Trust Standard Operating Procedure

Major Trauma clothes off sequence for University Hospitals Plymouth Emergency Department

Issue Date	Review Date	Version
13/6/19	13/6/21	2

Purpose

Method of clothing and device removal, and application of a pelvic splint

Who should read this document?

All Clinical and Medical staff who work within the Emergency Department

Key Messages

This safe operative procedure describes a method of clothing and device removal, and application of a pelvic splint; that is speedy and does not expose the potentially injured pelvis to excessive loading. All staff need to be aware of their own physical capabilities in undertaking this task, and highlight to team leader if unable to participate manually lifting the scoop.

Core accountabilities	
Owner	Moving and Handling Lead
Review	Health and Safety Committee
Ratification	Director of Corporate Business
Dissemination (Raising Awareness)	All clinical staff in ED
Compliance	Moving and Handling Lead

Links to other policies and procedures
Moving and Handling People and Objects Policy Plus Size Moving and Handling Safe Operating Procedure

Version History		
V1	December 2015	Suspected Traumatic Pelvic Injury Guidance
V2	June 2019	Replaced Suspected Traumatic Pelvic Injury Guidance

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Section	Description	Page
1	Introduction	5
2	Definitions	5
3	Regulatory Background	5
4	Key Duties	5 - 6
5	Procedure to Follow	7-11
6	Appendix 1	11-17
7	Document Ratification Process	18
8	Dissemination and Implementation	18
9	Monitoring and Assurance	18
10	Reference Material	19

Standard Operating Procedure (SOP)

Major Trauma clothes off Protocol for University Hospitals Plymouth Emergency Department

1 Introduction

The Major Trauma Disrobing Protocol SOP, applies only to Emergency Department – Resuscitation Area

2 Definitions

Method of clothing and device removal, and application of a pelvic splint.

3 Regulatory Background

Health and Safety of Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992 (amended 2002)

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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4 Key Duties

On arrival of the patient a scoop stretcher is required, and if they have suspected pelvic trauma a Pelvic Splint is required (as per Trauma call SOP).

Aim:

To minimise clot disruption.
To allow application of Pelvic Splint if required.
To reduce time to primary survey x-rays.
To reduce time to interventions.

Background:

Trauma patients sometimes arrive at hospital with some or all of their clothing still on (although more and more patients are arriving ‘skin to scoop’). The patient must be moved carefully from the transfer trolley to the trauma board on the ED trolley and have all clothing removed. Delays here translate into delays to primary survey x-rays and treatment of injuries.

Patients with suspected pelvic injury might also benefit from the application of a Pelvic Splint at the same time that their clothing is removed.

This SOP describes a method of clothing and scoop removal that is speedy and does not expose the potentially injured pelvis to excessive loading.

Unless the patient is in traumatic cardiac arrest or agonal, the patient should have O2 only applied. Primary survey / monitoring / iv access etc. occurs after the patient is undressed.

If the patient is transported on a scoop inside another device eg vac mat or winch basket, the patient should be lifted from ambulance trolley to the trauma board on the resus trolley on the scoop alone. Put a sheet on the trauma board before the patient.

Head blocks are removed, and MILS applied by airway doctor.

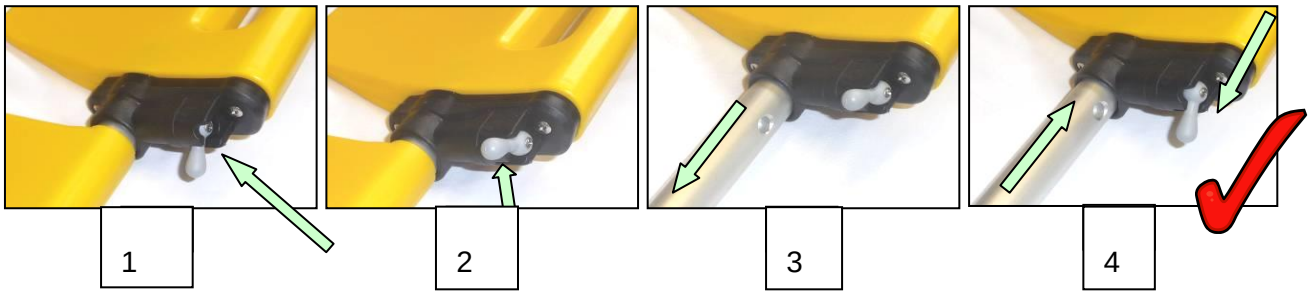
5 Procedure to Follow

Main step 1

The scoop stretcher and Pelvic splint should be checked prior to use:

- Is it clean?
- Any structural damage? – Cracking, damaged stitching, any material defects.
- Are securing mechanisms in-tact and working correctly?
- Patient is within safe working load of scoop.

