Patient (Animate) Manual Handling Information Theory Booklet For Patient Handling Staff
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BARIATRIC HANDLING

Bariatric – Comes from the Greek word **BARYS** meaning heavy and **BAROS** meaning weight.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy weight</td>
<td>18.5–24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25–29.9</td>
</tr>
<tr>
<td>Obesity I</td>
<td>30–34.9</td>
</tr>
<tr>
<td>Obesity II</td>
<td>35–39.9</td>
</tr>
<tr>
<td>Obesity III</td>
<td>40 or more</td>
</tr>
</tbody>
</table>

**DEFINITION:**
A person with a known or suspected weight of over 25 stone.

A person who has complex manual handling problems due to size and/or shape.

A person who does not fit into standard equipment.

Bariatric is also used to describe the field of medicine that focuses on the causes, prevention, treatment and management of obesity and its associated diseases (Mosby’s Medical Dictionary, 2006)

Interpret BMI with caution in highly muscular adults as it may be a less accurate measure of adiposity in this group. Some other population groups, such as people of Asian family origin and older people, have comorbidity risk factors that are of concern at different BMIs (lower for adults of an Asian family origin and higher for older people). Use clinical judgement when considering risk factors in these groups, even in people not classified as overweight or obese, using the classification in recommendation

Base assessment of the health risks associated with being overweight or obese in adults on BMI and waist circumference as follows: [2006]

The Table below can be used to identify overweight or degree of obesity in Adults. (Nice Guidance)

<table>
<thead>
<tr>
<th>BMI classification</th>
<th>Waist circumference</th>
<th>High</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>No increased risk</td>
<td>Increased risk</td>
<td>High risk</td>
</tr>
<tr>
<td>Obesity I</td>
<td>Increased risk</td>
<td>High risk</td>
<td>Very high risk</td>
</tr>
</tbody>
</table>

For men, waist circumference of less than 94 cm is low, 94–102 cm is high and more than 102 cm is very high. For women, waist circumference of less than 80 cm is low, 80–88 cm is high and more than 88 cm is very high

**Equipment Library** - (Location basement tower block)
Is used for the storage of specialist Bariatric equipment and other equipment which is managed by Julie Dean and her team. x 3049
Porters & Site Co-ordinators can access this area 24/7.
Where specialist equipment for Bariatric patients is required such as a bariatric bed, chair, commode, a bed will need to be removed from the bay/ward area to ensure there is adequate space for the equipment/the patient, to ensure a safe system of work and reduce the risk of injury to both patient and staff.

**In the equipment library the following patient handling equipment is available:**

<table>
<thead>
<tr>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gantry Hoist. (this is hoist equipment designed to manage patients up to the weight of 63stone) This is installed by the porters and will take up to two bed spaces. If this is installed the curtain rail needs to be removed to allow height of the Gantry Hoist.</td>
</tr>
<tr>
<td>Repo Turning Sheets.</td>
</tr>
<tr>
<td>Large Bariatric slings in various sizes.</td>
</tr>
<tr>
<td>Privacy Screens.</td>
</tr>
<tr>
<td>Concealment covers for the deceased Bariatric patient.</td>
</tr>
<tr>
<td>Stretcher attachment bar &amp; Sling.</td>
</tr>
<tr>
<td>Viking L Hoist-40stone</td>
</tr>
<tr>
<td>Viking XL hoist -47stone</td>
</tr>
<tr>
<td>Gantry Hoist</td>
</tr>
<tr>
<td>Romedic Bariatric Standaid.</td>
</tr>
<tr>
<td>Bariatric Slide Sheets-Flat slide sheets and Tubular slide sheets.</td>
</tr>
<tr>
<td>Crutches and frames.</td>
</tr>
<tr>
<td>Bariatric commodes.</td>
</tr>
<tr>
<td>Bariatric Wheelchairs.</td>
</tr>
<tr>
<td>FlatLift Kit- Consisting of The HoverJack/Hovermatt/Air supply and cart</td>
</tr>
<tr>
<td>Bariatric beds</td>
</tr>
<tr>
<td>Bariatric weighing scales</td>
</tr>
</tbody>
</table>
ASSESSING PATIENT HANDLING NEEDS

Patient handling criteria will always take into account several points:

1. The patient’s condition
2. Any attachments he or she might have
3. Any special problems
4. The Patient’s ability to assist in the procedure
5. Whether the patient can be moved without causing pain.
6. The condition of the patient’s skin with regard to contact points needed during the manoeuvre.

