



**Lindsey Lodge Hospice & Healthcare**

# **Moving and Handling Policy**

**(Incorporating Plus Size and Wheelchair Policies)**

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# Introduction

- **The Hospice recognises that it must take a positive approach to prevent injury at work and attaches great importance to safe moving and handling by its staff. The term staff also includes volunteer staff, who have the same rights and obligations as salaried staff.**
  - **The aim of this policy is to reduce the risk of injury to staff and patients as far as reasonably practical through awareness, training, suitable facilities and adequate resources to enable safe moving and handling.**
  - **All Staff must be aware that it is only in exceptional circumstances that they are allowed to lift patients when there is a need to remove them from imminent physical danger (e.g., fire, bomb, violence, building failure)**
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- a) Only staff who have received relevant training and are fully conversant/competent should use moving and handling equipment or move/escort a patient. All staff have a responsibility to use the equipment correctly and to report any malfunction or potential malfunction immediately to their line manager.
  - b) Moving and Handling training will be provided for all staff in the form of an annual mandatory update, plus additional sessions during the year for particular patients/equipment/staff. Records will be kept for all training sessions and each staff member will keep a record on their own personal moving and handling 'passport'.
  - c) Staff share with management a responsibility for their own health and safety and for that of their colleagues. Each member of staff must, therefore, become acquainted with, and proficient in, the use of current moving and handling procedures. It is the responsibility of staff to book onto/attend training and not to use any equipment/techniques that they have not been trained on or do not feel competent in using. The hospice moving and handling trainers are available for additional 'ad hoc' training sessions if required.
  - d) To minimise the risks from patient handling a manual handling risk assessment must be carried out by a trained member of staff for all patients and for each task. These working documents are located on Systmone and must be continually updated. Staff should refer to and follow them when moving and handling a patient – using them in conjunction with care plans, which must be updated when the assessments are carried out.
  - e) Methods of moving and the type of handling aids being used (e.g. size of sling) must be recorded in care plans/risk assessment. Manual lifting of patients should be mechanised whatever their weight. Horizontal movement of patients must be performed using slide sheets by a minimum of two staff trained in moving and handling.
  - f) If, for any reason, staff feel that a care plan cannot be implemented for reasons of staff or patient safety, they must report their concerns immediately to their manager, nurse in charge or moving and handling lead.
  - g) Staff must wear suitable clothing and footwear in accordance with the uniform policy. Footwear should be flat and supportive with non-slip soles. Tops or dresses should be non-restrictive to allow ease of movement.

- h) Pregnancy or any other medical condition which may affect the ability to perform moving and handling safely must be reported to a line manager and reviewed by a moving and handling trainer.
- i) All staff must record and report any accident, incident or near miss relating to moving and handling to their line manager in accordance with incident reporting procedures.
- j) Patients should be encouraged to assist to move themselves wherever possible. They may need guidance and encouragement. Patients who need minimal help to get up out of a chair may be assisted using a long back hold and hand support. A handler's effort should be within their physical capability, always adopting safe working postures.
- k) Patients requiring a bath must use either the bathing or overhead hoist to get in/out of the bath. If a patient prefers not to use a hoist they can be offered a shower.
- l) The facilities manager/health and safety lead has responsibility in organising 6-monthly maintenance and 12-monthly load testing on all mechanical equipment. However, it is the responsibility of anyone using this equipment to check it is in date before using (a dated sticker will be on the piece of equipment) and the moving and handling leads to ensure equipment is maintained in a satisfactory condition and that checks are recorded.
- m) Anyone using a sling should visually check it each time before use to ensure it is suitable to use – stitching intact, not frayed, etc.
- n) It must be ensured that a patient NEVER exceeds the maximum permitted load/capacity of any equipment used – this is generally stated on a sticker/label affixed to the equipment. The term equipment includes anything used to move/lift a patient and includes hoists, slings, stand aids and walking aids. If in doubt, please refer to one of the moving and handling trainers. This is particularly important when dealing with plus sized patients.

## **2) Management of Plus Size (formerly known as bariatric) Patients**

### **a) Definition**

- i) All patients who are known or assessed as weighing 25 stone / 158 kg or more will be considered to be Plus Size.
- ii) However, certain patients whose weight is lower, but due to body shape, height/weight distribution, tissue viability or immobility problems, renders standard equipment inadequate, may also be referred to as Plus Size.
- iii) In these cases clinical judgement should be used and Plus Size equipment considered in order to meet the needs of patients and staff.

### **b) Purpose**

- i) To minimise the Moving, Handling and Management risks to patients and staff by ensuring that Hospice managers and key personnel are made aware of the planned admission of a Plus Size patient.
- ii) To ensure the Moving and Handling and Management needs of Plus Size patients are fully assessed and documented clearly in the patient's care plan, and as early as possible. Identify and record tasks which increase the number of staff required and ensure sufficient staff are present for these tasks.
- iii) To minimise the moving, handling and management risks associated with the care of Plus Size patients in a manner which optimises patient comfort, safety, dignity and wellbeing.

