

<b>Moving and Handling</b>	<b>Policy</b> <b>Register Number: 04090</b> <b>Status: Public</b>
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Developed in response to:	Legislation
Contributes to CQC Regulation	15

Consulted With	Individual/Body	Date
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Carrie Tyler	Falls Prevention Lead	March 2016
Sue Wright	Named Nurse Safeguarding Children	March 2016
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Geoffrey Woollard	Mortuary Manager	March 2016
Ryan Curtis	Health & Safety Manager	March 2016
All Ward Sisters & Matrons	All Ward Sisters & Matrons	March 2016
Amanda Kirkham	Infection Prevention Lead	March 2016
Helen Clarke	Head of Governance	March 2016
Professionally Approved By	Lyn Hinton. Chief Nurse (Interim)	March 2016
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Author/Contact for Information	Stella Smith, Manual Handling Advisor	
Policy to be followed by	All Staff, Agency and contractors working on site	
Distribution Method	Intranet & Website	
Related Trust Policies (to be read in conjunction with)	Risk Management Policy & Strategy Incident Policy Mandatory Training Policy (including Training Needs Analysis). Being Open Policy, Supporting staff involved in a traumatic incident, complaint or claim Medical Devices Policy Slips, Trips and Falls Policy Dignity Policy and Transfer Policy Health & Safety Policy Display Screen Equipment Policy	

## Document Review History

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7.1 Amendment to M&H Risk Assessment template	Ryan Curtis	14 <sup>th</sup> May 2015
8.0 Formal Review	Stella Smith	3 <sup>rd</sup> May 2016
8.1 Amendment to 9.2.1 & 10.1 bariatric protocols. Appendix 6.	Stella Smith	27 <sup>th</sup> October 2016

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## **1.0 Purpose**

- 1.1 The Trust recognises and accepts its responsibility as an employer and is committed to provide and maintaining a safe and healthy workplace and working environment for its entire staff. It seeks to enlist the support of all its employees in meeting its responsibilities.
- 1.2 The Trust will comply fully with the requirements of the Health & Safety at Work Act 1974 and subsequent legislation, statutory regulations and approved codes of practice.
- 1.3 As an element in achieving its aims, The Trust will implement systems of work which will promote Minimal Moving & Handling Practices which adheres to the Manual Handling Regulations 1992 (as amended).
- 1.4 The Trust will take all necessary steps, so far as is reasonably practicable, to reduce risks associated with the use, handling, storage and transport of any articles, which are potentially injurious to health. The policy will provide such information, instruction, training and supervision as is necessary to foster an awareness, understanding and acceptance of health and safety rules. It will also provide guidance to employees on the need to take reasonable care of their own health and safety as well as that of their colleagues.
- 1.5 Moving and Handling plans shall be undertaken on all patients on admission and reviewed where there is any change to their condition/needs throughout their stay. Assessments will be recorded and readily available to appropriate staff.
- 1.6 Patient assessments will focus on the mobility of that patient and their needs, the management of slips, trips and falls also reduces injury to staff when assisting the patient to mobilise.
- 1.7 Risk Assessments for the moving and handling of inanimate loads must be undertaken. These assessments are to be undertaken by the line manager, at least annually, written and available within the workplace. These assessments should be referred to when the staff attend local induction and when new assessments are introduced to any member of staff carrying out the task, and should form part of the environment risk assessment.

## **2.0 Definition of Manual Handling Operations**

Manual Handling Operations are defined as the transporting or supporting of a load by hand or bodily force, including lifting, putting down, pushing, pulling, carrying or moving, by hand or bodily force.

## **3.0 Scope**

- 3.1 The Policy shall apply equally to all staff working within the Trust, and should be adhered to by all permanent and temporary staff including those employed on a temporary, ad hoc, agency, and bank basis. Suitable assessments will be in place for all staff areas, with support from Health and Safety manager/ Manual Handling Team.
- 3.2 The policy will apply to students, or people on work experience and Volunteers whilst on the Trust premises, or engaged on Trust business on other premises.

## **4.0 Roles and Responsibilities**

### **4.1 Chief Executive**

Chief Executive is ultimately responsible for ensuring that the Trust complies with the Manual Handling Regulations 1992 (as amended)

#### **4.2 Chief Medical Officer**

The Chief Medical Officer will ensure that the appropriate mechanisms are in place to address the risks associated with manual handling.

