

About this Unit

This standard covers the movement, handling and positioning of individuals as part of their care plan according to their specific needs due to their condition. This includes moving individuals from one place to another and re-positioning individuals within their immediate environment.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, you check the care plan and the moving and handling risk assessment before you carry out any care with the individual, you then move the individual in line with the care plan requirements. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss with your assessor/expert witness what you would do if an individual's wishes conflict with the plan of care and they were at risk of harm or injury.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to moving and positioning individuals.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and clinical/corporate governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of working within your own sphere of competence when and seeking advice when faced with situations outside your sphere of competence.	
5 The importance of applying standard precautions to moving and positioning individuals and the potential consequences of poor practice.	
6 How to access up-to-date copies of organisational risk assessments for moving, handling and positioning specific individuals.	
7 The importance of effective communication and co-ordinating actions between yourself and: (a) the individual (b) the team involved in the activity (c) the wider health care team	
8 The potential hazards associated with moving and positioning for the individual, yourself, and others involved in the activity.	
9 The importance of moving, handling and positioning the individual according to the care plan and their presenting condition(s) and the potential consequences of poor practice.	
10 The importance of good communication and co-ordinating actions effectively with others involved in moving, handling and positioning individuals.	
11 The action to take when the individual’s wishes conflict with their plan of care in relation to health and safety issues and their risk assessment.	

DK9V 04 (CHS6) Move and position individuals

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
12 The normal: (a) skeleton and muscle attachments (b) range of movement in joints (c) in relation to the importance of correct movement and positioning	
13 Common physical conditions of individuals in your work area, the effect they have upon normal movement, in relation to the importance of correct movement and positioning.	
14 The importance of offering effective verbal and non-verbal support and reassurance to patients during preparation for moving and positioning activities.	
15 The effect that the individual's personal beliefs and preferences may have their preferences for moving, handling and positioning.	
16 Reasons why the individual's preferences affect how they are moved, handled and positioned.	
17 How to provide active support and promote the individual's rights, choices and wellbeing when preparing to move, handle and position individuals.	
18 How individuals may be able to contribute to the moving/handling/positioning process and factors which limit their contribution.	
19 Reasons for moving and positioning individuals according to the care plan and their presenting condition(s).	
20 Potential key changes in the conditions and circumstances of individuals that you are moving, handling and positioning, and actions to take in these circumstances.	
21 The aids and equipment you may use for moving, handling and positioning.	
22 Safety factors that need to be taken account of when preparing moving, handling and positioning equipment/machinery.	
23 The importance of preparing the environment for moving and handling prior to attempting to move and handle individuals.	
24 The importance of keeping the environment.	
25 Why it is vital to follow the care plan.	
26 The importance of team working.	
27 The importance of the possible consequences for the individual, yourself and others if you do not comply with safe moving and positioning techniques.	
28 Sources of further help for moving, handling and positioning individuals in different health and care settings.	
29 The importance of restoring the environment after moving, handling and positioning activities.	
30 The importance of keeping accurate and up to date records.	
31 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

DK9V 04 (CHS6) Move and position individuals

Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Apply standard precautions for infection prevention and control and apply all other relevant health and safety measures.							
2	Check the individual's care plan and the moving and handling risk assessment prior to commencing any moving and handling.							
3	Assess any immediate risks to individuals and where you think there is a risk that you cannot deal with, you seek advice from the appropriate people before moving or handling individuals.							
4	Inform the individual what you are about to do and support them to communicate the level of support they require.							
5	Obtain the individuals valid consent and ensure they understand why they are being moved and handled in particular ways and how they can usefully co-operate in the procedure.							
6	Remove potential hazards and prepare the immediate environment, ensuring adequate space for the move to take place, in agreement with all concerned.							
7	Seek appropriate assistance to enable you to move and handle the individual safely.							
8	Move the individual according to the care plan.							
9	Position the individual according to the care plan using the correct technique and in a way that will avoid causing undue pain or discomfort.							
10	Observe the individual throughout the activity and stop the activity if any adverse effects occur.							
11	Seek help from other professionals if problems arise during the activity.							
12	Use the appropriate equipment in order to maintain the individual in the required position.							
13	Report, and where applicable, record the activity in the appropriate documents, noting when the next positioning manoeuvre is due.							

DO = Direct Observation
 EW = Expert Witness
 PD = Professional Discussion

RA = Reflective Account
 P = Product (Work)

Q = Questions
 WT = Witness Testimony

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: