

Manual Handling

Student Guide

Simulated Learning Environment Rules

General Rules

1. Students will be issued with nametags at the commencement of the learning activity. These should be worn at all times.
2. Participating students must wear their clinical uniform.
3. Students are not to bring food or drink into the simulation laboratories.
4. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
5. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
6. Wash your hands upon entering and leaving the simulation laboratories.
7. Immediately report any injury or near miss to a member of staff.
8. In the event of damage to or malfunction of equipment, immediately stop using it and advise staff.
9. Do not remove equipment or models from the laboratories without prior approval of staff.
10. Be considerate: keep noise to a minimum; there is often more than one group working in the labs.
11. Consult staff about any lost or found property.
12. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; <http://policy.unimelb.edu.au/UOM0364>
13. You may be asked to leave the laboratories if your behaviour is inappropriate.
14. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
15. If you are unsure of something, please ask staff.

Dress Code

An appropriate code of dress applies to the simulated learning environment. This is to encourage students to reflect upon their own professional image, practice the implementation of Infection Control principles and Occupational Health and Safety (OH&S) standards as well as facilitating best practice.

- **Shoes** must be clean and in good repair. Sensible, flat-soled and comfortable shoes are encouraged to promote safety and prevent trauma. Open toed or slip-on backless shoes are not suitable.
- **Jewellery** should be plain and restricted to minimum usage. The following items of jewellery are permitted: wrist or fob watch, wedding ring, stud earrings (earrings of any other description are not permitted). Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs. Nail rings are not permitted.
- **Nails** are to be kept short (less than ¼ cm), natural fingernails with fresh clear nail polish or none at all. Please note that artificial / acrylic nails harbour pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical practice.
- **Hair** should be clean, neat and tidy. It should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.

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Overview

Target Audience: Master of Nursing Science / Doctor of Physiotherapy / Masters of Speech Pathology

Estimated pre briefing time: Part A: 15 minutes pre brief - 30 minute activity

Part B: 15 minute pre brief - 30 minute activity

Estimated simulation time: 30 minutes

Estimated debriefing time: 30 – 40 minutes

Setting: Ritz Medical centre

Simulation method:

Cognitive Skills

Discuss the appropriate strategies for moving a particular patient in a given scenario

Psychomotor Skills

Practice the safe use of patient handling aids and equipment including: slide sheets, pat slide, monkey bars, walk belt, and lifting machines.

Prerequisite Knowledge / Requirements

**Participants should meet the following competencies/requirements prior to involvement in the simulation activity*

First year students enrolled into Entry to Practice Program at The University of Melbourne School of Health Science

Students are encouraged to complete the on line learning package on Manual Handling that is available from O'Shea & Associates prior to undertaking this simulation activity

Students who have completed the O'Shea course will be issued with a certificate of completion

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Learning objectives

Interprofessional

- ☐ **Interpersonal and Communication Skills:** Communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for interprofessional collaboration
- ☐ **Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
- ☐ **Collaborative Decision Making:** Establishes and maintains effective and healthy working partnerships with other professionals whether or not a formalised team exists
- ☐ **Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on an understanding of everyone's capabilities, expertise and culture
- ☐ **Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting

(Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

Discipline Specific – Nursing, Speech Pathology & Physiotherapy

- ☐ Practices in accordance with legislation affecting health care practice
- ☐ Fulfils the duty of care
- ☐ Recognises and responds appropriately to unsafe or unprofessional practice
- ☐ Integrates organisation policies and guidelines with professional standards
- ☐ Practices in a way that acknowledges the dignity, culture, values, beliefs and right of individuals/groups
- ☐ Understands and practices within own scope of practice
- ☐ Integrates health care knowledge, skills and attributes to provide safe and effective patient centred care
- ☐ Uses a relevant evidence-based assessment framework to collect data about the physical social-cultural and mental health of the individual
- ☐ Uses a range of assessment techniques to collect relevant and accurate data
- ☐ Analyses and interprets assessment data accurately
- ☐ Documents a plan of care to achieve expected outcomes
- ☐ Established, maintains and appropriately concludes therapeutic relationships
- ☐ Uses appropriate strategies to promote an individual's self esteem, dignity, integrity and comfort

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- ☐ Collaborates within the inter-disciplinary health care team to provide comprehensive patient focused health care
- ☐ Demonstrates accountability and responsibility for own actions within practice
- ☐ Ensures privacy and confidentiality when providing health care

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Patient story

The Ritz Medical centre is the oldest hospital in Victoria, having been built just prior to the gold rush era. It is a modern, state of the art hospital which has over 650 beds. The Ritz Medical is recognized as a pacesetter in the national health care arena and has consistently been linked to progressive developments in health care and services, medical research and health care teaching.

The Ritz Medical Centre is the main provider of health services to people living in the inner suburbs of Melbourne and a major provider of specialist statewide services to the people of Victoria. The Ritz Medical Centre is world-renowned for its research and specialist work in burns, trauma management, cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation. These services are provided across the continuum of care from ambulatory, to inpatient and home and community based services.

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Patient Information

Patient Description: Part B Patient 1

Assist a patient to the standing position from lying in bed and then assist the patient to sit upon a beside chair.

Name Effie Papadopoulos	Age 45	Ethnicity Greek - Greek Orthodox
Setting:	Ritz Medical Centre Surgical Ward 3 East	
Patient Information	Previous Medical Hx Endometriosis BMI 22	
	Previous Family Hx Type Two Diabetes and Cardiovascular Disease	
	Current Medications endone 5 mg QID, paracetamol 1 g QID & indomethacin 50 mg QID, enoxaparin sodium 50mg SC daily	
	Allergies – nil stated	
	Lifestyle & Health Practices Non smoker and non drinker Exercises three times a week at local gym Coaches high school basketball	
	Social History Effie is a single parent of three children, Antony (15years), Nicholas (13years) and Livana (9 years). Her husband Hector was killed in a mining accident eleven years ago. Effie works as a Math's teacher at Alphington Grammar School. Effie and her children live in their own house in Heidelberg. Effie has a large supportive family. Her parents, six sisters and one brother all live in Melbourne.	

Hx Present Health Concern

Mrs Papadopoulos underwent an exploratory laparotomy, total abdominal hysterectomy, bilateral salpingo-oophorectomy, right and left pelvic lymphadenectomy, common iliac lymphadenectomy, and endometrial cancer staging procedure two days ago.

Despite a large amount of blood loss intraoperatively, Effie progress has been excellent. This is mainly related to her adherence to her current treatment regime. It is the morning of the second post operative day and Effie is keen to get up and get moving! She rings her call bell and requests your assistance to sit out of bed in the bedside chair.

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Patient Description: Part A Patient 2

Roll a patient over and move the patient up the bed using a slide sheet.

Name Rashid Singh	Age 72 years	Ethnicity Pakistan – Punjabi (Hindu)
Setting	Ritz Medical Centre Orthopaedic Unit 8 West	
Patient Information	Previous Medical Hx Hypertension, Heart Failure (NYHA Functional Classification II), Obesity, Type Two Diabetes and Rheumatoid Arthritis.	
	Previous Family Hx Non Insulin Dependent Diabetes, Hypertension, Coronary Heart Disease	
	Current Medications captopril 12,5 mg b.d , atenolol 50 mg daily , frusemide 40 mg daily , acarbose 50 mg TDS, atorvastatin 40mg daily, leflunomide 10mg daily, endone 5 mg QID, paracetamol 1g, QID, aspirin 300mg daily, enoxaparin sodium 120mg SC daily	
	Allergies – Nil stated	
	Lifestyle & Health Practices BMI – 36 History of smoking 25 cigarettes a day for 30 years (37 pack years)	
	Social History Rashid Singh has been married to his wife Jamila for fifty years. Jamila is 68 years of age and in good health. The Singh’s live in their own two storied home in Preston. They have four children and ten grandchildren all of whom live in Melbourne. The Singh’s receive no community supports and have a supportive family. Their youngest son Asim, who is a business executive with Alpha Computers (32 years of age), still lives in the family home.	
Hx Present Health Concern Mr Singh underwent a right knee arthroplasty three days ago. Thus far, Mr Singh rehabilitation progress has been poor. This is mainly related to his reduced adherence to his current treatment regime. He is reluctant to sit out of bed for meals and requires ever-increasing amounts of prompting to perform his deep breathing exercises and range of motion exercises. Mr Singh has refused to mobilise to the bathroom for a shower until he sees his Orthopaedic surgeon today. You enter the room and find Mr Singh slumped down the bottom of the bed. Mr Singh states that he is becoming short of breath and requests you to lift him up the bed.		