When considering ways in which a patient may be injured during a transfer, there are four main points:

1. **Friction** - particularly between the skin and the transfer surface.
2. **Joint Damage** – caused by stressing weak joints.
3. **Resistance from the Patient** - perhaps due to lack of communication or understanding.
4. **Falls** - due to lack of knowledge of the technique, or the carer exceeding his or her individual capability during the lift.

The Traffic Light Hazard Handling System

Facilitates the allocation of one of three colours to each patient – red, yellow or green. The colour rating is dependent upon an assessment of the patient’s condition, based upon the handling hazard he or she represents, red high risk, amber medium risk green low risk. Once the level of risk has been identified the relevant information must be documented in the Patient Manual handling action plan.

**Patient Manual Handling Action plan - Assessment Form**

Must be completed accurately with information with regard to the patient handling requirements, and criteria, which enables the safe management of the patient.

**This is to include:**

- What type of manoeuvre is being undertaken?
- What equipment is required to perform the manoeuvre?
- How many people required.
- Condition of the patient.
- Any issues with regard to the safe management of the patient.
- Improvement or deterioration of the patient which may require changes in the way the patient is managed.
- Any other relevant factors.
- Date and time the patient was moved.
PRINCIPLES OF HOIST & SLING USE

Ensure that the patient is correctly positioned in the new location to prevent further manual handling once the sling is removed.

Remove the sling carefully to avoid damage to the patient’s skin return hoist equipment to charge and re-usable sling to the mini laundry, if required for another patient.

HOISTS

Hoists can be divided into three categories:

1. FIXED, FLOOR-MOUNTED HOISTS are used mainly when bathing. They can be hydraulically, mechanically or electrically operated, and can be useful where space is limited.

2. OVERHEAD HOISTS are usually electrically operated. They may be fixed permanently overhead or mounted on mobile frames.

3. MOBILE HOISTS are the largest of the three categories, and can be operated hydraulically, electrically or by geared winding mechanisms.

The majority of equipment is now battery or electrically operated, for ease of use.

SLINGS

Hoists are used in conjunction with slings when moving patients. Slings are designed to suspend the patient whilst being mechanically transferred.

The design of sling depends on:

- Its function
- The type of patient to be lifted
- The reason for the lift
- The condition of the patient

REMEMBER!

When looking at handling aids, equipment selected for a particular task should:-

- Reduce the handling effort required from carers
- Be easy to operate
- Be capable of moving the patient safely
- Be capable of being used in its intended location
- Be in sound condition and properly maintained
- Be suitable for the condition and comfort of the patient
GENERAL GUIDANCE - GOOD PRACTICE FOR ALL HOISTING TASKS

1. Do not use the hoist/sling unless you have had the necessary training
2. Read the handling/hoisting plan and ensure it is current and relevant
3. Familiarise yourself with the hoists emergency lowering systems
4. All hoisting tasks should be performed with two handlers (unless otherwise risk assessed)
5. Communicate with all involved in the task at all times
6. Ensure safety and comfort of person at all times
7. Reassure the person at all times
8. Never use the hoist as a threat
9. Brakes must not be applied during the hoisting procedure (unless otherwise risk assessed)
10. Any concerns regarding the equipment, task, person, environment etc., handlers must contact their manager or follow organisational procedures immediately
11. Apply sling first, bring hoist in last
12. Double check the sling attachments and the sling and person are in the correct position prior to raising.
13. Ensure the support surface is ready to receive the person
14. Hoist the person just above both support surfaces to obtain sufficient clearance
15. Avoid using the hoist to transport over distances, thresholds and different surfaces unless otherwise stated in the risk assessment
16. Follow local policies and procedures with regard to care and cleaning of the hoist
17. Place hoist on charge when not in use
18. Hoists and slings must not be adapted or misused
CHECK LIST – PRIOR TO THE TASK

Is the person’s condition the same as when they were assessed for this piece of equipment?

