

## MH Information Sheet 4. High Risk Handling

High Risk practices can be defined as practices that have the potential for the staff member and patient to be 'locked on' to each other, for example, if either the member of staff or the patient were to start falling, the hold would be unable to be broken to compensate for the changing situation, these holds are termed 'locked on' holds and can include:



**Clinging Ivy and the Bear Hug.** Removing the patient hands and arms from your neck or waist means they will not be able to 'lock on' to you, for example, during a fall. Ask the patient to push off of the chair or their own legs. If unable, then ask them to hold their arms in across their stomach. Ideally your own arms will be placed over the patient's arms, preventing you from 'locking on'.



**Drag Lift (under arm)** – In these examples the patient is neither being dragged nor lifted, however, these holds are a 'drag lift' due to the positioning of the hold, that is under the arm of the patient or allowing the patient to take a hold of your own arm. If the patient stumbles, the member of staff gets 'locked on' to the patient and ends up both 'dragging' and 'lifting' the patient in an attempt to hold them up. An alternative to this hold would be to put your closest arm round the back of the patient towards their hip. The arm furthest away could hold the patients upper arm or chest.



**Thumb Hold** – is considered a lock on hold for similar reason. An alternative would be to use a heel hold rather than entwining the thumbs

**Reflect on your own practice and write down alternative handling:**