

**Community Equipment Partnership
JOINT PROTOCOL**

**Module 2
Person assistive
equipment -
Core Stock**

TRAINING MANUAL

**Assessment, prescription, demonstration and fitting of
Community Equipment**

Index

Section
MOVING AND HANDLING EQUIPMENT GENERAL INFORMATION
HOIST SELECTION CRITERIA
EQUIPMENT CATALOGUE PRODUCTS - PRACTICE GUIDANCE FOR USE [SEE BELOW FOR LIST]
GUIDELINE FOR SELECTION OF PRESSURE RELIEVING EQUIPMENT
POLICY AND PRACTICE GUIDANCE ON THE USE OF BARIATRIC EQUIPMENT
POST TRAINING EVALUATION FORM

Catalogue of equipment

- Profiling beds
- Sliding sheets
- One way glide
- Transfer boards
- Turning discs
- Patient turners
- Stedy
- Cricket
- Standing aids
- Hoists
- slings

SLIDING SHEETS

Flat

Can be used for all bed work required.

Moving across the bed

Moving up the bed

Rolling in bed

Repositioning

General supine activities Etc

Two sheets should be worked together, handled sides to the outsides. These will fit under the majority but not all clients. Where the client is too long they can be purchased as a set and will be supplied with a small tubular sheet for heels or use small tube sheet which may already be available

This allows for task to be completed with no gaps which may anchor the client.

Easy removal which does not disturb the client's final position.

Extender handles can be purchased for trolley to trolley transfers.

Tube

Can be used for all transfers as above.

Various sizes which can be used for specific needs. E.g. rehab assisted repositioning.

Up to three sheets may be required for full body work in bed depending in size.

ONE WAY GLIDE

If the client is prone to slipping off chair, this may be considered. A comprehensive risk assessment should be completed re suitability of furniture etc.

When in place it holds the client longer in position for comfort.

Staff issuing this should be aware of latex allergies for all who may be in contact.

If in place for prolonged periods of time, this will cause the client to perspire, therefore tissue viability assessments are essential.

TURNING DISCS

Assist in both the standing and sitting transfers of the client. Correct handling of the patient is essential when using these discs to prevent loss of balance. Patients who may benefit from this have e.g.

CVA

Arthritis

Good Upper Body Strength (for seated and standing assist)

TRANSFER BOARDS

Utilised in sitting transfers in out bed, chairs, car etc.

Patients will require a sitting balance and good upper body strength to use these. Transfers must be level or a slight gradient down. Staff cannot push a patient up the board.

Can be used independently by client or assisted with one or two handlers.

Straight boards

Bridge the gap between the two surfaces. Longer boards are available if the gap is slightly bigger e.g. from bed over bed rail or over wheel gap and onto wheelchair.

Curved board

May assist when being transferred onto a seat with a fixed arm. Wheelchair must be positioned closer with side removed. Will require staff to assist.

Low friction boards

May be used when client is wet from shower or when clothing is wet. This reduces the friction.

PATIENT TURNERS

Designed to assist in the standing transfer of the client. Client needs to be weight bearing. The patient can push up from chair then take hold of the frame, the equipment can then be turned, for sitting into next seat. Works on the same principle of the turning discs but allows the client to hold onto something other than staff.

Can turn 360 degrees so is useful in small narrow situations i.e. turning client to use the toilet.

STEDY

Transfer and transport aid swl. 120kg/19st

Will assist the non walking but weight bearing client.

The seat is put to the front of the client with seat paddles up. Access will be needed below the bed/chair the client is on. (approx 5 ") Client then can be assisted to stand fully, the seat paddles can be lowered and client then sits onto these. Can then be transferred to next room etc.

A separate sling can be purchased for clients who require extra back support.

*Following advice from the company, this aid can no longer be used within the shower.

CRICKET

Transfer and transport aid s.w.l.120kg/19st

Will assist the non walking but weight bearing client.