NO

YES

Is there a current & relevant handling/hoisting plan?

NO

YES

Have you had up to date Moving & Handling training, including hoist training?

NO

YES

Are there two handlers available to perform the task together?

NO

YES

Are you familiar with this specific hoist/sling?

NO

YES

ENVIRONMENT

Is the area safe for hoisting?
- Sufficient space
- Clear of obstacles
- Access around and under furniture
- Clean/dry

NO

YES

HOIST

Are you familiar with the emergency stop and lowering systems?

NO

YES

DO NOT USE

Check with my supervisor

NO

YES

DO NOT USE

COMMENCE THE TASK

NO

YES

Have you done a visual check?
- Clean and undamaged
- Label legible - SWL clearly displayed
- Unique identifier
- Service up to date (approx 6 months)

NO

YES

Is the sling the one identified in the handling/hoisting plan and is it still appropriate?

NO

YES

SLING

Is the sling compatible with the hoist?

NO

YES

Have you done a visual check?
- Battery charged
- Service up to date (approx 6 months)
- No obvious signs of damage
- Castors move freely
- Base adjustment/lifting & lowering mechanisms move freely
- Emergency button set in correct position
- SWL clearly displayed
TERMS ASSOCIATED WITH HOIST USE.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOOM/JIB</td>
<td>Also known as the LIFTING ARM</td>
</tr>
<tr>
<td>COMPATABILITY</td>
<td>Works successfully with</td>
</tr>
<tr>
<td>ENVIRONMENT</td>
<td>Working area</td>
</tr>
<tr>
<td>HSE</td>
<td>Health &amp; Safety Executive</td>
</tr>
<tr>
<td>LAPSTRAP</td>
<td>Also known as SAFETY BELT, SEAT BELT, SAFETY HARNESS</td>
</tr>
<tr>
<td>LIFTING TAPE</td>
<td>A strip of fabric which lowers/raises from the MOTOR to which the SPREADER BAR is attached</td>
</tr>
<tr>
<td>LOLER</td>
<td>Lifting Operations and Lifting Equipment Regulations 1998</td>
</tr>
<tr>
<td>MHOR</td>
<td>Manual Handling Operations Regulations 1992</td>
</tr>
<tr>
<td>MOTOR/UNIT/POD</td>
<td>Unit that runs along a TRACKING system from which the LIFTING TAPE lowers/raises.</td>
</tr>
<tr>
<td>SPREADER BAR</td>
<td>Part of hoist to which the sling attaches. Also known as the CARRY BAR</td>
</tr>
<tr>
<td>SWL</td>
<td>Safe Working Load</td>
</tr>
<tr>
<td>TRACKING</td>
<td>Along which the motor of the ceiling track hoist runs</td>
</tr>
<tr>
<td>UNIQUE IDENTIFIER</td>
<td>A number or code unique to each individual sling</td>
</tr>
</tbody>
</table>

MANUAL HANDLING EQUIPMENT

<table>
<thead>
<tr>
<th>The following aids can be used to assist in sitting to standing, or vice-versa:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- raised chair</td>
</tr>
<tr>
<td>- raised toilet seats</td>
</tr>
<tr>
<td>- tip-up chairs/cushions</td>
</tr>
<tr>
<td>- grab rails</td>
</tr>
<tr>
<td>- Electric beds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following aids can be used to encourage independent transfers, or to reduce stress on the carer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- transfer boards</td>
</tr>
<tr>
<td>- sliding boards</td>
</tr>
<tr>
<td>- turntables</td>
</tr>
<tr>
<td>- towels</td>
</tr>
<tr>
<td>- handling belts</td>
</tr>
<tr>
<td>- Standing Aids:-Arjo Sara Stedy,</td>
</tr>
<tr>
<td>- Mo-Lift Raiser</td>
</tr>
<tr>
<td>- Etac Turner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following aids can be used to move the patient on the bed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- hand blocks</td>
</tr>
<tr>
<td>- transfer netting</td>
</tr>
<tr>
<td>- trapeze</td>
</tr>
<tr>
<td>- bed ladder</td>
</tr>
<tr>
<td>- Slide sheets</td>
</tr>
<tr>
<td>- transfer sheets</td>
</tr>
<tr>
<td>- immoturn</td>
</tr>
<tr>
<td>- bed lever</td>
</tr>
</tbody>
</table>

