

Moving & Handling Practical Sessions

Bed Moves

Bed Moves

Before looking at bed moves it is really important to understand the process the client has to go through to achieve these tasks.

There are three phases of movement for the client to move into bed.

- Moving pelvis towards the middle of the bed.
- Lowering the head and shoulders towards the pillow.
- Moving the feet onto the bed.

There are four phases of movement for the client to turn and sit up out of bed. See 'Biomechanics' section of this book for illustrations.

- Moving the head in the direction of travel.
- Moving the shoulders round in the direction of travel.
- Moving the pelvis round in the direction of travel.
- Moving the feet to the floor. Pushing trunk upwards.

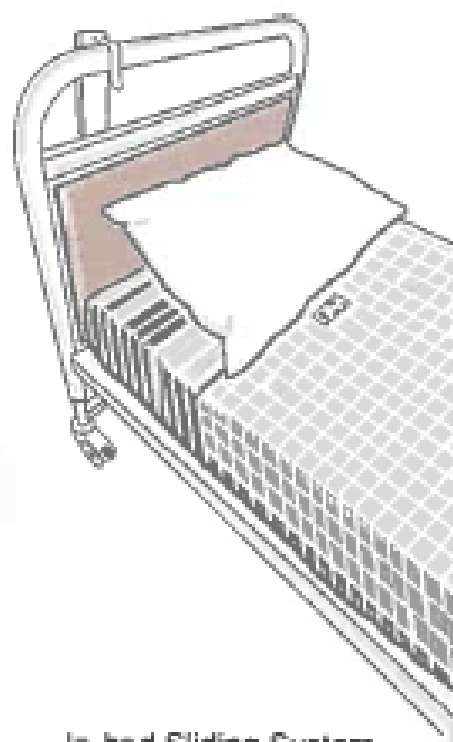
For safer movement to/from the bed each move recognises these phases.

A height adjustable or profiling bed will ensure that bed moves are safer for both the client and care worker and should always be considered when a client requires a lot of assistance with movement on the bed.

Other handling aids such as bed levers, leg lifters, bed poles and bed ladders should also be considered to give the client maximum independence when moving in the bed.

The use of Slide sheets and in-bed Sliding Systems

A slide sheet or an in-bed sliding system are essential pieces of equipment to assist with bed moves. An in-bed system is a bed sheet with a sliding (silk style material is used) function. These have an advantage over slide sheets as the client stays on them and they do not require moving after the sliding task has been completed. The disadvantage however is that they tend to be less 'slidey' than traditional slide sheets.



In-bed Sliding System

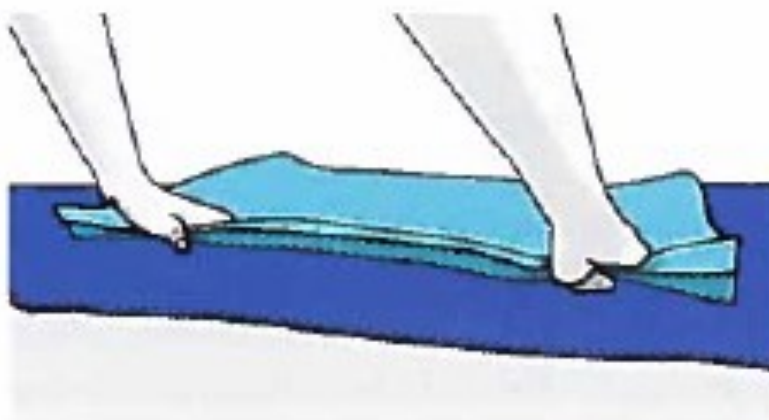
Slide sheets should be used either with one roller sheet or two flat slide sheets used together (or one folded to create the same effect) as the definition of a sliding action is two low-friction surfaces moving together.

In-bed sliding systems work slightly differently and can be used in isolation of another sliding surface if required, but are commonly used in pairs.