Works differently within different models. In older models the seat is removed from the frame to allow standing. Newer models will just need the seat arm/back rest turned out of position.

A stainless steel model is being trailed re suitability for use in the shower (requires approx 3" clearance under furniture

Unlike the Stedy, the frame is height adjustable.

Would suit the larger hipped, bottomed client.

OXFORD STANDAID (ELECTRIC)

Active lifter

To be used when the patient can weight bear when assisted to do so and can assist in the activity.

Space is required under or below the chair/bed.

Sling is applied and then fixed on the hoist.

The patient should be taken up to full standing. Patient can then be moved over toilet/commode etc.

Criteria for use

Client must be able to weight bear

Client must be able to hold onto the frame

Client must be able to lean back into the sling

Client must be able to comply throughout the manoeuvre

Two types of sling available

Standard – for transfers

Transport – not for long distance but comfort.

OXFORD HOIST

Passive full body sling lifter (electric or hydraulic)

The criteria for these are documented here and in EQUIPU Community Nursing Equipment Catalogue

Styles

Mini <20st

Midi <24st

Maxi <24 st with greater clearance height (new version 170kg = 27st)

Major <28 st (new version 190kg = 30st)

Newer styles

Advance <24st – foldable

Prescence <35st

Should be used in conjunction with Oxford slings unless otherwise directed through comprehensive risk assessment..

Slings

All slings in this list have **loop** attachments

Quick fit – standard (pa,hs,fl,eb,p,n)

Quick fit deluxe – extra comfort (hs,fl,eb,p,n)

Full back – integral boned head support (eb,p)

Access –to facilitate the toileting process. Will not suit all clients. It is not a general purpose sling (p)

Long Seat – to suit amputee client or sever contractures (hs,p,n). *extender bars must be used with this sling style

Key

Head support = hs, Polyester = p, Fleece lined = fl, Extender bars = eb,

Netting = n, Padded = pa

Basic sizes

Paediatric

Small 5-9 st

Medium 9-14 st

Large 14 – 25 st

“Hoist selection – criteria

Hydraulic or Electric

Based on a comprehensive risk assessment completed by the main clinician/ carer.”

The basic range of hoists supplied by the Store are from the Oxford Company, so the information following is based on these types of hoist.

There are different sizes of hoists to correspond with the weight and height of the patient/client- MINI - MIDI – MAJOR All hoists have a number following the name, this denotes the weight that the hoist is designed to manage i.e. mini 125 (kg).

The hydraulic hoist will cover the majority of the patient's/client's clinical needs and when used correctly should be comfortable for both the patient and handler.

Below are some examples where further assessment may be required.

If the patient's/client's clinical condition presents further issues e.g. the pumping action may trigger of a seizure, spasm or cause pain to pre existing medical condition of patient/client, then consideration should be given to the possibility of re assessment for an electric hoist which will give a smoother rise and lower action for the patient.....

If the hoist is going to be mainly used by a family member/private carer who is elderly or less fit* or using the hoist continually; consideration should be given to the possibility of assessment for an electric hoist.

The carer's work load requires hoists to be used in the majority of homes visited and where one may cause more musculoskeletal problems than others, then again assessment should be considered re the possibility of using an electric hoist.

**although actual fitness levels cannot be ascertained, this judgment will be left with the assessor reviewing the hoist situation.*

Guidelines for the use of mobile hoists

Hoists are supplied where and when required for your and your patient/clients comfort and safety during transfers. Therefore when assessing your non weight bearing patient/client, this type of equipment should be considered as an essential.

As with any piece of mechanical equipment, guidelines are essential for its appropriate use, they are numerous but essential.

- Do not allow the hoist to be used for any other task other than its purpose.
- Only use the hoist for transfer, not transport, other than from bed to chair etc when within the same room.
- Only use the hoist if you are trained and/or familiar with its use.

- Always manoeuvre with the handles provided, do not push the mast boom or patient for manoeuvring.
- Do not push the loaded hoist at speeds which exceed a slow walking pace (3km per hour)
- Do not push the loaded hoist over uneven or rough ground.
- Do not bump the loaded hoist up/down stairs.
- Do not allow the front wheels of the loaded hoist to hang over a step when negotiating furnishings etc.
- There should always be two handlers in attendance when using the hoist e.g. two staff or one staff and one family member etc.
- Ensure sling is applied correctly.
- Ensure environmental assessment has been completed to allow unhindered use of equipment.
- Record all information on the patient/clients specific moving and handling risk assessment
- Remember to adjust your patients/clients skin when transferred.

Moving and Handling Equipment - Additional Information

PRINCIPLES OF ASSESSMENT AND DUTY OF CARE

Assessment should be carried out by an assessor who is deemed competent by their manager to carry out the necessary assessment and has the knowledge to decide on the appropriate equipment. A range of staff employed within services and agencies e.g. Social work, NHS, Homecare, Housing,.....can assess the equipment needs of those with a variety of disabilities and conditions in order to effectively meet service users needs.

Use of the information in this training manual related to the assessment and provision of specific equipment should be viewed in the context of local arrangements and protocols.

The training manual will be used as guidance for the practitioner, and will be supported by manufacturer guidelines [available on manufacturer's websites or via the store] and by ongoing training opportunities.

Staff are responsible for ensuring they are conversant with the application of the products in practice and that they fully understand the user instructions supplied as a guide. Interpretation of the information is each assessor's responsibility and must be applied with a specific service user in mind. This may mean that they need to be amended to ensure safe usage for the service user.

It must be remembered that Store Core stock catalogue products can change due to procurement activity, and that different versions of a similar product may have slightly different user instructions. Staff must source correct user instructions as required. Store staff and product websites can assist in this.

- On conclusion of the assessment, and within the range of recommendations made by the Assessor, the Service User's and Carer's wishes will be fully taken into account. The Assessor will only act on those recommendations, which meet with their approval, ensuring that they understand exactly what they are being issued with, what the equipment is to be used for and establish that they are happy to use equipment.
- The principle of MINIMAL INTERVENTION, MAXIMUM INDEPENDENCE shall underpin every assessment.
- Alternative methods of managing have been tried and found not to be successful.
- Preference alone must in no way influence the type of provision
- On completion of the assessment, equipment can be ordered through the local store ordering system to ensure the service user's immediate needs are met. Any recommendations made are the responsibility of the assessing professional

- A recommendation for any equipment **must** be made in conjunction with the relevant agencies agreed priorities. In accordance with the relevant legislation, it is necessary to consider the following factors:

FACTORS FOR CONSIDERATION DURING ASSESSMENT

Independence

Any proposed equipment/adaptation provision must be "necessary and appropriate" and "reasonable and practicable" in order for the disabled person to remain at home {Local Government Housing Act 1989}.

Definition

<u>Necessary</u>	A basic need, which cannot be met without equipment/adaptation.
<u>Appropriate</u>	The proposed equipment/adaptation must be suitable and effectively meet the need.
<u>Reasonable</u>	Must be the most cost-effective way of meeting the need.
<u>Practicable</u>	Technically feasible, given the age and condition of the property.

NB: Equipment/Adaptation provisions cannot be recommended that are desirable rather than essential.

Assessment

The assessment will determine a person's abilities and existing strengths and any provision will reflect this. The purpose of any provision is to increase or maintain the functional independence of people with permanent and substantial disability.

The level of provision will also be dependent on their technical feasibility.

Whilst independence is the aim, it may be necessary to compromise due to environmental difficulties. In these circumstances, a Service User may be required to accept the need for assistance, instead of full independence.

Age/Prognosis

Age or prognosis should not be a barrier to the provision of services.

To enable the maintenance of a good quality of life for a person with limited life expectancy, a quick response is necessary. The type of adaptation recommended will need to reflect this.

Needs of carers a/ family members

Consideration must be given to the role and needs of the Carer, Disabled Persons (Services Consultation and Representation) Act 1986 and Carers (Recognition and Services) Act 1995].

Any proposed equipment must **improve the quality of care** given to the User.

It should also **alleviate the physical demands and emotional stress experienced by Carers** and other family members, where possible.

Future use and needs

The planned equipment/adaptation provision, should take into account the Service User's **current and long term needs**, taking a holistic approach. However, often a simple provision can be made providing for current need, where long term need cannot be anticipated.

Equipment/Adaptations should not be considered to overcome social or economic problems, e.g. overcrowding, where no disability issues are identified.

Medical advice

User's written permission should always be obtained prior to seeking medical opinion.

Advice should be sought from medical or other professional colleagues, where appropriate, to establish any prognosis, prior to recommending provision of equipment/adaptations. This will allow the Assessor to consider the Service User reaching his/her optimum level of function.

Eligibility

In terms of Eligibility criteria, services need to confirm eligibility policy within their own Partnerships.

Guidance on eligibility can be found in the Scottish Government document '*Eligibility Criteria – A National Framework*' December 2009.

Environmental check

To ensure that equipment assessed for and considered essential is suitable and appropriate for the home environment an environmental check is essential. This check must be carried out by the assessing professional through a home visit or via information obtained from the individual, carer or other professional involved. The prescription is the responsibility of the assessor.

Equipment store responsibilities including delivery and fitting, service and maintenance of equipment

Local Arrangements.

Need for specialist equipment

When a person's essential needs cannot be met from core stock items, agreement can be sought to purchase non-stock equipment. If an assessor identifies the need for a non-stock specialist item of equipment their manager will be required to authorise provision and expenditure.

Equipment no longer meeting user's needs or not now required

- If equipment no longer meets the needs of the person it was prescribed for contact should be made with the appropriate service
- If equipment is no longer required uplift should be arranged.

Equal opportunities

- The fullest information should be provided to enable service users and carers to be aware of all possible solutions before a decision is made
- The outcome of the assessment should be documented clearly in case recordings including all reasons and recommendations for provision.

GENERAL ADVICE


In accordance with the local Protocol, the practitioner, where ever possible, will check the equipment in a timely manner following supply, to ensure that:-

- The equipment has been fitted correctly,
- To demonstrate the correct use of the equipment to users and carers
- Where staff do not feel they have adequate knowledge to complete the training or demonstration they should contact their senior.
- Ensure that the user tries the equipment in their presence, and is safe in its use
- The equipment meets the user's assessed needs
- If the equipment is found not to be suitable, the equipment must be dismantled/set aside, and uplift arranged using the locally agreed procedures.
- Delivery staff shall issue the relevant Equipment Information Sheet to the user with fitting, using and cleaning instructions.
- The practitioner should note in their case notes/case file that the equipment has been issued, fitted and demonstrated appropriately
- Assessors must be aware of the potential differences in the environment between the home and hospital, if the assessment takes place in hospital.
- There may be circumstances where assessment is carried out non-face to face i.e. over the telephone. Assessors must be aware of the potential risks involved with this process regarding accuracy of information giving or receiving by service users or carers and the effect this could have on equipment provision and service outcomes.

GENERAL GUIDELINES FOR THE USE OF EQUIPMENT

Staff must:-

- Ensure equipment is in good condition and report any faults to the equipment service via Local arrangements
- Always ensure equipment is fitted properly according to manufacturer's instructions.
- Ensure all clips and screws are securely in place.
- Check rubber ferrules are in good condition.
- Ensure equipment is maintained in accordance with manufacturer's instructions.
- Ensure that legs are set at the same height and are stable.
- Equipment should not be moved between one user and another- it must always be returned to the store to be cleaned and decontaminated.
- Ensure equipment is kept clean and check wheels are running smoothly.
- It is advisable to check Safe Weight Limits for usage as these can change. This is particularly important when users are near the upper weight limit for the product. Also procurement processes can require that stock products may change.
- Always check the 'footprint' of equipment to ensure it will fit within the designated space.
- If the equipment requires to be charged, never try to move it while connected to the charger.