#### **4.3 Health and Safety Manager**

The Health and Safety Manager will assist with the implementation of the Policy working with the Manual Handling Safety Advisor to ensure proactive moving and handling management, providing specialist advice and annual reports to the Trust Board.

#### **4.4 Manual Handling Safety Advisor / manual handling trainer**

4.4.1 Manual Handling Safety Advisor and manual handling trainer will provide manual handling training for all staff within the Trust and will assist with manual handling risk assessments where appropriate. Specialist advice is available from the Manual Handling Safety Advisor who will seek external specialist advice if necessary. The Manual Handling Advisor will produce a report on manual handling every quarterly report to Health and Safety Manager and will liaise with department leads on aspects of manual handling.

4.4.2 Manual Handling Safety Advisor to communicate any changes to procedures to Managers and the M/H Trainer.

4.4.3 Manual Handling & Safety Advisor along with the M/H Trainer will provide best practice training on moving & handling equipment, both clinical and non-clinical and the development of Trust risk assessment processes in line with the Trust Policy.

4.4.4 The Manual Handling & Safety Advisor along with the M/H Trainer will maintain log of provision of advice and key interventions in relation to M&H

#### **4.5 Clinical Directors, Associate Chief Nurses, Ward Sisters/Charge Nurses and Department Leads**

4.5.1 Clinical Directors, Associate Chief Nurses, Ward Sisters/Charge Nurses and Department Leads will ensure that employees undertake mandatory manual handling training as identified in the Trust Training Needs Analysis and investigate any moving and handling incidents. In addition they will;

- Reduce or eliminate all unnecessary moving and handling activities within their directorate
- Ensure that all moving and handling activities carried out within the Directorate are assessed and identified control measures implemented
- Take remedial actions required following any investigation
- Refer staff as and when necessary to Occupational Health for back-care and advice
- Appoint at least two dedicated key person for moving and handling in all areas
- Report unsafe procedures and techniques to the appropriate person

- 4.5.2 Clinical Directors, Associate Chief Nurses, Ward Sisters/Charge Nurses and Department Leads will ensure that root cause analysis are undertaken where moving and handling activity has impacted upon staff, patients or others within the Trust wherever the Trust's risk matrix identifies a significant risk of 12 or above or when there is actual or potential serious harm
- 4.5.3 Line Managers are responsible for ensuring that the contents of this Policy are brought to the attention of all people working within their ward / department.
- 4.5.4 Matrons, Ward Sisters/Charge Nurses and Heads of Department are responsible for ensuring that each ward / department within their areas of responsibility has access to a copy of this Policy and for monitoring its application.

#### **4.6 All Staff**

- 4.6.1 All employees will receive manual handling training at the first opportunity. Regulation 5 of the Manual Handling Regulations 1992 (as amended) states 'Every employee at work shall make full and proper use of any system of work provided for his use by his employer in compliance with regulation 4 (1) (b) (11) of these regulations. Therefore all employees must;
- Know and understand their responsibilities under the Trust minimal moving and handling policy;
  - Attend the Trust's statutory moving and handling training relevant to their work area
  - Attend appropriate training provided on moving and handling equipment
  - Utilise all manual handling equipment provided, at the appropriate time and in the appropriate manner, in accordance with the Manual Handling Regulations 1992 (as amended).
  - Report promptly all incidents that relate in any way to moving and handling
  - Attend any appointment made for them with Occupational Health if they suffer any harm following a moving and handling task
  - Be aware of and use their designated key link manual handling person in the areas that have them
  - Inform their managers of any conditions affecting them personally that may affect their ability to undertake manual-handling operations safely (this includes health issues, mobility and/or pregnancy).
- 4.6.2 All employees will report faulty equipment to their line manager immediately.

#### **4.7 Bio Medical Engineering Department (BME)**

Bio Medical Engineering Department (BME) will arrange for maintenance and repair of hoists and record the date on the relevant piece of equipment. Line Managers should ensure this is done.

The Health & Safety Manager will ensure all reported accidents as a result of defects in manual handling equipment are investigated.

#### **4.8 Director of Strategy and Corporate Services**

As the Executive Lead for Health and Safety, the Director of Strategy and Corporate Services will ensure that the Manual Handling Safety Advisor has appropriate resources to support the promotion of the Trust's safety culture associated with moving and handling.

#### **4.9 Manual Handling Key Link Staff**

Manual handling key link staff will help implement the Policy, provide a supportive role reinforcing safe practice and will act as a ward / department link person for manual handling risk assessment, training support and pro-active planning.

#### **4.10 Occupational Health**

Occupational Health will ensure staff are fit for their role and liaise with Manual Handling Advisor the need for assistance with risk assessments or reviews.

#### **4.11 Training and Development Co-ordinators**

Training and development will book staff on relevant training sessions and maintain training records for Trust staff

### **5.0 Risk Assessment Process**

- 5.1 Moving and Handling risk assessments (moving and handling plan) will be undertaken on all patients on admission and completed within 24hrs. This assessment will identify the patient specific needs and identify any required equipment. The wards maintain stocks of slings and slide sheets. If specialised equipment is required, this can be obtained from the Manual Handling Team. Equipment can be accessed out of hours.
- 5.2 Patient risk assessments must be reviewed where there is any change during the patient stay or every 7 days as a minimum. The assessment will be recorded and readily available to appropriate staff.
- 5.3 Where a patient transfers out of their ward area, the moving and handling plan and patient specific equipment in use should accompany them in accordance with the transfer policy.
- 5.4 Risk Assessments for the moving and handling of inanimate loads must be undertaken in all areas. These assessments are to be undertaken by the line manager/senior staff, using the Trust template and made available within the workplace in the red risk folder. Where there are risks, actions should be developed by the ward / department manager and recorded on the action plan of the Trust M&H risk assessment pro forma. Implementation dates should be included and the manager must sign off when actions are completed.
- 5.5 Managers should seek advice from the M&H Advisor as necessary.
- 5.6 Risk assessments should be reviewed annually as a minimum and in response to incidents or changes in working practice.
- 5.7 These assessments should be referred to when staff attend local induction and when new assessments are introduced to any member of staff carrying out the task
- 5.8 Department / load risk assessments should be copied to the Manual Handling Advisor to facilitate organisational learning through reporting to the Health and Safety Manager and Health and Safety Committee as appropriate.

5.9 Where a high or extreme risk may affect other areas of the Trust, the assessment will be brought to the attention of the Health and Safety Manager and be addressed by the Clinical Director / Head of Nursing and Midwifery/ Head of Department on their local Risk Assurance Framework ensuring regular review at directorate or departmental governance meetings. The risk will be raised at Health and Safety Committee and where necessary monitored through the Health and Safety Risk Assurance Framework.

## **6.0 Training**

6.1 Managers are responsible for ensuring their staff have access to and attend suitable and sufficient training. Training will be provided in accordance with the Trust Training Needs Analysis (Mandatory Training Policy). The Law requires that staff receive appropriate Health and Safety training when:

- They are newly appointed
- A new or changed system of work is introduced
- The member of staff moves internally to a new job. All staff must receive their training every 2 years, therefore training records must be checked to ensure suitable and sufficient training is received.

Additional updates can be obtained through e-learning systems or liaison with your Manual Handling link or the Manual Handling team wherever specific risks are identified.

6.2 The Manual handling training program consists of both theoretical and practical elements including:

- Legislation
- Manual Handling definition
- Causes of injury (spinal awareness)
- Kinetics / ergonomics and principals of safe Manual Handling
- Hazard and Incident Reporting
- Manual Handling Risk Assessment (including Patient Handling Risk Assessment)
- Client /Load handling criteria
- Choice and safe use of equipment
- Communicating with patients and co-workers

6.3 Where new equipment is introduced within wards/departments suitable training is to be arranged on site to ensure staff are confident and competent to use it. Records should be kept of all training sessions whether classroom or department based. These records must be sent to the training and development department to be entered on the staff member's training record.

6.4 Clinical staff and technical support professions (such as Porters, Therapy service and Radiology) must ensure that they update their Moving & Handling training every 2 years by attending a practical session. Failure to review 2 yearly may result in attendance at an Induction Practical Session in Manual Handling.

6.5 Non-clinical staff (such as estates, hotel services personnel) and office staff must attend their updates every 2 years. Sessions may also be provided within the directorate by arrangement of the local line manager. These updates are available as an e-learning package.

6.6 All staff should review their training needs if there is a change to the use of equipment, change to equipment type or changes to previous systems of work.

- 6.7 The agreed techniques used for patients within the Trust are in accordance with 'The Guide to Handling Patients, Editions 1 to 6. The practiced techniques on the equipment (hoists, profiling beds, slide sheets) used within the Trust and demonstrated by the Manual Handling Safety Advisor, Moving & Handling Trainer and M/H Links adhere to these guidelines (Appendix 2 identifies controversial techniques that should not be used.)

**NB.** Before assisting in any moving and handling tasks staff must have been shown the agreed techniques by a moving & handling trainer or the moving and handling advisor. All controversial moving and handling techniques as identified in the revised 6th Edition Guide to Handling Patients are to be discouraged and will not be taught within the Trust (See Appendix 2 for the list of controversial techniques.)

## **7.0 Equipment**

- 7.1 All manual handling equipment must be in good working order at all times, or a replacement found to enable staff to continue working safely.
- 7.2 Slings and Slide Sheets are ordered centrally. All wards and departments have a duty of care to ensure patients are allocated the correct size sling. Full body slings are available in Small, Medium, Large, Extra Large and Extra, Extra Large. Wards must request new slings from the M/H department who will deliver Monday to Friday. Adequate supplies of all slings and slide sheets are available in the M/H training room 24/7 365 days a year. The room can be accessed by porters at all times. Please note that wards must ensure they never run out of slings and put patients at risk by allocating the wrong size sling, which would breach the regulations. The slings used on the full body hoists are patient specific and must be disposed of in the clinical waste when no longer required. These slings are not to go home with a patient as washing them will reduce the load capability of the material and the user will be at risk. Specialist slings and all the slings for the stand-aid hoists are all washable. The sling is to be allocated to a patient for their exclusive use during their stay. The sling is then placed in a purple laundry bag; the personal laundry parcel service slip must be completed. The department is Manual Handling as all the slings are checked before they go back out in the Trust to meet with legislation. The slide sheets are patient specific.
- 7.3 Equipment for sliding transfers (Patient Assisted Transfer (PAT) slide and slide sheets) should be used for all patients requiring assistance. For patients exceeding 20 stone refer to Bariatric protocols. Upper load limits of each hoist within the Trust should be clearly identified, most hoists within the Trust are suitable for transferring patients weighing up to 31stone (200kg). Departments should identify the location of the nearest suitable hoist and make arrangements in advance of any need for their use. The arrangements must be recorded in writing and displayed in an accessible location for all staff that would need the information. The handling of patients over 127kgs (20 stone) may require specialised equipment (see Appendix 3) Procedures for the manual handling of Bariatric Patients.
- 7.4 Hoists and slings – a visual inspection should be made prior to use. A competent person must inspect the equipment every 6 months and must be serviced yearly and records kept. The Safe Working Load (SWL) should be clearly marked on the hoist. This process is the responsibility of Estates and Facilities Dept, as identified in the Trusts Medical Devices Policy.
- 7.5 When considering the purchasing of any moving and handling equipment the Manager should contact the Manual Handling Safety Advisor to discuss the requirements to ensure standards for equipment are maintained within the Trust. Before deciding on which



equipment to purchase it should be tested, and evaluated for effectiveness / suitability for the task, in a specific risk assessment.

- 7.6 Before purchasing contact the procurement department and Manual Handling Safety Advisor for advice and guidance on companies/products.
- 7.7 Stretcher Hoist attachments' are located throughout the Trust to assist with assisting patients that have fallen from the floor. These must be used where there is any indication of fracture or spinal injury. Scoop stretchers are also available with the equipment which can be used with the 'Octo stretcher' attachments to minimise manual lifting. Locations can be seen in Appendix 6.
- 7.8 There are 2 'Hoverjack' systems, in Maternity and HR for use to slide people down the stairs in an emergency where the lifts cannot be used. Staff in both these areas and Porters are trained how to use these by the Manual Handling Team and updated as part of their mandatory training.

## **8.0 Incident / Accident Reporting**

- 8.1 All staff has a duty to report an accident / incident associated with moving and handling by completing a Risk Event form (Datix), and cooperate in any follow-up investigation in accordance with the Incident Policy. For management of patient falls, refer to the Falls Policy
- 8.2 Any late reports of incidents must be considered critically to ensure the Trust is not being held liable for injuries taking place other than at work.
- 8.3 Injuries to staff resulting from any Moving and Handling / Lifting activity will be discussed by Occupational Health and Risk Management. The Manual Handling Safety Advisor will obtain quarterly statistics on manual handling injuries from Risk Event data. If the member of staff is absent from work for more than 7 days or fractures a bone, the Health and Safety Manager should be contacted immediately so that a report can be sent to RIDDOR (refer to the incident policy for further details).
- 8.4 Referrals should be arranged by management directly with Occupational Health, who may seek further guidance and input from the manual handling or risk management team.
- 8.5 Manual handling risks will be monitored through the Health & Safety Group.