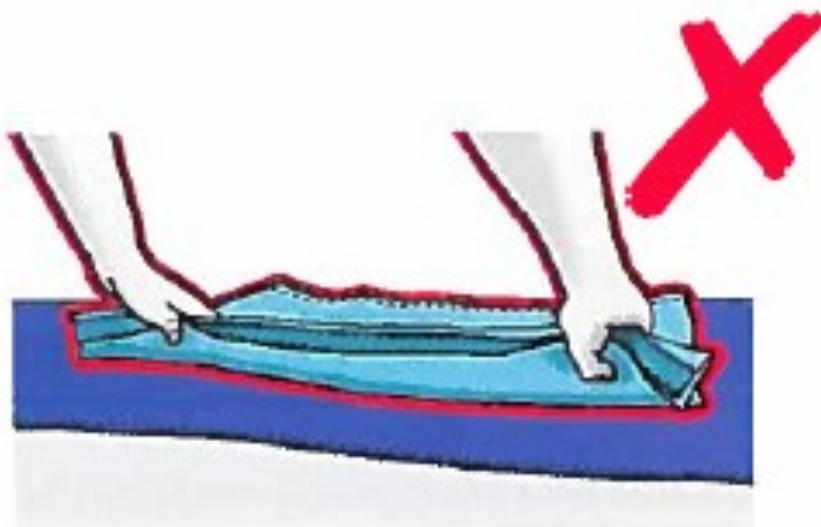
Slide sheets should be under all the points of contact the client has against the bed surface.

Care workers should be given clear instructions as to how to use a slide sheet, they should be advised not to lift the sheet off the bed surface and to only take hold of the top sheet as the top sheet moves against the stationary bottom sheet.

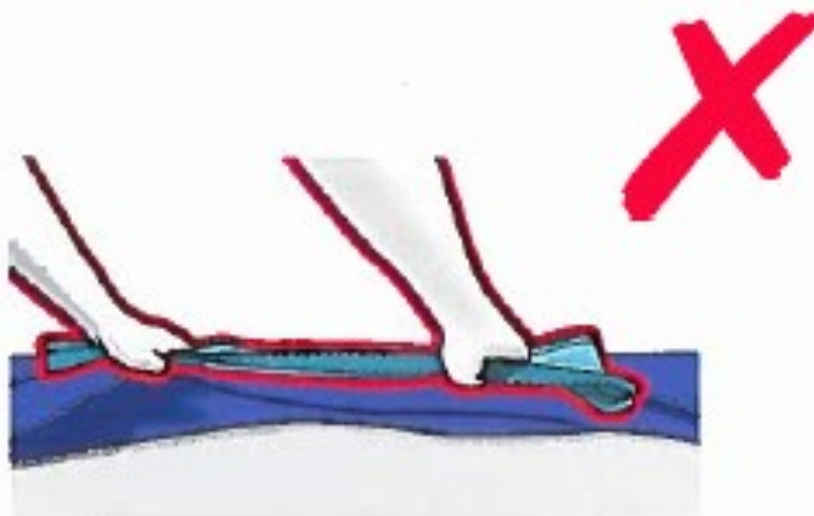
The correct way to use slide sheets. Your knuckles should maintain contact with the bed surface as you slide the top sheet against the bottom sheet, or in the case of 'roller' slide sheets top part of sheet against bottom part of sheet.



Incorrect usage here as the top sheet is being lifted. This is no longer a sliding action.



Both side sheets are being lifted off the bed surface so this is incorrect as it has become a lifting action, not a sliding one.



For the purpose of illustration the two side sheets shown are different colours.

Moving Client on to the Bed

Minimum Assistance

Use a footstool to support client's feet, which gives them a surface to push against, and helps them move into the centre of the bed. Use slide sheet under client's buttocks but not on the edge of the bed, leave a gap of at least 10 cm between the end of the slide sheet and the edge of the bed. Hand blocks for the client to push against will also assist this move.

Care worker to remain in front of client throughout move – slide client's knees back so that the client's hips are as far on to the bed as possible. As client lowers head and shoulders to the pillow use a handling sling to raise legs onto the bed. A slide sheet may be placed at foot end of bed to avoid dragging feet and ankles across the sheet.

