

Lateral Transfer of Plus Size Patient Using Air Lifting Device System

Issue Date	Review Date	Version
March 2021	Jan 2024	1

Purpose

To promote safe practice in the use of Laterally transferring a Plus Size patient using the Air Lifting Device System, thus reducing the risk of musculoskeletal injury to staff, enabling patients and objects to be moved safely.

It is to be used in conjunction with the Moving and Handling People and Objects 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 areas.

All staff involved in the moving and handling because they need to follow the Trust's Standard Operating 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 reasonably practical.

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

Reduce the risks 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.

The use of Laterally Transferring a Plus Size Patient using the Air Lifting Device System 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	The Manual Handling Operations Regulations 1992 (amended 2002).

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 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.

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Laterally transferring a Plus Size patient using the Air Lifting Device System

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

Laterally transferring a Plus Size Patient using the Air Lifting device System

Staff:

- Initially following a risk assessment, 6 staff may be required to insert the air lifting device mattress under the Plus Size patient.
- Minimum of 4 staff to initiate the transfer.

Patient Criteria:

- Unable to transfer independently across two surfaces.
- Able to cooperate if conscious.
- Not to be used with unstable spinal patients.
- Less than 508 kg (80 stone).
- 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.

Equipment: Air lifting device mattress

Procedure:



- Hold the air lifting mattress beside the bed; begin to roll it 'away from you', ensuring the straps are inside the bulk of the rolled material.



- With 3 staff positioned each side of the patient, roll the patient. The 3 receiving staff place hands on key points of the patient, whilst the other 3 staff assist by pushing the patient to help facilitate the roll. The air pal mattress is lying on the bed ready for insertion.



- When the patient has been rolled, staff swiftly position as much of the sheet as possible by pushing it into the mattress.



- Roll the patient in the other direction. Staff carefully unroll the air device mattress. The air device mattress will be covering the bed either side of the patient with the straps hanging loosely over the edge of the bed.



- Secure safety straps across the patient ensuring that they are NOT pulled tight as there needs to be flexibility to allow inflation of the mattress.



- Connect the tubing to air device mattress and clip into place.



- Adjust the two surfaces to a comfortable working height. Bring both transfer surfaces together with a slight downward gradient of 2cm maximum to assist with transfer.
- Check brakes are engaged and that the 4 staff are positioned in an ergonomic manner either side.



- Raise bed rail if air mattress does not overhang bed /trolley surface, based on risk assessment, when inflating the mattress.
- Inflate Air device mattress with portable air supply.



- Staff members stand either side of the patient whilst inflating. Numbers of staff required is based on risk assessment.
- Ensure mattress is totally inflated.
- Follow manufacturer's instructions for using air pump.

- Lower the bed rail (if it is up).
- Staff adopt a good walking posture.
- 2 staff to push the mattress and 2 staff to hold pulling straps in preparation.
- Initiate the transfer by using bodyweight transfer to push the mattress.
- The receiving staff pull the mattress by using hand over hand motion on the straps.
- This ensures staff remain close to the receiving surface as the hover mattress transfers across.
- Make final adjustments to the position of the air device mattress by ensuring patient is in the centre of the bed and correctly positioned up the bed.



- If bedrails are present on the bed/trolley, they should be raised before the mattress is deflated. If the bed/trolley does not have bed rails, staff should approach the bedside before deflation.



- Turn the power supply off to deflate the mattress.
- When the mattress has fully deflated, unclip the straps from across the patient.
- The patient may stay on the mattress if a return transfer is required.

When using the Air Transfer Device to/from MRI scanners, always ensure compatibility before use.

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)