Adjusting scoop stretcher length (also refer to manufacturer's instructions found in resource folder):



1. Scoop is at its shortest length and securing clip is in locked position.
2. Lift securing clip to release.
3. Pull blades to extend to lengthen.
4. Return securing clip to locked position, and then gently push blades towards each. other until it clicks and the blades are locked into place.

NB If the clothes are already cut or removed by ambulance crew please move to step 3 of the process.

Main step 2

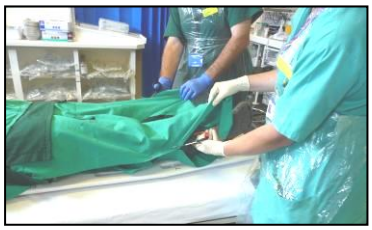
Cut clothes and insert scoop

Patient on scoop (clothes on):

Throughout event, be aware of your posture whilst moving and handling the patient or any equipment

Think: Body Weight Transfer

Release and remove long-board fastenings if present or remove scoop stretcher as per guidelines below. Also remove head restraint, ensure the patients head / neck is immobilised at all times throughout event.

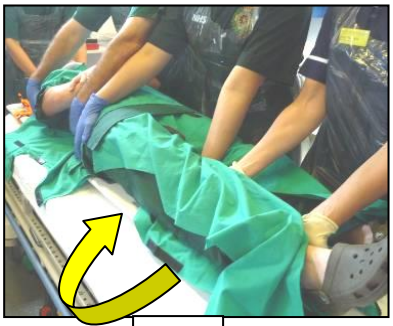


Two team members with trauma shears concurrently cut up the side seams of the patient's clothes, from the feet to neck, following ATMIST Handover.

Measure and adjust length of one half of scoop stretcher to accommodate patient.

Adjust other half to same size.

NB. Ensure lengthened scoop is securely locked into chosen length position



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The person immobilising the head should always give the commands to move the patient, and should ensure all assisting members understand procedure. Before proceeding, the person giving the commands should check all team members are ready by asking **'Is everyone ready?'** before proceeding further.
The command will be for a15% log roll – not a full roll – the aim is roll just enough to insert the scoop between the patient and their clothes.

NB: Minimum staff required is 5.

1. Log roll the patient as per Trust guidance on the R of roll stating **'Ready, Steady, Roll'.**

2. The first blade of the scoop is inserted under patient, on top of the long-board if present and their lower layer of clothes, i.e. **'Skin to scoop'.**

3. On **'Ready, Steady, Roll'** the patient is rolled back onto blade of scoop and then laid flat.

To insert the other half of the scoop stretcher the log roll team moves to the opposite side, the patient is rolled again following stages **1, 2, 3** as above.

The scoop is now fastened, closed at the head end first, and then foot end, by pushing both sections together until locked. Ensure they are fully secured.

Be aware: Ensure the patients buttock's do not get caught between the stretcher blades

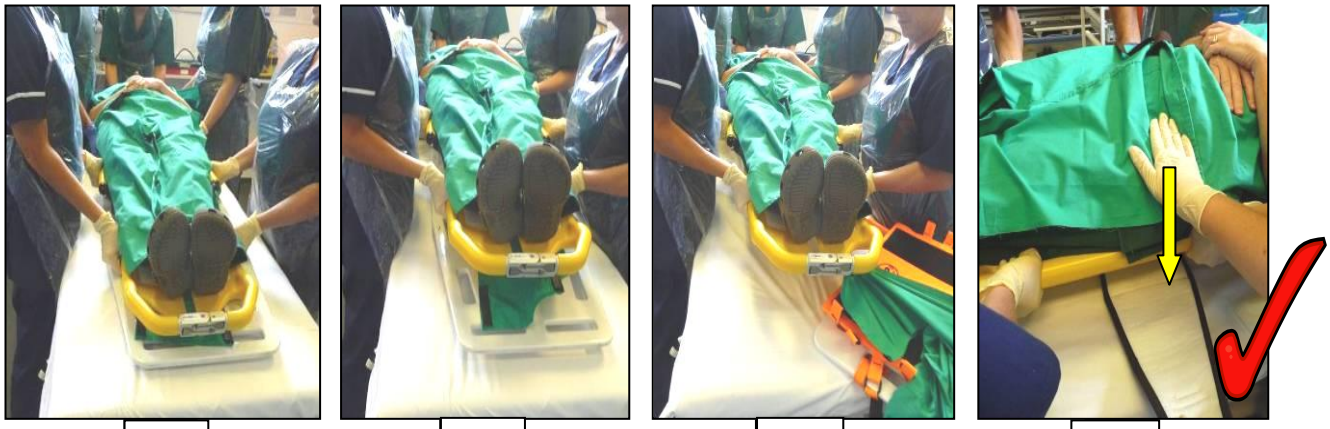
It is sometimes easier to lock the scoop when the patient is still rolled, rather than returning the patient to the spine position, then locking the scoop.