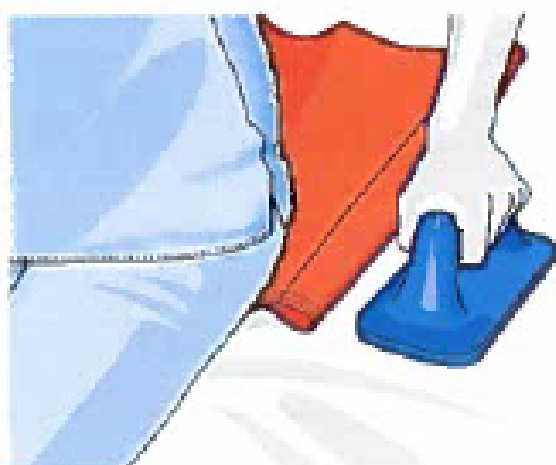


Alternatively, if the client has a profiling bed, the back rest can be elevated. The client is sat on a slide sheet at an angle, looking towards the head end of the bed. Care worker to remain in front of the client throughout the move. The client's legs are easily assisted on to the bed whilst pivoting around on the slide sheet.



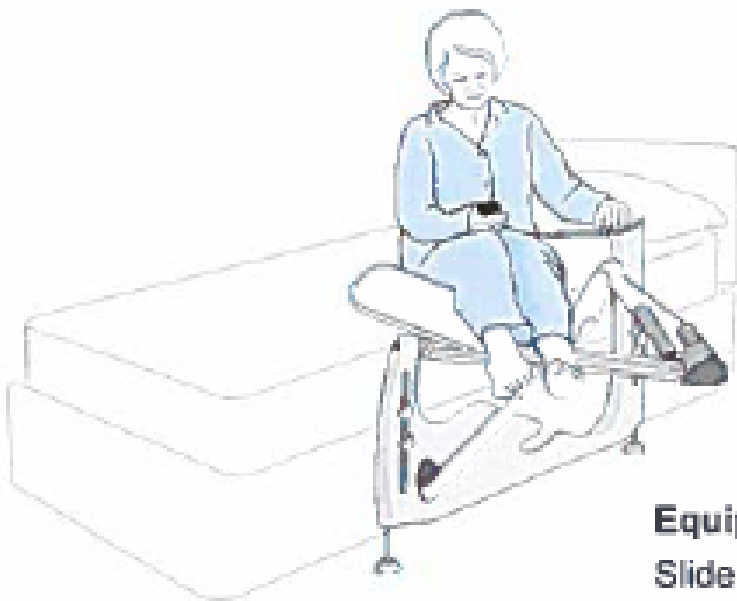
Moderate Assistance

Additional support can be given by second member of staff sliding client's hips towards them from behind them at opposite side of bed to the first care worker. They then may support the client's head and shoulders as the legs are moved onto the bed. A rotating cushion may be used instead of a slide sheet, which will allow the legs to be placed on the bed. However, the client will have to have positioned their hips as far back as possible on the bed, prior to the legs being lifted. As the client moves further into the bed they will naturally lower their head, shoulders and trunk onto the bed surface. Position a pillow at the point their head will lower to and then use this to adjust their position once laying down.



Additionally the client could use two hand blocks to assist them to push themselves into the bed.

There are a number of products on the market that focus on raising legs on to the bed, including the one illustrated below. These can be used independently by the client as shown or with assistance from the care worker.



Equipment Used:

Slide sheet(s) – small (essential)

Handling sling (optional)

Hand blocks (optional)

Footstool (optional)

Mechanised leg lifters

Rolling Clients

Minimum Assistance

A more mobile client may assist with rolling by raising their knees so their feet are flat to the bed and raising their lower arms in front of their abdomen making rolling easy for the care worker if they make contact with the hands and knees creating a lever to gently move down towards the bed surface. There is no need for slide sheets with this move.



Maximum Assistance

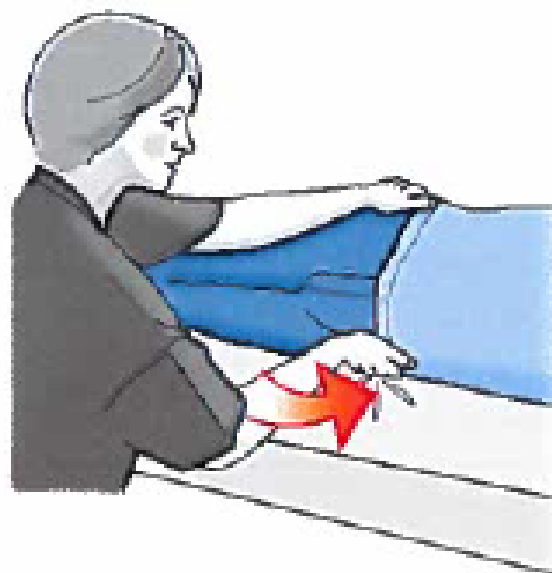
With the less able clients and two care workers either side of bed, the client is instructed to raise head slightly, supported underneath by care worker's flat hand, then positioned to face direction of travel, the arm should be placed across client's body, in direction of travel with elbow(s) bent in a natural position. The leg is bent gently at knee and positioned either with foot flat to bed or across other leg in direction of travel. This allows care worker to use hip and shoulder as levers to roll the client away from them whilst the second carer assists part way through the move. This helps to prevent the 'receiving' carer from overreaching. This care worker uses an off set stance for this manoeuvre.



A partly rolled slide sheet is positioned to mid-point of the client's back. Unless the slide sheet can be unravelled at this stage, the process is reversed to unravel slide sheet fully. This is the same technique used on the bed or floor to insert a partly rolled hoist sling.

Rolling clients

Another technique that could be adopted involves pushing the hips and shoulder down into the bed (the hip/shoulder on the side of the direction on travel) rather than rolling the furthest hip/shoulder in the direction of travel. The technique should incorporate the use of an in-bed sliding system or slide sheets.



This technique should be used to avoid the overreaching that would be required if care workers needed to reach across the abdomen, particularly if the abdomen is large. The flat of the care worker's hand is placed on the hip nearest to them with fingers resting under the hip area. The other hand is placed to the other hip - flat on surface. A second care worker should adopt a similar position onto both shoulders. The shoulders should move first. The movement is created by pushing the hand into the bed and guiding the other shoulder/hip round to face the care workers. For very large clients this movement may be performed several times to move the shoulder girdle and then the pelvic girdle into a rolled position.

Application and Removal of Slide Sheets

Client Remains Flat

Alternatively, the slide sheet(s) are folded, about 20 cm, width-way folds down the length of the sheet. This is then inserted under the client's head and shoulders, folds down to the bed surface. The sheets are unravelled evenly, one fold at a time. It is important that the care workers work together keeping the slide sheet taut, flat to the bed, and that they are unravelled in unison. The client does not have to move to achieve this technique. It is therefore useful for clients who have to remain supine for medical reasons.



Removal of Slide sheets

If a client is lying flat on a slide sheet(s) it may be removed by folding the furthest corners (from care worker) under the client's feet and head/shoulder. By sliding these towards the care worker the slide sheet(s) will unfold under the client and will be easily removed by the care worker. This technique means the client will not have to move. Unfurl the slide sheets in an upward direction towards the client's head to avoid the client sliding back down the bed.

Equipment Used:

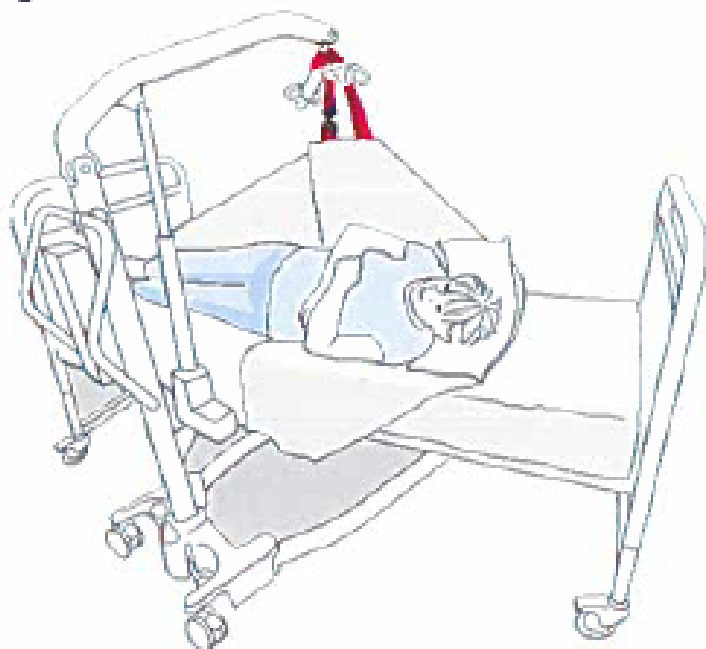
Slide sheets(s)

In-bed sliding systems

Other systems for rolling clients for personal care and/or pressure care

There are systems available where a top sheet is used in conjunction with a hoist and either a slide sheet or an in-bed sliding system to assist rolling and particularly to hold and support a client in a side-lying position for personal care etc. Bed rails are commonly used in conjunction with the system. The sheet stays behind the client and by raising the hoist the client is rolled onto one hip as the sheet is raised by the hoist. A wedge shaped cushion can be used to help maintain the client's position. These sheets are either in two pieces attached by Velcro so that the lower section can be removed when the client is being held in a rolled position by the hoist; (fig 14a and 14b) Alternatively, the sheet is merely folded back on itself to expose the lower half of the client's body to allow personal care etc. This position can also provide a useful barrier for client's who are potentially challenging. By lowering the hoist the client returns to lying on their back.

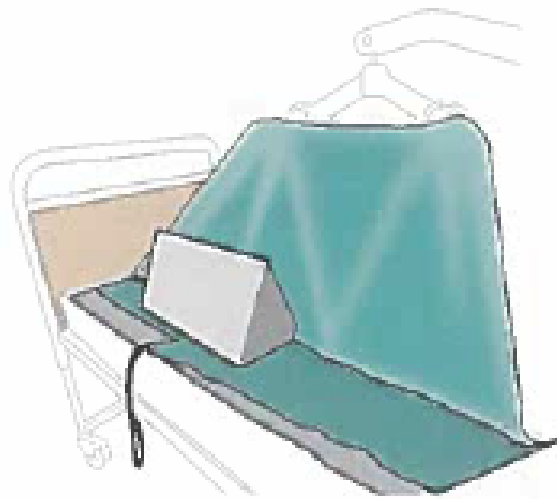
figure 14a



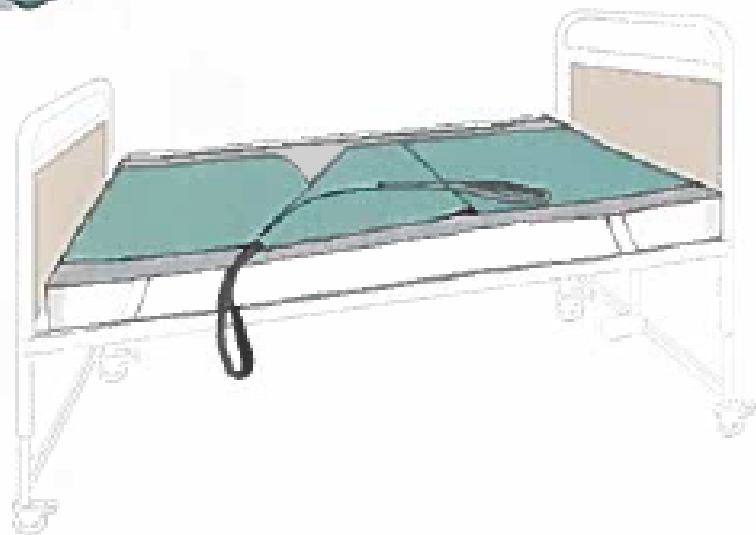
Use of system for rolling and supporting the client in bed. Bed rails not shown for illustration purposes.



figure 14b



This image illustrates the use of a wedge shaped cushion that can be used to help maintain a position when the hoist is lowered.