**NB.** It is considered a manual handling injury when staff experience task related pain that does not resolve spontaneously within an hour of onset.

## **9.0 Monitoring Policy Compliance**

- 9.1 The Manual and Handling Safety Advisor with the support of the clinical audit team will audit compliance with the requirement to undertake appropriate moving and handling risk assessments annually as a minimum. Results of the audits will be submitted to the Health & Safety Group for scrutiny.

## **9.2 Patient-related Risk Assessments**

- 9.2.1 As a minimum, completion of patient risk assessments will be audited on a representative sample of wards.

## 9.2.2 Key criteria:

- All patients will have a moving and handling risk assessment / plan commenced within 24 hours of admission
- All risk assessments should be reviewed appropriately
- Any equipment required should be available and where patient specific clearly marked with the patient's name.

9.2.3 The findings will be reported to the Health and Safety Group and to Directorate and department Governance meetings. Actions will be developed to address any deficiencies and progress monitored at subsequent meetings.

## 9.3 Department Moving and Handling (load) Risk Assessments

9.3.1 Completion of department moving and handling assessments is monitored on an on-going basis by the M7h Advisor. Compliance will be reported to Directorate and Department Governance meetings and to the Health and Safety Group meeting.

9.3.2 The M&H advisor will ensure that when M&H risk assessments are submitted they are reviewed to ensure the risk assessment is suitable and sufficient and that where risks have been identified, actions have been developed and implemented to address these.

## 10. Communication & Implementation

10.1 The Policy will be published on the intranet and the trust website and notified to staff in Focus.

10.2 The Manual Handling & Safety Advisor will email copies to each of the key link manual handling staff that will have responsibility to cascade and implement in their areas.

10.3 Matrons, Ward Sisters/Charge Nurses and Heads of Department are responsible for ensuring that each ward /department within their areas of responsibility has access to a copy of this Policy

## 11. Review

11.1 The Manual Handling Safety Advisor will review the policy every 3 years or more frequently in light of any changes in legislation, local initiatives or technological improvements.

## 12. References

Health & Safety at Work etc Act 1974

HSE Manual Handling Operations 1992: Manual Handling in the Health Service

National Back Exchange/Royal College of Nursing – 1<sup>st</sup> to 6<sup>th</sup> Editions Guide to Handling Patients

National Patient Safety Agency (NPSA) being open

HSE Reporting of Injuries, Diseases or Dangerous Occurrences Regulations 1995 (RIDDOR)



Appendix 1

**Equality Impact Assessment (EIA)**

Title of document being impact-assessed: Manual Handling of Patients.

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
<b>Gender</b>	The fitting of slings must take into account the comfort and dignity of the patient.	This is explained on all practical session in the classroom and also where assistance is given in wards/departments.
<b>Race and ethnicity</b>	Ladies of certain races or ethnicities may not choose to be assisted by a male member of staff.	This will be handled at ward level with the ward sister and documented in the notes.
<b>Disability</b>	Patients may have differing levels of understanding of their abilities.	The use of handling aids is fully explained to the patient. Where possible if compatible the patients own equipment can be used.
<b>Religion, faith and belief</b>	Patients of some faiths have strict protocols when they are being handled.	Where safe staff will ensure these needs are met.
<b>Sexual orientation</b>	No impact foreseen.	
<b>Age</b>	Fear of the use of equipment can cause agitation which raises the risk of injury.	Staff fully explain and where required assist the help of the Manual Handling team.
<b>Transgender people</b>	Manual Handling is not gender specific.	
<b>Social class</b>	Understanding of the equipment cost of provision if required on discharge so cause concern to some.	The assessment processes concerning discharge and the provision of required equipment is available on the NHS.

<p><b>Carers</b></p> <p>.</p>	<p>Carers often wish to assist with the moving and handling of the patients.</p>	<p>The staff in MEHT are trained in safe moving and handling techniques involving a minimum lifting criteria. Often carers use unsafe and inappropriate techniques and within the Trust our staff work to the policy therefore, we will provide the M/H assistance required.</p>
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**Date of assessment: March 2016**

**Names of Assessor (s).....Stella Smith, Manual Handling Advisor**



## Appendix 2

### Controversial Manual Handling Techniques

#### 1 Definition

- 1.1 These are techniques that may have been trained to staff in the past and are now recognised as unsafe in certain circumstances. More appropriate techniques are provided at mandatory training sessions and through the key link trainers.

#### 2. Staffing Actions

- 2.1 It should be noted that where these movements are used the patient and the staff or agency member could be put at risk, a valid risk assessment must be in place before these techniques are proposed for use. When these techniques are used without an assessment an incident form must be completed to address the training issues involved.

- 2.2 These movements are known through the following training titles:

- **Drag Lift:** Any lift that involves moving the patient with the nurse's arms or hands under the patient's axilla.
- **Orthodox Lift:** Lift with two nurses clasping their wrists under the patients back and thighs and moving the patient.
- **Two Swing Lift:** Same as Orthodox lift but with nurses knees remaining on the bed.
- **Through Arm:** Nurses behind patient with their arms clasped around the patients waist and folded arms and lifting the patient back.
- **Shoulder Lift (or Australian Lift):** Patients is between two nurses and places their arms over the nurses back. Nurses move patient with their weight on nurses shoulder.
- **Front Transfer (one nurse):** Nurse lets patient put their arms around their neck and lifts patient into standing position.
- **Bear Hug:** Patient and nurse hold onto each other around the waist area and nurse lift patient.

## Appendix 3

### Procedure for the Safer Handling of Bariatric Patients

#### 1. Introduction

- 1.1 United Kingdom Central Council Code of Profession Conduct states that “the nurse has a responsibility to identify all patients at risk” (UKCC 1993).
- 1.2 Bariatric refers to the field of medicine that focuses on the treatment and control of obesity and the disease associated with obesity (Mosby’s Medical, Nursing and Allied Health dictionary, 5th Edition, 1998)
- 1.3 All requisitions to purchase manual handling equipment will be authorised by accredited staff to ensure fitness for purpose and best value for money.

#### 2 Scope

- 2.1 All Patients who are known or assessed as being in excess of 127kgs (20 stone) will be classed as extremely heavy/bariatric and subject to this protocol.
- 2.2 Patients that weigh in excess of 130kgs should not be admitted to levels 3 and 4 of C Zone .

#### 3 Aim

- 3.1 The purpose of the procedures is to minimise the risk of injury to staff, carers and patients plus to ensure the patient is moved in as comfortable and dignified manner as is reasonably practicable.

#### 4 Referrals

- 4.1 The referrer should inform the Manual Handling Safety Advisor and any other members of the Multi-Disciplinary Team of the patient as they enter the system. This protocol can then be initiated to ensure that any specialised equipment can be sourced.

#### 5 Elective Admissions

- 5.1 Pre-admissions clinics and Outpatients Department should inform the ward and Manual Handling Safety Advisor (Ext 4781), as soon as admission is confirmed, allowing a minimum of at least 72 hours notice. This information should be cascaded to all the involved areas (Theatres, Physiotherapists etc.); this protocol can then be initiated to ensure that any specialized equipment required is available for use when the patient arrives for admission.

#### 6 Emergency Admissions



- 6.1 This Protocol will be initiated by the first service aware of impending admission, i.e. ambulance service, by contacting A&E staff, nurse in charge. The appropriate staff should be contacted as soon as possible. Within the A&E Department minimal handling of the patient will help to reduce risk of injury to staff e.g. procedures come to the patient such as X-ray, Phlebotomy etc.
- 6.2 The Manual Handling Team must be informed within 24hours of ALL bariatric admissions by phone on ext 4781. No personal details are to be sent just a ward location to enable support is given in the safe moving and handling/risk assessment of the patient. The Trust tissue viability team will also need to be informed.

## **7 Assessment Procedure**

- 7.1 A patient manual handling assessment must be completed and should identify:
- The accurate weight of the person – it is however recognized that in certain situations e.g. violent / non-compliant patients may be difficult.
  - The person's mobility, co-operation, mental state and any communication difficulties
  - All moving and handling that is required.
  - Handling equipment that is required
  - The number of staff that will be required.
  - Techniques to be used
  - Action to be taken in the event of a patient falling.
  - The manual handling assessment must accompany the patient at all times between care settings
  - An appropriate professional should review the assessment regularly.
  - Discharge or home visits must be planned ahead with consideration of methods of access / egress and transport.
  - Information regarding weight and handling problems must be communicated to other staff involved in the care of the patient e.g. radiographers, theatre staff, porters etc. It is the responsibility of other departments to ensure they have knowledge of the Safe Working Load of any equipment required before transferring the patient e.g. scanner/operating tables

## **8 Tissue Viability**

- 8.1 Advice and guidance on the selection of an appropriate pressure relieving mattress / cushion can be obtained from the Tissue Viability Nurse Specialist or the manufacturing companies representatives.