PROFILING BEDS	
	<p>Description</p> <p>Profiling beds are electrically adjustable to enable the user's position to be changed without strain for anyone involved. The most common profiling beds have a three or four part bed base. Either type will allow the backrest / pillow area of the bed to be raised, enabling the user to be more upright, while also lifting an area under the knees, to stop the user slipping down in the bed. The bed is also height adjustable and reduces strain for carers while moving and handling users as well as lowering to an appropriate height for users to transfer from sit to stand easily. They have inbuilt side rails.</p>
<p>Weight restrictions</p>	<p>Safe weight limit – 140kg/ 22stones</p> <p>Check weight limits for usage as these can change</p>
<p>Alternatives</p> <ul style="list-style-type: none"> • Bed raisers when variable height is not required for user or carers • Mattress elevator/ pillow lifter when the only requirement is the need for assistance from lying to sitting • Provide back rest / wedge where static pillow raise required • Attach rails to the bed • Provide free standing Lifting pole where no assistance is needed for the transfer in/out of bed • Bariatric beds for those users in this category. 	
<p>Criteria for provision</p> <p>Users should meet one or more of the criteria.</p> <ul style="list-style-type: none"> • Service user has difficulty when attempting to change position or is unable to change position independently - by changing position without manual involvement, the risk of injury to the carer is eliminated, and the independence and dignity of the user are maintained. • It may make it possible for someone to get out of bed unaided, if they can raise themselves into a sitting position first. • Service user has difficulty breathing or has circulatory problems - respiratory and circulatory difficulties can be eased. • Service user is unconscious or remains in bed throughout the day • Service user has chronic back problems • Service user requires a hoist or receives personal care whilst on the bed - it makes using a hoist easier. Most profiling beds also have a height adjustment, so the carer can work at a safe height when giving treatments, etc. • Alternative options should have been considered and deemed to be inappropriate. <p>n.b. Paediatric beds are provided under local agreements and arrangements</p>	
<p>Considerations prior to use</p> <p>A mattress should be ordered separately from the bed</p> <ul style="list-style-type: none"> • If a specialised pressure relieving mattress is required, compatibility should be considered • Access to the property needs to be suitable to allow safe delivery/fitting • An electric socket is available where trailing leads will not create a tripping hazard • The service user and/or carer has the ability to manage the controls • Adequate space is available to accommodate the bed • Beds should usually be kept at the lowest possible height except when direct care is being given • Bedrails should only be issued to reduce the risk of the service user accidentally slipping, sliding, falling or rolling out of a bed. Issues of inappropriate restraint should be avoided 	

- Consideration should be given to ensure the carer can manoeuvre around the bed when direct care is being given
- Storage of the users own bed should be considered to avoid inconvenience for the user, carers or others living in the house.
- Manufacturer's weight limit guidance should be observed.
- Specific needs for children should be considered as they are of lower weight and size and also have designated guidelines related to bed rails/ cot sides etc
- If a bed is to be used in the same room as a gas fire, is there a local policy related to this with advice about carbon-monoxide emissions and relevant disclaimers.

Ref.

- 1. National Association of Equipment Providers – Guidance on the provision of beds and bedrails**
- 2. Health and Safety Executive – information and on-line training on provision of bedrails**

Installation of beds

- All beds are delivered and fitted by Store personnel

Maintenance

- Equipment should be cleaned in accordance with manufacturer recommendations.
- Beds will be maintained by the Store Services on a yearly basis under LOLER regulations

PRESSURE RELIEVING MATTRESSES

Pressure relieving mattresses are used in the prevention and/or treatment of pressure issues in service users. They can be static or dynamic in nature. They **must** be used in conjunction with other approaches to pressure care including repositioning, good hygiene, appropriate moving and handling techniques or medical/surgical intervention.