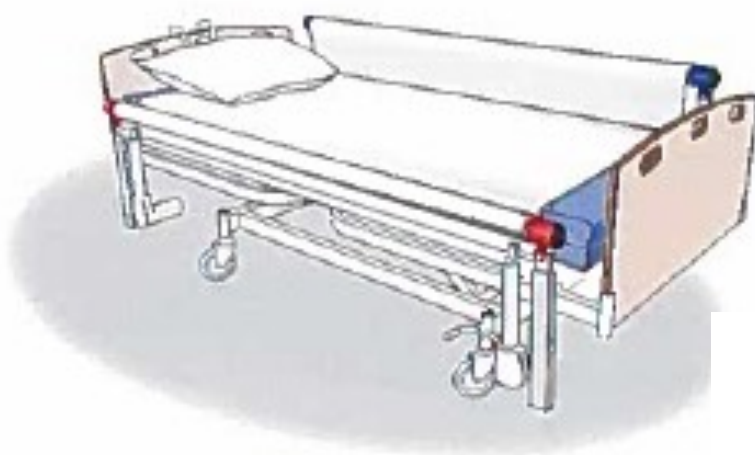


This system allows for easy low friction movement for clients with reduced mobility, pain or pressure issues who require frequent repositioning and turning. It is made up of a nylon under sheet and a top quilt with either a breathable, wipeable material or cotton material. The nylon under sheet and top quilt work to create a low friction surface to enable movement in all directions, either manually or with the support of a hoist. The nylon under sheet incorporates a locking mechanism which allows for more control, as the non-slip section can be covered and uncovered depending on the amount of movement required during repositioning and turning.

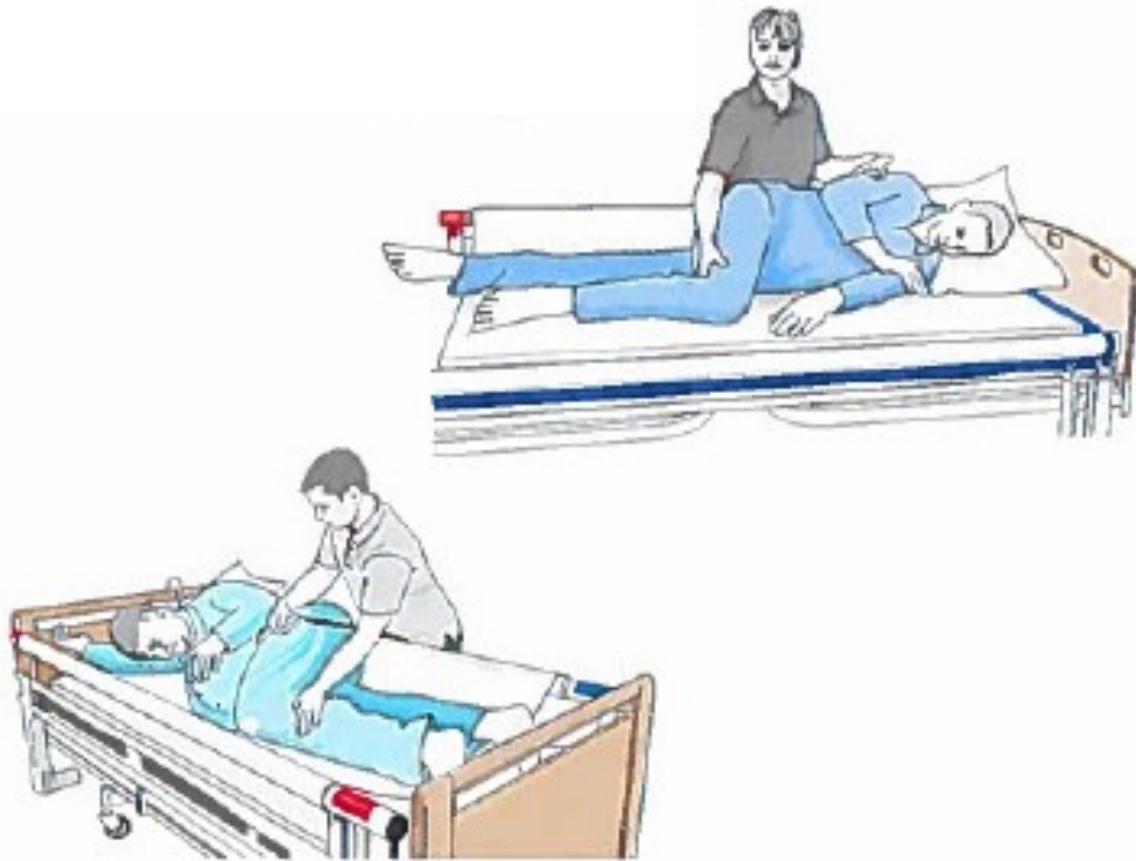
This illustrates the use of a small slide sheet placed on top of a pillow to assist heavy or sensitive lower limbs into a side lying position.