Sliding sheets are an integral part of a minimal/no manual handling policy. They allow the friction-free movement of a patient on almost any surface, and help eliminate the need for carers to lift.

<table>
<thead>
<tr>
<th>The following aids can be used to assist the carer in moving the patient from bed to bed, or bed to trolley, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- large transfer boards</td>
</tr>
<tr>
<td>- large sliding sheet with integral bridgers-Pat Slide/Hovermatt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A useful group of aids to bathing are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- transfer boards</td>
</tr>
<tr>
<td>- bath seats</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wheelchairs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Self propelling</td>
</tr>
<tr>
<td>- Pushing</td>
</tr>
<tr>
<td>- Electric</td>
</tr>
</tbody>
</table>
METHODS OF HOLDING - ASSISTING PATIENT TO SIT/STAND & WALK.

All assisted walking and transferring can be carried out with or without a transfer belt. The same principles are applied with or without a handling belt. There may be one or two carers participating in the manoeuvre dependant on the need of the patient as identified in the risk assessment.

The following methods of holding are proven, safe and reliable.

1. Palm to palm - Avoiding thumb Hold
2. Patient’s hand placed on carer’s fist.

They are often employed as an integral part of more complex handling techniques, so familiarity with each of them is essential.

DANGERS

Underarm/drag lift is a banned technique and must not be used. This can cause dislocation to the patient’s shoulder, bruising and pain and can also been seen as abuse even if not intended.

Walking arm in arm with a patient is a dangerous technique as the carer is linked to the patient in such a way as to prevent safe lowering should the need arise.

If the patient needs the carer to physically move his/her feet for him then he is not yet ready for walking practice.

THE FALLING PATIENT

If the patient collapses during the manoeuvre and cannot be persuaded to stand, he/she must be lowered to the ground immediately. There must be no attempt to ‘catch the patient’ as this can result in serious injury to staff.

The handhold on the belt should not be such as to prevent the carer from releasing his/her hold quickly.
A carer should not run to reach a falling patient, as he/she will not be close enough to support the patient safely.
The carer must not be in a position whereby the patient could grab hold of him/her.
The carer should:

1. Release his/her hold and move behind the patient.
2. Take one step back whilst allowing her/his hands to slide up the trunk of the patient
3. Allow the patient to slide to the floor taking the weight of the patient on her/his thigh
4. Let the patient sit on the floor or continue down into kneeling position allowing the patient to lie down.

The Hoverjack Flatlift Kit equipment can be used to transfer a patient safely from the floor without physically lifting them from the floor, and is the safest option unless they can do it for themselves. Dependant on the medical condition of the patient, a hoist and sling can be used as an alternative.

If a patient is suspected of having an injury the ‘scoop and hoverjack’ can be used to stabilise the patient and transfer safely to the bed/trolley.

Staff should follow the Patient Falls Risk Assessment to reduce risk of injury to the patient.
It is the view that most so-called emergencies are foreseeable and can therefore be planned for and safe solutions put in place. Patients can and do collapse in any part of a hospital or home that they have access to. Therefore, the handling elements of these situations are also foreseeable and should be planned for.

There are five ‘real emergencies’ quoted in the ‘Guide to the Handling of People 5th Edition’ in which risks may have to be taken and there may not be time to get equipment.