The provision of dynamic pressure mattresses can only be carried out by Nursing staff however static mattresses can be provided by staff who have the required skills to assess for and prescribe this equipment. All non-nursing staff have a role in prevention of pressure issues. Only nursing staff have responsibility for active treatment of pressure issues.

Further information related to selection of appropriate pressure relieving equipment can be found at the end of this document.

- n.b. Specific needs for children should be considered as they are of lower weight and size and also have designated guidelines related to mattresses/ pressure mattresses etc

BED/SIDE RAILS



Description

Linked beneath a single bed mattress for stability and security the two adjustable sides will operate independently to raise or lower. They are designed to reduce the risk of a service user accidentally slipping, sliding, falling or rolling out... When not required the sides slide to the base of the bed. The strong framework is lightweight steel finished chrome. Bedrails used for this purpose are not a form of restraint. Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose.

Weight restrictions

None specified but bedrails are **not** intended as a moving and handling aid and shouldn't be used as such.

When should this equipment be issued?

- Service user is at risk of accidentally slipping, sliding, falling or rolling out of a bed.

Considerations


- Side rails can pose a risk of serious injury, for example if part of the body gets trapped between them. Thus it is essential that care is taken when selecting, positioning and adjusting the rails and also when choosing or changing the type of mattress to be used in a bed with rails so as not to put the user at risk. The need for mattress in-fills may be considered to avoid gaps.
- There may be a risk of entrapment between the bed and rail where drop down rails are used
- Bumpers should be used for service users who are assessed as requiring bedrails, but who are at risk of striking their limbs or of entrapment
- Where 'Overlay' pressure mattresses are used it must be insured that the combined height of the standard mattress plus the overlay does not render the bed rail too low as to be ineffective against the user falling out of the bed.
- Children may need rails with smaller gaps between the rails to ensure their safety.
- Decisions about bedrails need to be frequently reviewed and changed
- **Guidance is available from the Health and Safety Executive [HSE] on the safe use of bed rails.**

* For additional information on the use of bedrails and cot sides please refer to the National Association of Equipment Providers – Clinical Special Interest Group - Guidance on the Use of Bed Rails June 2011 [www.naep-uk.org]

Contra-indications

- Bedrails should not be issued if the service user is sufficiently agile and/or sufficiently confused,

<p>to climb over them</p> <ul style="list-style-type: none"> • If the service user lacks capacity, staff have a duty of care and must decide if rails are in the user's best interest. • A user who attempts to climb over the rails may fall from an even greater height.
<p>Installation</p> <ul style="list-style-type: none"> • Bed rails are fitted by store personnel • The position of the rail should allow a gap between the top end of the bedrail and the head of the bed of less than 60mm or more than 250mm • The gap between the bottom end of the bedrail and the foot of the bed should be more than 250mm
<p>Maintenance</p> <ul style="list-style-type: none"> • Equipment should be cleaned in accordance with manufacturer recommendations

SLIDING SHEETS	
 <p>Different types and sizes available Can come in 2 separate sheets or 1 tubular sheet</p>	<p>Description</p> <p>The sliding sheet allows safe and comfortable transfers and assists positioning tasks. It removes the need to lift by assisting to turn a service user whilst lying or sitting in bed, rotating into and from supine position and moving users up the bed. They can also be used to move a service user from a difficult situation or awkward corners. Constructed from lightweight and durable doubled low friction fabric, the sheets allow glide between two surfaces, reducing skin friction for the user and making transfers easier for the carer.</p>
<p>Weight restrictions</p> <p>None specified but bariatric sizes apply for those service users in this category</p>	
<p>Alternatives</p> <ul style="list-style-type: none"> • Bariatric version for heavier/wider people or for use on double beds in some circumstances • One way glides for use when repositioning people when sitting in a chair or bed. The sheet slides backwards into a secure sitting position. Slip-resistant material in the bottom panel locks the sheet into place, avoiding the risk of slipping off the seat or bed and reducing the effects of friction on the skin. <ul style="list-style-type: none"> - A risk assessment should be carried out to ensure the chair is suitable for this equipment if it is to be left in place under the user [should be for short periods only] - Most one way glides have latex in the fabric and allergies should be considered - Issues of friction on the skin need consideration 	
<p>When should this equipment be issued?</p> <ul style="list-style-type: none"> • The person requires assistance to move in bed or in a chair • The person is at risk of frequent falls and therefore may need to be moved from an awkward corner. 	
<p>Considerations prior to use</p> <ul style="list-style-type: none"> • Carers have undertaken training and are competent in its use • Ensure that 2 sheets are ordered if not the tubular type • The slip sheet is the correct size, clean and free from any wear and tear • Ensure the entire length of the person's body particularly the pressure points are supported by a 	