There are other systems where a cotton sheet is used in conjunction with two fixed rollers (attached to the bed). The sheet is rolled mechanically bringing the client onto their hip and holding them in position for personal care and pressure care. The system can also be utilised to move the client up and down the bed. This system of rollers is permanently fixed to the bed frame and would be utilised most commonly with a client with complex needs.



Use of mechanical roller system for turning and supporting the client in bed.



This system is particularly useful for plus sized clients as the need for physical moving of heavy limbs is undertaken by the mechanised rollers. The care worker needs only to slightly reposition limbs for additional comfort.

Moving Client up the Bed

Minimum Assistance

For a client who is sat up in bed and has good arm strength. Instructions can be given to them to push on hand blocks. If they have a slide sheet under their legs and hips, they may successfully move themselves up the bed by bridging their knees and pushing their feet into the bed surface. Alternatively a rope/bed ladder or 'bed pole' may assist them if hand blocks are unavailable.

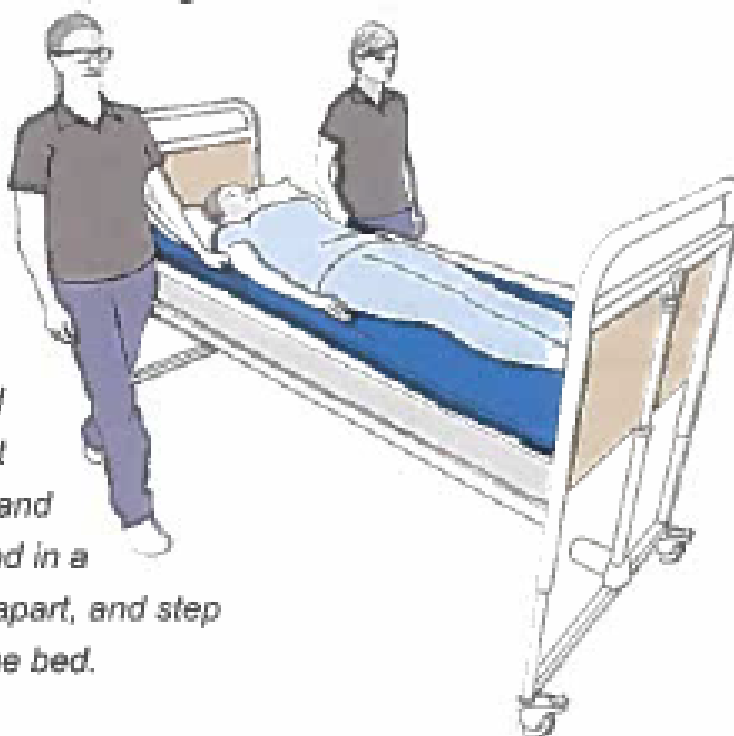
Moderate → Total Assistance

Client lying down with slide sheet(s) down full length of body – two care workers will hold slide sheet(s) or an in-bed sliding system, at the client's hip and shoulder – stand at pillow level in an 'L' shape facing bottom of bed and looking towards the opposite bed corner at an oblique angle. Transfer weight from forward foot to backward foot on command, moving the client towards the head of bed. This may have to be repeated until client is correctly positioned.



