undertaken promptly.

Do not use a piece of equipment that is faulty.

Check list for using a hoist

The care plan
Instructions on how to move the client, type of transference i.e. bed to chair, choice of sling, fitting of sling including attachment of sling to hoist should be included in the care plan.

Your client

How are they feeling on that particular day?
Can they assist you in any way?
Do they have any vulnerable areas ie delicate skin areas, wounds, any pain?

Be aware of the service user putting on weight, because slings and hoists do have upper weight limits.
Be aware of the spreader bar near the service users head, especially when lowering.
Make sure they are safe and comfortable.

The hoist

What type of hoist is it?
Do I know how to use it?

Check the hoist is operational.
There are NO oil leaks around the pump area. DO NOT USE IF A LEAK IS SEEN.
Remember to keep the valve to a manual hoist tight when not in use.
No missing or damage to any parts.

Remember to put it on charge if it is an electric hoist.

The sling

Is the sling compatible with the hoist?
Do you have the correct sling for the manoeuvre you wish to do.
Is it the right size sling?
Check the sling for signs of wear and tear. **DO NOT USE A SLING THAT IS FAULTY.**
Is it comfortable for the service user?
Do you have enough slings for hygiene purposes i.e. washing?

**The environment**

Only move the service user minimal distance. **NEVER BETWEEN ROOMS UNLESS STATED IN THE CARE PLAN.**
Is there enough space to manoeuvre the hoist, taking into consideration the safety of the carer and the service user.
Take note of the floor coverings.
Position other equipment/furniture appropriately.

**OTHER EQUIPMENT**

Is the equipment/furniture that you are transferring to stable and in good working order.
Is it in position ready to accept service user.

**YOURSELF**

Have you been **TRAINED** in use of hoist.
What postures are you having to adopt when putting the sling in position. **THINK BACK**
What postures are you having to adopt to manoeuvre the hoist into position. **THINK BACK**
How many carers does it require to carry out this manoeuvre safely.
**DO YOU FEEL CONFIDENT AND POSITIVE** about yourself, your service user and the equipment you are about to use.
**Person Positioning Approved Techniques**

**IMPORTANT NOTE:**
The following are brief descriptive prompts of the techniques you will have practised on a Hampshire Learning Centre Moving & Positioning People course. They are not designed to be step by step instructions. Any handler who experiences difficulty in implementing the positioning techniques **MUST** seek clarification **BEFORE** attempting to undertake the move.

Throughout, the following descriptive terms have been used:

**PERSON:** The service user / person to be moved.

**HANDLER:** The care worker / person carrying out the task.

**Sitting to standing**

From sitting to standing: **Use a handling belt for all these moves (unless contraindicated)**

Handler standing to the side and facing the same direction as the person

Handler standing to the side and facing the side of the person (i.e. looking across the front of person)

Handler standing to the side, facing the opposite direction of the person

**Unsafe techniques**

Underarm Drag Lift or any version of it.

Standing Directly in Front of the Person

Pivot Transfer

“Bear Hug”

Allowing Person to Link Arms around Handler’s neck.
Standing to sitting

From standing to sitting: Use a handling belt for all these moves (unless contra indicated)
Handler standing to the side and facing the same direction as the person
Handler standing to the side and facing the side of the person (i.e. looking across the front of person)
Handler standing to the side, facing the opposite direction of the person.

Unsafe techniques

Underarm Drag Lift or any version of it.
Standing Directly in Front of the Person
Pivot Transfer
Bear Hug
Allowing Person to Link Arms around Handler's neck.

Walking techniques

Walking with the person – to the side, facing the same direction supporting one arm and the trunk
Walking behind the person stabilizing hips, only if the person is using mobility equipment.

Unsafe techniques

Linking Arms with person
Holding Hands with the Person
Thumb Grip
Standing Directly in Front of the Person

Rolling and turning

Rolling person: placing arms and legs in direction of the move; rolling person towards handler
Rolling person: placing arms and legs in direction of the move; rolling person away from handler
N.B. This can only be done if protection is in place on the opposite side

Repositioning a person with slide sheet in a lying position

Unsafe techniques

Lifting Person's Body to Change Position
Using Linen Sheets to lift or Drag
Sitting up from lying position

Sitting the person up from lying: handlers sit on either side of the bed (with one foot on the floor) and face head end. Using a support behind the person’s shoulders, the handlers sit back onto their heels.