## **9 Bariatric Equipment**

- 9.1 There are weight limits and restrictions that is used to raise/lower and transport patients that should be displayed on each piece of equipment. Most equipment in general use have limits between 127kgs – 200kgs ( 20 –31 Stone), therefore alternative pieces will be required if the patient is heavier.
- 9.2.1 Weighing large patients can be difficult and hazardous. The Manual Handling Department has scales which can be used with a hoist up to 200kgs (31.4 stone) Within Alpha block there are 12 over head gantry hoist systems capable of lifting

400kgs (62 stone). Weighing scales can be used with these systems. Staff must ensure they have the correct XL sling available through the requisition processes if not available in the ward. One of the Bariatric beds is fitted with scales which must be 'zeroed' prior to putting the patient on. There are also 8 Linet Eleganza 3XC beds in the Medical High Dependency Unit A2.4 capable of weighing up to 250kgs (39 stone). The use of weight ramps should be considered which allow the patient to remain in their wheelchair and have an accurate weight recorded. There is a weigh bridge in the burns theatre which for infection control purposes should only be used with permission in exceptional circumstances. The team will assist with this procedure. There is a portable Liko Viking XL fitted with scales and with a Safe Working Load of 300 kgs (47 stone) held within the emergency department/ESS

## **10 Beds**

- 10.1 The Linet Eleganza beds have a safe working load of 230kgs and 250kgs which is on a label at the foot of the bed.
- 10.2 There are two Bariatric Beds one with scales both able to take 408kgs (65 stones). These beds have Alternating air mattresses with a Safe Working Load of 225kgs (45 stone). The mattresses have foam swabs that are used along the sides of the patient when the bed width is increased by use of the telescopic sides. On the rare occurrence a patient exceeds 225kgs a suitable mattress can be hired from 1<sup>st</sup> Call Mobility 01279 425648. Where a bariatric bed has been used and full decontamination is required if normal cleaning processes do not seem sufficient 1<sup>st</sup> Call Mobility will when contacted remove the bed and mattress to their decontamination unit. The cost of this operation is payable centrally by EBME. The bed cannot be returned to the bed store until it has been cleaned and labelled to meet the requirements of Infection Prevention.