Care staff working at an oblique angle to move a client up the bed.

Alternatively, the client can be moved up the bed with the care workers standing on either side of the bed, facing the foot end. The care worker is positioned with one foot in front of the other, slightly apart and holding the top layer of the slide sheet just below the client's shoulder. The care workers either shift their weight from their front foot (closest to the end of the bed) to their back foot OR the care workers can stand facing the foot end of the bed in a stand position, feet slightly apart, and step back to slide the client up the bed.



Moderate → Total Assistance

Using slide sheet systems, it may be possible to assist the client up the bed whilst the care workers face the head end of the bed. The care worker places their flat hands with their thumbs abducted (away from the palm) along the side of the client just below the shoulder blade and buttocks, (figure 15a).

Care workers must not make a fist. Standing in an oblique angle, facing the head end of the bed the care worker then gently slides both hands in an oblique angle under the client, making contact with the client's body (the client should NOT be sliding up the bed at this point) see figure 15b. The care worker must take care to keep their hands flat with thumbs abducted. Then, on the command, the care worker slides their hands forward in an oblique angle towards the opposite side, head end of the bed, (figure 15c).



figure 15a



figure 15b

figure 15a



figure 130

figure 15c

Equipment Used:

Slide sheets, rope/bed ladder (optional), hand blocks (optional), bed pole (optional), in-bed sliding system (alternative to slide sheets).

Sitting Client up from the Bed

Minimum Assistance

Use profiling bed feature if present to raise client's head and shoulders slightly, add one or two pillows to achieve the same effect. The client needs to roll to one side with head and body facing direction of travel. The care worker could consider placing a slide sheet under the client's lower back and bottom, but not all the way through to the front of the hips as this will cause a hazard when the client is sat up. A hand block can assist the client to push up. However, the client

must be able to at least push with their hand on the mattress and raise their own head and shoulders. Otherwise this move will be strenuous for the care worker. The care worker should maintain a stable base and assist the client into an upright position by raising their shoulders and trunk off the bed surface.

At the same time the client slides their feet and legs forward off the bed. This technique should allow natural, free flowing movement on behalf of both the client and the care worker. Communication is key to ensure the shoulders and feet move in unison.



Moderate Assistance

The same move is followed except second care worker assists with the client's legs and feet by sliding them forward off the bed. This care worker is positioned on the same side of the bed as first care worker.



A slide sheet can be positioned under the client's bottom, but not all the way through to the front of the hips, as this will cause a hazard when client is sat on the edge of the bed.

A second small slide sheet can be placed under the feet to enable a sliding action with the feet and legs to reduce shearing. Care worker (1) raises head, shoulder and trunk off the bed surface and put a slight pressure down onto the client's hip whilst care worker (2) moves lower legs and feet

forward and off the bed surface. Both care workers should work in unison to achieve a comfortable move for the client.

Equipment used; Slide sheet/s (essential), Hand block/s (optional)

Standing Client up from the Bed

Minimum Assistance

A height adjustable bed will assist with this move (if available), if the bed is raised to the right height the client may be independent with this move. However, if not available, the care worker may sit next to the client and place their arm across their back to the client's furthest hip, support at the shoulder and on command stand up with the client. However, if the care worker is unable to sit on the bed, a backwards step move can be utilised to assist the client to stand.



Moderate Assistance



Two care workers to sit either side of the client and stand them on command, a handling belt may be used to assist further. Alternatively, two care workers can undertake the backwards step move, again a handling belt can be used.



Care workers offering support to stand for a client sat on the edge of the bed.

Be aware of safe working load of bed before sitting on it. Be mindful of your organisation's cross-infection policy before sitting on the bed.