

Lowering a Patient from Chair to Floor following a Cardiac Arrest

Issue Date	Review Date	Version
March 2021	March 2024	1

Purpose

To promote safe practice when Lowering a Patient from a Chair to Floor following a Cardiac Arrest, 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 Trust's Standard Operating procedures in Moving and Handling People and objects safely to protect patients and staff.

Key Messages

Avoid any hazardous moving and handling as far as reasonably practical.

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

Reduce the risk of moving and handling as far as reasonably practical by following the Standard operating 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.

When Lowering a Patient to the Floor following a cardiac arrest 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.

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Lowering patient from chair to floor following a cardiac arrest.**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

5 Procedure to Follow

Staff: A minimum of 3 staff

Patient criteria:

Patient found in Chair/toilet, who requires CPR to be carried out on a flat surface/floor, this procedure can be carried out with/without a slide sheet. A slide sheet will facilitate the movement of the patient, especially if they are stuck to the surface (e.g. Toilet/commode). Pictures for both options shown.

Procedure without slide sheet:



- The chair must be secure, with any brakes in the ON position
- One rescuer supports the head by standing at the side of the chair, level with the patient's head



- 2 staff position themselves by the patients feet
- Adopt a half-kneeling position with their innermost knee on the floor and grasp hold back pelvis /hip region. The other hand on the back of the knee.
- Ensure the patients hands are brought forward to their lap and do not get trapped in the chair arms as the patient moves forward



- Rescuers use own body weight transfer to pull forward patient in chair (remembering to bring patients legs forward, until the patient is supine).
- NB Only 1 staff member shown kneeling in picture



- The 2 staff members kneeling (only 1 shown), pull the patient behind knee and hip to move the patient toward the edge of the chair
- The staff member supporting the head of the patient moves downwards as the patient slides to the floor. They protect the head at all times



- Continue to lower the patient in a controlled manner protecting the head. Once their trunk is resting on the floor, staff turn the patient to enable the patient to be placed on their back ready to perform CPR

Procedure using slide sheet.



- The chair must be secure, with any brakes in the ON position One rescuer supports the head by standing at the side of the chair, level with the patient's head
- One rescuer supports the head by standing at the side of the chair, level with the patient's head



- Insert a slide sheet quickly under the patients thighs. Due to the tubular design, the slide sheet can be pushed under the thigh to release their skin from the chair/toilet surface.



- The 2 staff members kneeling (only 1 shown), pull the patient behind knee and hip to move the patient toward the edge of the chair.
- The staff member supporting the head of the patient, moves downwards as the patient slides to the floor. They protect the head at all times



- Once the patient is on the floor, the slide sheet may be used to reposition the patient into a suitable position to commence CPR.
- REBA score for kneeling rescuers: 9

Following resuscitation

The safest method of transfer is to use a hoist with a stretcher attachment that enables direct lifting from the floor because it keeps the patient horizontal.

See Straight Lifting of a Patient using Ferno Scoop and Liko Hoist for Patients under 150 Kg

Manual lifts from the floor (especially those within confined areas) are high risk. However, if a hoist transfer cannot be achieved, for example if the patient has collapsed in an area that is inaccessible to a hoist, a manual lifting transfer may be the only alternative.

See Manual Lifting of an Adult from the Floor in an Emergency

Ref <http://www.resus.org.uk/pages/safehand.pdf>

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 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 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)