These are where a patient is:
1. In water in imminent danger of drowning
2. In an area that is on fire or filling with smoke
3. In danger from bomb or bullet
4. In danger from a collapsing building
5. In danger of suspended strangulation

**CARDIAC OR RESPIRATORY ARREST - RESUSCITATION COUNCIL UK**
**WWW.RESUS.ORG.UK**

Speed is of the essence when dealing with a respiratory or cardiac arrest. If the person arrests on the floor, treatment should be given in situ and time should not be wasted by trying to lift them onto a bed.

If a person arrests in a confined space such as a toilet then they must be moved using some form of slide sheet into a clear area.

Once a patient has been resuscitated the problem of getting him/her off the floor must be tackled.

The **Hoverjack Flatlift Kit equipment** can be used to transfer a patient safely from the floor without physically lifting them from the floor. (See page 20). If using the Hoverjack ensure all chambers are fully inflated and ensure the surface is firm, there is a risk to the patient if the chambers are not fully inflated with a potential for the Hoverjack becoming unstable.

The equipment is located in the equipment library which the porters have access to 24/7 the urgency of the situation needs to be stated to the porters on request.

A stretcher sling is an alternative choice with the appropriate stretcher bar attachment both located in the equipment library and can be used with the Viking L or Viking XL Hoist.

Patients can be lifted from the floor using a mechanical aid but it must be noted that the patient should be lifted without bending the patient into a sitting position (ie If after a Cardiac arrest)

Once initial observations are carried out and the patient is uninjured, if the patient is able to help themselves then the patient should be encouraged to do so providing their medical condition and their ability allows them to do this.
TRANSFERRING A PATIENT FROM THE FLOOR.

Using the HoverJack™ and HoverMatt® to raise a patient off the floor

Roll patient onto the Jack and Matt

Fasten straps and attach Air Supply

Inflate chambers of the Jack # 1 - 4 and position next to the bed

Remove Jack strap and insert hose at the corner of HoverMatt

Push Matt across using the handles

Stabilise and centre Matt
WHEELCHAIRS WHAT DO WE NEED TO KNOW?

Before moving a patient in their wheelchair you need to consider these factors:
- Safe working Load.
- Brakes are working, tyres are pumped up.
- The general condition of the wheelchair is clean, in good working order and maintained.
- The footrests have been secured properly.
- How heavy is the patient.
- Do you need two people to push?
- Do they wear a lap strap or harness to keep them in position, has it been secured properly?

If you are pushing in an indoor or outdoor environment you need to consider access:
- Are doorways wide enough?
- Is there room to turn?
- Types of flooring thick carpet, loose tiles, steps, slopes and uneven flooring.
- Is the environment very hot/cold?
- Weather conditions transferring patient into ambulance or other vehicles when discharged to go home.
- There are various designs of wheelchair eg moulded wheelchairs these often have high backs which can make it difficult to view where you are going, if you cannot see over the top of the wheelchair.
- Consideration should be taken of staff member’s, height, strength, individual capability before transferring a patient.
- Where are you taking the patient, how far are you going?
- Do you need an especially adapted or specially designed vehicle for transporting patients?

When pushing a wheelchair keep your elbows relaxed and tucked in while pushing close to the load.

Moulded Wheelchair          Manual Self-Propelled Wheelchair

Electric Powered Wheelchair

Bariatric Wheelchair          Manual Push Wheelchair
ELECTRIC BEDS

The Richmond Extra Low Bed.
- The Richmond bed is designed to be lowered to the floor for patients who have a tendency to climb out i.e. the confused patient, reducing the risk of injury.
- When nursing the patient the bed can be heightened to an appropriate level to aid staff attending to the Patient’s requirements.
- The Richmond bed is not designed to be transported around the hospital, the bed is heavy and staff can incur shoulder and back injuries.
- If a patient is in a Richmond bed but needs transporting to another area e.g. Clinical Imaging, dependant on the patients’ health, they should be transported where possible by either a wheelchair, patient trolley, or moved onto another bed which is more easily transportable.
- Ideally where possible, if patients can be transported in a wheelchair this is the best option.

The Legacy Complex Care Bed.
- Is an extremely high tech bed which can offer the most unique support for managing patients with complex requirements, such as spinal injury etc.
- This bed has many functions including turning the patient onto their side. This enables the re-positioning and comfort of the patient, who may be unconscious and requires regular turning to prevent pressure sores developing and has many added benefits.