- iv) To ensure specialist equipment is available for use as early as reasonably practicable to promote Plus Size patient safety.
- v) To ensure that clear guidelines are given to all staff on how a Plus Size patient can be moved quickly in an emergency and what equipment is required. The information should be kept with the care plan.

**c) Specialist Roles**

- i) All staff involved in the care of a particular Plus Size patient must be trained in the use of any specialist Moving & Handling equipment which has been hired/rented for that patient. The responsibility this training will depend on the circumstances and may include Moving and Handling Trainers, Managers, Senior Nurses and staff involved.
- ii) The Plus Size patient may be at greater risk of developing pressure damage, so consider a referral to a Tissue Viability Nurse.
- iii) An Occupational Therapist can be consulted to advise and assist with activities of daily living activities of a Plus Size patient.
- iv) Physiotherapists offer advice and help where appropriate with positioning, transfers and mobilisation of Plus Size patients.
- v) Dieticians have specialist skills in assessing a Plus Size patient's nutritional intake and status.

**d) Admissions to the Hospice**

- i) Plus Size patients being transferred into the Hospice from other areas, e.g. hospital or the community, should have a Moving & Handling assessment document in situ. The patient's weight should be clearly shown in the notes. The Moving & Handling document and record of weight should accompany the patient at all times.
- ii) If specialist equipment or advice is unavailable, the immobile Plus Size patient should be nursed in bed until suitable advice/equipment is available, in order to reduce the risk of injury to both patient and staff.
- iii) Should a Plus Size patient refuse to use the available Moving & Handling equipment the patient should be nursed in bed. The reasons for refusal should be discussed sensitively with the patient.

**e) Transfers to Hospital**

- i) If the Plus Size patient is required to visit hospital for a procedure, e.g. a scan, the hospital department must be informed of the patient's status prior to the visit. The Moving & Handling action plan, which should state the minimum number of staff required for safe Moving & Handling, if the patient has any mobility, and their level of cooperation, must accompany the patient.
- ii) If hospital transport is required to take the patient to hospital, the transport department must be informed well in advance of the appointment. They will need to know the patient's weight and level of ability in relation to mobility and transfers, as they may need to arrange an ambulance with a tail lift, a suitable wheelchair, and possible extra staff.

**f) Undertakers**

- i) Undertakers must be informed prior to collection of a deceased Plus Size patient to allow them to prepare a safe and dignified collection from the hospice.

### 3) Wheelchairs

- a) Before pushing a patient in a wheelchair all staff – permanent, bank and volunteers – should be trained in the correct operation of the wheelchair as the patient’s safety and comfort is paramount.
- b) Staff must familiarise themselves with the features of a wheelchair, e.g., brakes, footplates, tipping lever, before use. Pneumatic tyres should be checked to see if they require inflating.
- c) When pushing a wheelchair, the person pushing must ensure they maintain their correct body posture (spine in line).
- d) Footplates must always be used. These must be released and turned outwards or removed before the patient gets into/out of the wheelchair. Once the patient is seated the footplates must be turned to the front and secured.
- e) The patient must always sit on a cushion – either a standard wheelchair or appropriate pressure relieving type.
- f) When a patient is left in a wheelchair, even momentarily, the brakes must always be applied.
- g) When approaching a doorway, the patient must be instructed to keep both arms inside the chair and not on the armrests.
- h) Not all wheelchairs have a lap belt, but if one is in-situ and the patient has mental capacity ask them if they would like it fastening; if they agree document the decision in the patient’s notes. The belt should be tightened sufficiently to a point where there is room to slide your flat hand between the belt and the patient, enabling them to be comfortable and preventing them from sliding out.
- i) If a patient does not have mental capacity, as indicated by the Assessment of Capacity Flowchart held in the patient’s notes, and it is considered by staff that it is in the patient’s best interests to use a belt, the procedure should be discussed with family and carers. Record in the care plan when the belt should be used to ensure that all staff involved in the patient’s care are aware of the procedure.
- j) For a patient classed as Plus Size, weighing approximately 25 stone and above (formerly known as Bariatric), the large wheelchair must be used – ensuring they do not exceed the weight capacity of the wheelchair.
- k) Monthly maintenance checks must be carried out and recorded by maintenance staff.
- l) Any wheelchair observed as not being safe to use, (e.g. brakes or footplates are defective) must be taken out of use and reported to maintenance staff.
- m) Hospice staff will receive training as part of moving and handling training and updates. All volunteers have wheelchair training before pushing a patient in a wheelchair, records are maintained of this by the Clinical Trainer and each volunteer line manager/team leader.

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Review 3 yearly

TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	CIRCULATION
April 2021	May 2021	SH	QA Sub-Committee 19.05.2021	L: Drive Policies and Guidelines
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