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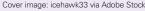
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# Moving and handling in the community

In the past, nursing personnel have used controversial techniques to mobilise individuals who required assistance. However, in the last 30–35 years, manual handling has been significantly modified, with research, law and nursing care discovering enhanced techniques and solutions (Steed et al, 1999; Toffs and Arnold, 2012; Ruszala and Alexander, 2015).

Properly handling and transferring individuals is a crucial component of providing effective care—both in residential and community settings. Effective handling requires careful consideration of a variety of factors. The desire to uphold the client's dignity and ensure that you always interact with them in ways that are sensitive to their requirements, must be balanced against the technical concerns of doing things in the safest and most suitable way possible (Ruszala and Alexander, 2015). However, despite greater education, materials, and tools, accidents are still prevalent; it is estimated that over 80000 nurses injure their backs annually; furthermore, back injuries to NHS staff cost the health service  $\pounds$ 400 million each year (BackCare, 2011).

When assessing patients, it is important that risk assessments are carried out, as it is an important component of safely moving and handling them and any required equipments. The Health and Service Executive has created the Task, Individual, Load, Environment and Equipment (TILEE) model, to be adopted when a generic assessment is not in place (Health and Safety Executive (HSE), 2011; Tofts and Arnold, 2012).

Picture this scenario: a person in the comunity setting requests the usage of an easy access sling (or toileting sling). Less fabric is used in the seat region of these slings to make it simpler to access clothes following a transition, such as from a wheelchair to a commode. However, to utilise the sling as designed, the resident must have sufficient upper body strength. The Manual Handling Adviser (MHA) asks that the handling plan be revised as they think there is a chance that the patient might slip through the sling. The resident wants to use the restroom before it is too late; the nurse wants to ensure the resident's comfort and safety; and the MHA wants all of these things, but is cognisant of the potential for bodily harm. Each individual in this setting approaches risk differently. Everything ultimately depends on how each healthcare professional would perceive and assess the risk (HSE, 2011; Smith, 2005).

Therefore, a thorough manual handling assessment should be carried out prior to using any equipment, slings, or techniques. It is also important to refer to the manufacturer's instructions and the MHA's recommendations. Factors to be taken into account include: resident's comfort; staff effort; and competency. More needs to be done by practitioners in terms of regulation, compliance, and audit to navigate manual handling evaluations, and managers should attempt to create safer techniques. It is doubtful that any protocols resulting from the evaluation will remain static; rather, staff will need to be prepared to react to any early signs indicating that the approach is no longer effective. This would require constant monitoring and education of staff (Smith, 2005; HSE, 2011).

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