Main step 3

Lifting the Scoop Stretcher to remove clothing and insert Pelvic Splint.

- Use all available staff including paramedics.
- Minimum 6 x to lift scoop,1x head immobilising/commands,1x to remove clothing, and insert Pelvic Splint).
- Assemble the team equally both sides around stretcher; tallest at shoulders, the person controlling the neck will control the next sequence of movements and give commands, checking **'is everybody ready?'** before proceeding.

Consider lowering the bed to make lifting easier, as part of the risk assessment.



1. Lifting team, hold the scoop stretcher securely.

2. On Ready, Steady, Lift the team lift the stretcher using a power lift method clear of clothing and long-board.

3. Long-board and lower half of clothing are removed from the foot end.

4. Whilst the stretcher is still elevated, someone trained to use the Pelvic Splint places it on the trolley underneath the scoop stretcher at the correct level (underneath the patient's greater trochanters). Then on **'Ready, Steady Lower'**, the scoop stretcher is lowered back onto the trolley.

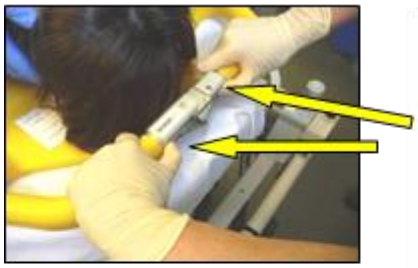
NB: unless a patient is GCS 15, clinical examination is 50% sensitive and 50% specific for detecting an UNSTABLE pelvic fracture.

Main step 4

The scoop is then split top and bottom. Each half blade can either be removed separately with staff bracing across the patient, or using the 'scissor out' technique described above.

See appendix 1

Removing the scoop stretcher and fastening Pelvic Splint

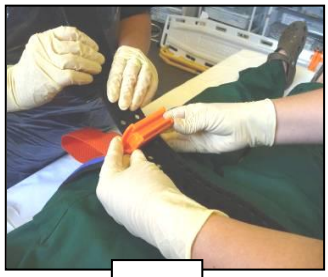


The Log roll team re-form.

The scoop stretcher is unclipped at foot end first then head end by pressing both release buttons, and gently pulling apart to unclip.

The patient does not require log rolling, but is braced whilst the opposite blade is gently removed.

The head blocks and tape should be replaced on the patient, the Pelvic Splint can then be tightened around the patient's pelvis.



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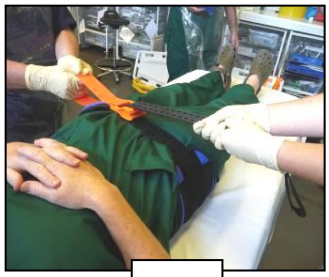

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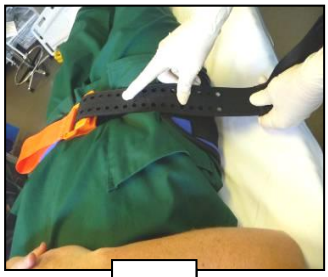

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1. Thread belt end through buckle.
2. One person holds the orange handle and braces its position, using one hand on the patient's hip if required (**do not pull** the belt away from patient as this may cause the belt to lock prematurely and therefore provide insufficient pelvic support). The other pulls and tightens the belt until it clicks.
3. Lock in position on Velcro lowering belt tail to meet the belt around patient.

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Cover the patient with a sheet/blanket. The primary survey can then commence.

Appendix 1

Patient on scoop (clothes already off):

Remove the scoop using the 'Scissor Off' technique described below.

Scoop removal

3 people risk assessment dependent

Split top only

Hands on scoop;

no hands on patient

Pull both sides of top of scoop at once into V-shape

May require a 4th person to support arms of the patient Risk assessment dependent

Move V-shaped scoop south

Rotate scoop;

Head end towards ceiling, foot end to floor

Clip top of scoop together

Away

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Health and Safety committee and ratified by the Director of corporate business .

Non-significant amendments to this document may be made, under delegated authority from the Director of corporate business, by the nominated author. These must be ratified by the Director of corporate business and should be reported, retrospectively, to the Health and Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of corporate business and for working with the Trust's training function, if required, to a Moving and Handling People and Objects Policy;

8 Monitoring and Assurance

- Moving and Handling Team Monitor compliance and effectiveness of the moving and handling policy.
- The moving and Handling team conduct Trust wide audit monitoring moving and handling clinical tasks. Feeding back to clinical staff and managers.
- Clinical moving and Handling key workers Act as a local point of reference, supporting and passing on basic knowledge and skills to colleagues.
- Moving and Handling Key workers provide local moving and handling training on mechanical aids and new equipment as appropriate, supported by the Manual Handling team.
- All staff must attend mandatory moving and handling training to ensure they are familiar with the standard operating procedures as per Trust Moving and Handling

9 Reference Material

Health and Safety of Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992 (amended 2002)

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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