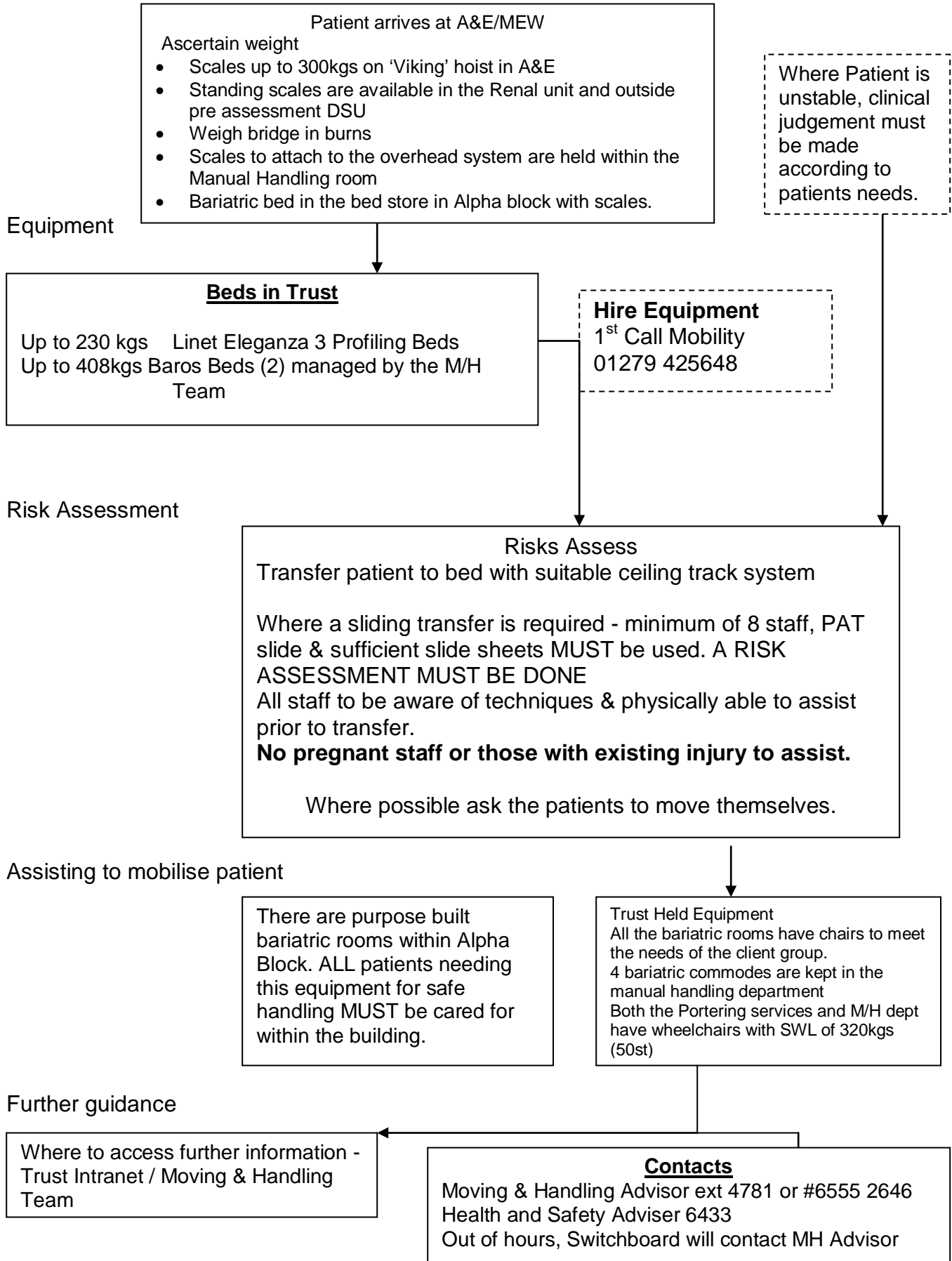
## **11 Deceased Patient**

- 11.1 Manual handling risk assessments should include a safe and dignified method of transfer to the mortuary. The SWL of the mortuary concealment trolley within the Trust is 180Kg (28 Stone). This trolley is height adjustable. In some cases it is impossible to transport the deceased patient on the trolley to the mortuary. To facilitate a dignified removal there are 2 purpose made bed covers, which are used, when the side rails are elevated to cover the whole patient's bed. The covers are held in the Manual Handling Training room.

- 11.2 Funeral directors need to be informed of the weight of the deceased patient. It is the responsibility of the Mid Essex team to move and handle the deceased within the mortuary. Portering and the Manual Handling Advisor will assist where required. Some bodies are brought to the mortuary directly by funeral directors where death has occurred in the community requiring Coroners support. These patients are weighed on arrival by the mortuary team.
- 11.3 All staff have a statutory obligation to weigh the patient before using any lifting appliance (Manual Handling in the Health Services HSE 1998). Experience has shown that attempts to estimate a patient's weight can be out as much as 10% either way. An accurate weight gives further options to choose the correct bed, hoist, chair etc.
- 11.4 Managers need to be aware of the manual handling regulations. They have a responsibility from their employer to ensure that staff are not exposed to hazardous tasks including manual handling

Appendix 4

Actions for Emergency Admissions for Bariatric Patients



Appendix 5

11 Bariatric Overhead Hoist System Locations	
A&E	Majors, Side Room 8
A&E	Majors, Side Room 9
A&E	Resus
A&E	Resus
MAZ	Side Room 2
Felsted (A 205)	Side Room 2
GHDU (A2.4)	Side Room 7
Danbury Ward (A3.1 or A302)	Side Room 29
Heybridge Ward (A3.2 or A303)	Side Room 29
Rayne Ward (A3.3 or A304)	Side Room 31
Terling Ward (A3.4 or A305)	Side Room 29

**These are the rooms in the Trust with the capability to lift 400kgs (63 Stone) through the ceiling tracks.**

**Please make sure that bariatric patients are put in these room where clinically possible.**

**In the event of a portable hoist being required for this patient group the Liko Viking XL which is located in ESS has a safe working load of 300kgs (47 stone)**

**Please do not use the wrong size/ weight limit sling.**

**Contact M/H Team on x4781 or #6555 2646.**

**Stretcher Hoist Attachment (Octo stretch) locations**

<b>For zones C, D and B</b>	<b>Manual Handling training room</b>	<b>On Low rise bed</b>
<b>For Zone E</b>	<b>Notley Ward</b>	<b>Main store room</b>
<b>For zone A2</b>	<b>ESS</b>	<b>ESS Store cupboard</b>
<b>For Zone A3</b>	<b>Rayne Ward</b>	<b>Store room left at end of the ward</b>