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Patient Description: Part A Patient 3

From the sitting position walk a patient to the bathroom using a walk belt

Name Martin Peters	Age 68 years	Ethnicity Indigenous Australian – Koorie Wurundjeri, Roman Catholic
Setting:	Ritz Rehabilitation Facility 4 North	
Patient Information	Previous Medical Hx Obesity BMI 32, Hypertension, Rheumatic Heart Disease, Atrial Fibrillation, Mitral Valve Stenosis, Type Two Diabetes, Chronic Obstructive Pulmonary Disease	
	Previous Family Hx Type Two Diabetes. Renal failure, Cardiovascular disease	
	Current Medications warfarin sodium 3 mg daily, perindopril 5mg daily, atorvastatin 40mg daily, metformin hydrochloride 500mg TDS, digoxin 0.25mg daily, salbutamol sulphate x2 inhalations fourth hourly, ipratropium bromide x2 inhalations QID, enoxaparin sodium 90mg SC daily	
	Allergies – nil stated	
	Lifestyle & Health Practices Currently smokes 30 cigarettes a day. Has done so for the last 50 years (75 pack years). Alcohol 2 – 4 standard drinks per day At times poor adherence to medical management of chronic conditions	
	Social History Mr Peters lives with his wife Bella in Healesville, Victoria. Mr Peters and Bella have known each other since they attended high school at the Worawa College in Healesville. They have three children and six grandchildren who all live in Melbourne. Mr Peters works at the local sawmill and Bella works as an administrative assistant at the Swinburne TAFE. Both Martin and Bella are active members of the Healesville Indigenous community.	
Hx Present Health Concern Mr Peters is three weeks post an Embolic Ischemic Stroke affecting his Middle Cerebral Artery. Mr Peter’s residual effects includes a dense left sided hemiplegia, left sided neglect, a short attention span, impulsive behaviour and impaired judgment. However, Mr Peter’s progress has been excellent over the last week in the rehabilitation unit and he now only requires minimal assistance with mobilisation. Mr Peters is sitting in his bedside chair; he is dressed in his pyjamas with TED stockings insitu. Mr Peter’s states to you that he would like to mobilise to the bathroom to use his bowels.		

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Patient Description: Part B Patient 1

Roll a patient over in bed and then transfer the patient to another bed using a slide board.

Name Elsie Kwok	Age 26 years	Ethnicity Han Chinese (Buddhist)
Setting:	Ritz Medical Centre Trauma Ward 4 West	
Patient Information	<p>Previous Medical Hx Asthma as a child currently takes no prescribed Rx for her Asthma. BMI – 18</p> <p>Previous Family Hx Breast Cancer, Osteoporosis, Stroke</p> <p>Current Medications – nil</p> <p>Allergies – Penicillin rash</p> <p>Lifestyle & Health Practices Non Smoker and drinks 2 – 3 glass of wine per week</p> <p>Social History Elsie lives with her friend Rebecca Johnstone in a two bedroom flat in Fitzroy. Elsie and Rebecca are both currently studying a Masters of Fashion and Textiles at RMIT University. Their dream is to have their own fashion label one day. Elsie's fiancé Eddie Chow, works as an electrician for Corplex Construction Company in Melbourne. Elsie's parents and younger brother live in Singapore.</p>	

Hx Present Health Concern

Today Elsie was involved in a high speed road traffic accident on the Hume Highway. The car that she was a passenger in hit a kangaroo and rolled over. The driver Eddie sustained life threatening injuries to his head and chest and is currently in a critical condition. Presently, Eddie is undergoing emergency surgery.

Elsie is currently 12 weeks pregnant. As yet she has not told Eddie that she is pregnant. The only person that knows about the pregnancy is her flatmate Rebecca.

Elsie's injuries include a minor head injury. There was a query that Elsie had a loss of consciousness at the scene. On arrival of the Ambulance her GCS was 12 (E2V4M6). Currently her GCS is 14 (E3V5M6). Presently the Trauma Registrar is awaiting the formal report of Elsie's CT of her cervical spine thus, spinal precautions are still in place (Philadelphia collar insitu). Thoracic and lumbar spines have been cleared of injury.

Elsie also has a compound fracture of her left tibia and fibula; there is a back slab insitu. There are 18 G cannula in both arms in the cubital fossia and a bag on N/Saline is attached to her right arm. An orderly and an Emergency Nurse have just arrived onto the Trauma ward and have asked for your assistance to transfer Elsie over to the hospital ward bed.

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Patient Description: Part B Patient 2

Transfer a patient from bed to a bedside chair using a lifting hoist.

Name Ivan Lukin	Age 92	Ethnicity Russian - Russian Orthodox
Setting:	Ritz Medical Centre Medical Unit 1 West	
Patient Information	<p>Previous Medical Hx Coronary Artery Graft Surgery (CAGS) x 4 in 1989, Type Two Diabetes, Hypertension, Heart Failure (NYHA Functional Classification II), Alcohol abuse, Bladder Cancer (High grade papillary urothelial carcinoma –Dx 2010, T2N3M1), Chronic Obstructive Pulmonary Disease, Glaucoma, Cataract surgery to right eye in 2001. Ischemic Stroke (Anterior cerebral artery) 2010-dense hemiplegia, foot drop, Peg feeds & long term indwelling catheter. BMI 26</p>	
	<p>Previous Family Hx Cardiovascular Disease, Hypertension</p>	
	<p>Current Medications perindopril 5mg daily, atorvastatin 40mg daily, metformin hydrochloride 500mg TDS, salbutamol sulphate x2 inhalations 4th hourly, ipratropium bromide x2 inhalations QID, atenolol 50 mg daily, frurosemide 40 mg daily, enoxaparin sodium 80mg SC daily, asprin 300 mg daily, betaxol hydrochloride 2 drops of 0.5% solution BD.</p>	
	Allergies – sticking plaster & eggs	
	<p>Lifestyle & Health Practices Previous alcohol abuse 6 – 10 standard drinks per day History of smoking 15 cigarettes a day for 58 years (44 pack years). Retired Nuclear Scientist</p>	
	<p>Social History Mr Lukin currently lives at the Kronstadt Gardens Aged Care Facility in Dandenong. This facility is a member of the Russian Welfare Society St John Of Kronstadt. Mr Likin is bed bound and requires high level nursing care. His wife Anna is deceased; she passed away two years ago. Ivan and Anna had been married for sixty five years. Since his wife's death there has been a rapid</p>	

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decline in Ivan's mental and physical condition. Ivan and Anna have an adopted son Vladimir (60 years) who visits his father daily. Vladimir is married to Natasha and they have two children.

Hx Present Health Concern

Mr Lukin was admitted to the Ritz Medical Centre yesterday with a history of dehydration, abdominal pain, nausea, vomiting, diarrhoea, fever and rigors. Much to Mr Lukin's horror the frequency of his diarrhoea motions has caused some faecal incontinence at times! He is currently being nursed in a single room and contact precautions are in place. Mr Lukin has an IVC in his left hand which is currently administering N/Saline at a 6th hourly rate. His IDC is draining moderate amounts of dark coloured urine. At present, his PEG feeds have been ceased due to his diarrhoea. You are required to sit Mr Lukin out onto the bedside chair.

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Resources

Work Cover NSW Health & Community Services Industry Reference Group. (2006). Manual Handling for Nurses available from

http://www.workcover.nsw.gov.au/formspublications/publications/Documents/manual_handling_guide_for_nurses_4799.pdf

The Australian Nursing Federation (ANF) No Lift Policy. (2008). Available from

http://www.anf.org.au/pdf/policies/P_No_lifting.pdf

The Australian Nursing Federation (ANF) Occupational Health & Safety Policy. Available from

http://www.anf.org.au/pdf/policies/P_OHS.pdf

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Diagnosis:

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Student Notes

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