Huntleigh Enterprise 5000.
- Safe Working Load 39st/250kg

Hill-Rom 900 bed
- Safe working Load 39st/250kg is the latest electric bed introduced to the trust.

Benmore Bariatric electric beds.
- These cater for the Bariatric patients who cannot be cared for in the standard electric beds due to their width etc.
- These can be located in the equipment library by the porters.

Bariatric Nightingale bed.
- Bariatric bed which can be hired if there are no Benmore Bariatric beds available in the equipment library.

Please Note:
- Due to the variations of electric beds in the trust you need to ensure you become familiar with the different control systems in place to ensure they are operated safely.
- Each area should have Manuals with the relevant information in them.
- When training is rolled out, it is important that staff attend, to ensure they have a good understanding of the functions and positioning of the bed, which can benefit both the patient and the staff in the management of their patients, this will help reduce the physical effort required in the various processes carried out when moving and handling the patient. There will eventually be only electrically operated beds as the old mechanical beds are being phased out.

Bedrail assessment
- Must be carried out on patients and used appropriately.
- The use of bedrails should not be used on patients who are confused or are likely to climb out as this can cause severe injury to the patient from entrapment or falling from a height.
- In these situations patients should be in either a Richmond low bed, or in a bed reduced to its lowest height to reduce the risk of injury.
- If bedrails are used, clear documentation needs to explain the rationale for their use.

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**TRANSPORTING OF PATIENTS AROUND THE HOSPITAL.**

**Staff/porters who are transferring patients around the hospital on beds should consider:**

- Does the patient need to be on the bed, can they be transferred by wheelchair?
- When transferring the patient on the bed, the bed should be raised at waist height level for ease of movement.
- Staff **must not stand at the front of the bed** when transferring the patient around the hospital, this is **not** the correct procedure.
- This can cause twisting and poor postural stresses on the back.
- The momentum of the bed when being moved if pulling from the front of the bed, can cause injury to lower limbs as they can get caught under the framework of the bed, while pulling and walking with the bed.
- Staff pushing the bed should be using sufficient effort to move the bed with ease but not fast that it poses a risk of injury to others.
- Ensure the footbrake positions are in correct position for travelling along corridors, and steering around corners.
- Corridors and access areas should be free of clutter to ensure smooth transportation of beds or trolleys, to avoid accident or injury, to patient, staff and visitors.

**Please Note** The unnecessary transportation of patients on beds around the hospital **should be avoided** wherever possible.

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**THE MOVING AND HANDLING OF THE DECEASED PATIENT.**

**Please Note:**

- For the safe moving, handling and transferring of the deceased patient to the concealment trolley a pat slide is used.
- For the safe moving, handling and transferring of the deceased patient in a body bag to the concealment trolley, a pat slide and slide sheet is used.
- For the transfer of the deceased Bariatric patient, contact the mortuary and ask for a disposable sling which they provide for the safe transfer of the patient which is compatible with their ceiling track hoist, this will need to be placed under the patient before being transferred from bed to mortuary.
The mortuary have an overhead ceiling tracking hoist to aid the safe handling and management of the deceased patient into the mortuary fridge.

To ensure dignity of the Bariatric patient being transferred from ward/dept to the mortuary, bariatric concealment covers can be located in the mortuary and are provided for this purpose.

LAUNDERING OF PATIENT MANUAL HANDLING EQUIPMENT.

All Re-Usable Patient Manual Handling Equipment Which Includes:
- All Hoist slings
- Slide sheets
- Handling Belts
- The Hovermatt.
- Mo-lift raiser straps
- Green Repo Sheets

These are all washed in the mini-laundry which is based on the hospital site.

If this equipment requires washing it should be put into a GREEN BAG, clearly labelled with the ward/departments name on it.

If the equipment is contaminated with bodily fluids, or infected, this should be put into a PINK DISSOLVABLE BAG then into a GREEN BAG clearly labelled with the ward/department it belongs to.