This is a two person move and type of support must be identified on the handling profile. Example: Arjo Maxi slide/fleximove.

Unsafe techniques

Underarm drag lift or any version of it.
Handler allowing person to link arms around their neck.

Moving a seated person up the bed

Moving a seated person up the bed: A slidesheet MUST be used.
Person must be able to steady themselves and assist with the move. Handler sits or squats at the end of the bed, and facilitates the slide up the bed at the person’s feet.
Person must have sitting balance which one handler helps to maintain (a handling belt may be used to aid this support). Second handler sits or squats at the end of the bed by the person’s feet, and facilitates the slide up the bed.

Unsafe techniques

Underarm Drag Lift or any version of it.
Australian / Shoulder Lift – Australian / Shoulder Slide
Cradle / Orthodox Lift
Arm and Leg lug

Assisting person out of bed

Assisting seated person out of bed, i.e. from sitting up in bed to sitting on the edge of the bed:
Person is encouraged to “walk” their legs across the bed independently
Use a slidesheet under calves and feet – person independent
Use a slidesheet under calves and feet – handler facilitates move
Use a slidesheet under bottom and lower limbs – person independent
Use a slidesheet under bottom and lower limbs – handler facilitates move.
Unsafe techniques

Arm and Leg lug
Underarm Drag Lift or any version of it.

Assisting person into bed

Assisting person from sitting on the edge of the bed, into bed: the handler encourages the person to raise legs onto the edge of the bed and:
Person can move self into preferred position in the bed.
Use slidesheet under legs to enable person to move self into preferred position in the bed
Use slidesheet under legs to enable handler to facilitate preferred position in the bed

Assisting person from sitting on the edge of the bed, into bed. Use slidesheet under bottom & lower limbs:
Person independent and able to move into preferred position in the bed
Handler facilitates move (using slidesheet to assist legs into bed).

Unsafe techniques

Arm and Leg lug
Underarm Drag Lift or any version of it.
Bear hug

A falling or fallen person

The Falling Person:
Several currently practiced techniques attempt to try and stop a person falling EACH one is UNSAFE, and can lead to injury both of the handler and the person.
A risk assessment should identify those who are at risk of falling and a safe system of work be designed.

Unsafe techniques
Catching the falling person.
Attempting to support a collapsed person upright.
The Fallen Person

A carer should never attempt to manually lift a fallen Person from the floor, except in a life threatening emergency.

Possible solutions:
The person can be taught to raise themselves independently from the floor, with the carer giving instructions and prompts.
An emergency powered raising device is used.
A hoist is used.

Unsafe techniques
Underarm Drag Lift.
Physical lift attempted by care staff.
Arm and Leg Lug.
Shoulder Lift.
Use of canvas and poles.

REFERENCES
The following sources of reference have been used to provide information on current best practice. Copies of these publications are available from the Hampshire Social Services Library in Trafalgar House and the Hampshire County Library.

SAFER HANDLING OF PEOPLE IN THE COMMUNITY
Back Care, 1999
ISBN 0-9530582-6-3

GUIDE TO THE HANDLING OF PEOPLE
5th Edition 2005

HANDLING HOME CARE
Achieving safe, efficient positive outcomes for care workers to clients
HSG 225, HSE 2002

Guidance of Regulation L23 London HSE Books
USEFUL ADDRESSES

Backcare
16 Elmtree Road
Teddington  TW11 8ST
Tel 0208 9775474

www.backpain.org
National Back Exchange
Linden Barns
Greens Norton Road
Towcester
Northamptonshire  NN12 8AW
Tel 01327 358855
http://home.btconnect.com/nationalbacke

Further advice and guidance about the availability of moving and positioning training or its content can be obtained from:

PaCT
Adults Health and Care
Capital House
48 - 52 Andover Road
Winchester
SO23 7BH