

Lateral Transfer of Patients Using XL Slide Sheet and Transfer Board

Issue Date	Review Date	Version
March 2021	March 2024	1

Purpose

To promote safe practice in the Lateral Transfer of Patients Using an XL Slide Sheet and Transfer Board, thus reducing the risk of musculoskeletal injury to staff, enabling patients to be moved safely. It is to be used in conjunction with the Moving and Handling Policy and Manufacturer's Instructions.

Who should read this document?

Senior clinicians and senior managers because they need to know their responsibilities and accountability in respect of promoting safe handling behaviours in their work place.

All staff involved in moving and handling because they need to follow the Trusts Standard Operational Procedures in Moving and Handling People and Objects safely to protect the safety of patients and staff.

Key Messages

Avoid hazardous moving and handling as far as reasonable practical.

Assess all risks in relation to moving and handling people and objects where avoidance is not an option.

Reduce the risk of manual handling as far as is reasonable practical by following the Standard Operational Procedures. These include ensuring staff are adequately trained in carrying out moving and handling activities safely, reducing the risk of injury to staff and patients.

The Lateral Transfer of Patients Using an XL Slide Sheet and Transfer Board is to be used in conjunction with the Safe Moving and Handling Principles and Moving and Handling Risk Assessment.

Core accountabilities

Owner	Sarah Fishwick
Review	Health and Safety Committee
Ratification	Deputy Chief Nurse
Dissemination (Raising Awareness)	Health and Safety Committee
Compliance	Moving and Handling Lead

Links to other policies and procedures

Moving and Handling People and Objects Policy. Plus Size Moving and Handling Policy. Health & Safety Policy. Risk Management Policy. Prevention and management of falls policy.

Version History

1	2011	Guidance created
2	2018	Updated
1	March 2021	Transferred to SOP and Updated

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. 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	4
2	Definitions	4
3	Regulatory Background	4
4	Key Duties	4
5	Procedure to Follow	5-7
6	Document Ratification Process	8
7	Dissemination and Implementation	8
8	Monitoring and Assurance	8
9	Reference Material	8

Standard Operating Procedure (SOP) Lateral Transfer of Patients Using XL Slide Sheet and Transfer Board

1 Introduction

Methods for Safe Movement
University Hospitals Plymouth NHS Trust

2 Definitions

Manual handling - the transporting or supporting of loads, by human effort which includes any lifting, putting down, pushing, pulling, carrying or supporting a load by hand or by bodily force.

Risk – the chance that an event will occur that will impact adversely on the Trust’s objectives.

Hazard – a condition that gives rise to, or increases the risk of an adverse event occurring

Likelihood – a measure of the probability that the predicted event will occur

Consequence – a measure of the adverse impact of the predicted event, in terms of harm, loss or damage on people, property, or the Trust’s objectives

Incident – for the purposes of this procedure, is any unwelcome outcome arising from a manual handling action, regardless of the level of injury resulting

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

15.—(1)

4 Key Duties

All staff are expected to take practical steps to minimise risk to themselves, patients and colleagues. Wherever there is doubt or uncertainty, staff are expected to seek assistance necessary to make the procedure safer.

All staff must report all manual handling incidents, in line with the Trust’s Adverse Events policy.

Understand the Trust’s procedural documents on managing manual handling risks and ensure that they have an up to date record of completion of required training, as detailed in the Trust’s Workforce Induction and Training Policy.

Use only equipment and procedures for which they are trained and competent to use

Seek basic guidance from the manual handling key worker, or the manual handling team for specialist advice, for any situations where they are uncertain of the best approach to use.

Report discomfort or pain possibly associated with their work to their line managers and refer to the Staff to Occupational Health and Wellbeing department as appropriate in line with Trust policy

Ensure that they do not create hazards or increase risks as a result of their working practices and behaviours.

Aim: Lateral transfer of patient from one surface to another

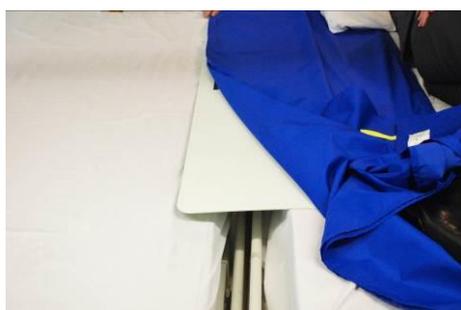
Equipment: Transfer Board and XL blue slide sheet

Patient Criteria:

- Unable to transfer independently across two surfaces.
- If conscious, patient must be co-operative.
- Patient may be unconscious.
- Not to be used with unstable spinal patients.
- For patients with multiple medical devices attached and clinical complexities, a risk assessment must be conducted and the patient should not be transferred until sufficient resources are identified and available.

Handlers Criteria:

Minimum number of three handlers required (dependent on weight, size and shape of patient and individual capabilities of staff) REBA score 4.



- Adjust bed to appropriate height.
- Remove bed heads where possible.
- Place Transfer Board on receiving surface.
- Place XL blue slide sheet on top of transfer board, with edge running parallel with edge of transfer board nearest to the patient.
- Loosely fold excess material of sliding sheet.
- Check brakes are on for receiving surface and work at an ergonomic height.
- Bring both transfer and receiving surface together.
- Check brakes, bed height of transferring surface (slight downward gradient).
- **N.B. The equipment can be positioned with the 2 surfaces apart to avoid over reaching and over stretching, then the second surface brought in and secured ready for transfer.**
- Ensure the transfer board bridges the gap between both surfaces.

REMINDER

Ensure that slide sheet has remained in place i.e. it is important that it does not move away from the patient.



- Check that both feet are fully on the blue slide sheet and that the slide sheet is visibly under the patient's body.



- Minimum of two handlers prepare to receive patient. Adopting a body weight transfer position, holding onto the top of the slide sheet in anticipation of the transferring team pushing the patient in their direction.



- Transferring and staff members adopt walk stance at bed
- Command "**Ready, Steady, Slide**", minimum of one member of staff to initiate the transfer by pushing patient using body weight transfer.



- Handlers on pulling side, transfer body weight backwards allowing patient to slide across the two work surfaces.
- This should be completed in two stages.



- The staff members pushing should only initiate the move, avoiding over extending across the work surface.



- The receiving staff secure patient while the transferring staff remove the empty surface. (Bed/trolley and transfer board).



- Adjust the patient to the correct position in the bed by pulling on the top layer of the slide sheet. Second staff member to assist by pushing on the patients heels. (Not shown).



The receiving staff block patient.

- The transferring (pushing) staff secures the patient, while the receiving staff pull the underside of the slide sheet to remove it.
- Continue until the slide sheet has been fully removed.
- The slide sheet can remain with that patient for future use.



Or if it is not require or needs laundering, place into soiled linen bag.

6 Document Ratification Process

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 group or committee and ratified by the Deputy Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Deputy Chief Nurse, by the nominated author. These must be ratified by the Deputy Chief Nurse and should be reported, retrospectively, to the group or 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 that 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 Deputy Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

All appropriate staff receives mandatory training as per Moving and Handling People and Objects Policy.

Moving and handling team regularly monitor incidents via Datix, in line with Moving and Handling People and Objects Policy reporting to the Health and Safety committee who have oversight.

Health and Safety Committee report directly to the Trust board. They are responsible for ensuring that the Trust maintains adequate arrangements to manage and mitigate the risks of injury arising from 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 15.—(1)