The green bags are then placed in an area where they are collected by ‘Mitie’ staff who distribute the linen.

You need to find out where this location is by the manager of the ward/department. Some areas have a green skip located nearby for this purpose.

All Disposable Slings or Slide sheets when contaminated with bodily fluids and can no longer be used for the patient, or are no longer required, should be disposed of in clinical waste.

Do Not put any patient handling equipment into clear bags with the linen as this is collected by Berensden and goes off site, the equipment will be lost and shortage of equipment increases the risk of injury to both staff and patients, due to lack of equipment available.

The Hoverjack And Hovermatt Equipment.

The Hoverjack- Is a device to lift patients from the floor and cannot be laundered. This can be cleaned with the usual cleaning wipes or solutions recommended by the manufacturer in conjunction with infection control.

The Hovermatt- as long it has not been soiled can be wiped clean with the usual wipes etc. as with the Hoverjack.
If the Hovermatt is soiled this **can** be laundered following the same process used for all washable patient handling equipment.

Place into a pink dissolvable bag then into a green plastic bag, labelled with equipment library, and place at the pick-up point for your areas collection.

**The Hoverjack and Hovermatt Falls Kit Equipment is Located in the Equipment Library.**

Please note if you use this equipment it is your responsibility to ensure it is cleaned before returning it to the Equipment Library.

It is the manager’s responsibility to ensure that adequate and sufficient equipment is provided to reduce the risk of injury to both patient and staff.

**Important - Please Note:**

- If any coloured bags with patient manual handling equipment go into the cages with all the linen these will go off site and will be lost in the process.
- If you are working with agency staff or new staff, please ensure they are aware of the correct laundering procedure for patient handling equipment, to avoid the loss of equipment as lost equipment is expensive to replace.
- This often hinders the safe management of patients and increases the risk of injury to both patient and staff.
- If you are labelling your own equipment with the ward or name, please add Royal Cornwall Hospital Trust to the label.

**Remember that manual handling equipment must be patient specific, to prevent the risk of infection.**

**EQUIPMENT ORDER NUMBERS**

Managers have access to order numbers for equipment on ‘Unit 4’, however at times, due to the many types of equipment on the system this can be confusing as to which item to order. Please see below some of the standard manual handling equipment item order numbers.

*Slide sheets order number the recommended size for all wards is:-*
- Reusable (TRUST STANDARD RECOMMENDED SIZE) 200 x 100cm **LP010-0009**
- Reusable (BARIATRIC) 200 x 140cm **VTS009**

**Theatres-only – Re-usable** 150 x 120cm

**Disposable slings**
- Disposable Locomotor Patient Specific SMALL **LOCO-887**
- Disposable Locomotor Patient Specific MEDIUM **LOCO-888**
- Disposable Locomotor Patient Specific LARGE **LOCO-889**

**Transfer Board** Daniels Pat Slide **E569AP**
If you have any manual handling issues/concerns in your department/ward, advice can be sought from:-

- Your department’s/ward’s manual handling key worker.
- Your line/department/ward manager.
- Occupational Health
- Carol Walpole  Specialist Moving and Handling Advisor  x 3464
- Veda Gilbert, Mandatory and Role Specific Lead x5149
- Trust Handling Trainers

For queries about manual handling training please contact:-

Employee Support Team-x 5148
Learning and Development Department (Trust Handling Trainers) x 5149
The Specialist Moving & Handling Advisor x3464

**Moving and Handling Guidance Folder**

There is now a Moving and Handling Guidance Folder on the shared drive.

To access this folder:-
- Click onto RCH Shared Folder
- Click onto RCH-PFES
- Click onto Health & Safety risk assessments.
- Click onto Moving and Handling Guidance.

When you click onto this folder there are subjects including back care exercises, video links to view for practical techniques, forms, risk assessment and many subjects relating to Moving and handling which you should find helpful.

On the Intranet page to source the ‘Moving and Handling Policy’
- Click on to document search
- Enter ‘Moving & Handling Policy’
- Tick RCHT Box
- Click onto ‘Moving and Handling Policy’.