slip sheet before moving the person

Contra-indications


- It may be dangerous to leave the slip sheet under the person if they tend to slide down bed/chair.
- Do not leave lying on the floor when not in use as they are a slide hazard for others

Using the slip sheet

- Manufacturer's guidance for use should be observed
- Generally 2 carers are required to use this equipment effectively
- The slip sheet is stored safely when not in use

Maintenance

- The manufacturer's instructions for laundering should be followed

PATIENT TURNER	
	<p>Description</p> <p>The patient turner assists carers to facilitate standing and seat-to-seat transfers, whilst minimising the risk of injury to themselves and the patient as well as ensuring good working postures for carers and therapists.</p> <p>Height adjustable and angled knee pad facilitates normal hip and knee movement.</p> <p>Height adjustable hand bar to suit a range of clients.</p> <p>Thigh pad gives the client a secure and supportive contact point for increased stability and comfort during transfers.</p> <p>Patient turner rotates through 360 for repositioning in confined spaces.</p> <p>Non-slip footprints provide secure foot placement</p> <p>Carer controlled foot brake prevents rotation and over-balancing during sit-to-stand transfer.</p> <p>Two rear castors provide easy transport</p> <p>Front mounted sprung castor assists the carer in positioning the turner once the client's feet are in position.</p>
<p>WEIGHT RESTRICTIONS</p>	<p>Safe Weight Limit: 190Kgs (30 Stones)</p> <p>Check Safe Weight Limits for usage as these can change.</p>
<p>Dimensions</p>	<ul style="list-style-type: none"> • Bottom Handle Min Height: 815mm • Bottom Handle Max Height: 1175mm • Top Handle Min Height: 920mm • Top Handle Max Height: 1315mm • Centre Of Knee Pad Min Height: 235mm • Centre Of Knee Pad Max Height: 510mm
<p>Alternatives</p> <ul style="list-style-type: none"> • Floor based turntable with no support column • Active Stand aid • Passive hoist 	
<p>When should the patient turner be used?</p> <ul style="list-style-type: none"> • For use with service users who cannot stand well or long enough to cope with a basic floor based turntable • Allows service users with moderate upper and lower limb strength to participate in functional transfers • To assist in maintaining strength in the legs for as long a possible by supporting users to stand up and transfer safely • To avoid the use of a stand aid or passive lifting hoist 	
<p>Considerations prior to use</p> <ul style="list-style-type: none"> • Formal Carers should have attended statutory training and/or regular refresher training on general Moving and Handling [M&H]procedures/policy and be deemed competent to use this equipment • Informal carers should receive demonstration and instruction on the use of this equipment from assessors and providers of this equipment. Some may require further M&H training [see local arrangements for this] • Has the risk assessment been undertaken to establish if the service user can stand safely using this equipment? 	

- Has risk assessment identified how many carers are required to use the equipment depending on the service user's level of mobility and reliability in attaining and maintaining a standing position?

n.b. service user's mobility may fluctuate throughout the day or may progressively deteriorate.

- Users need to have good standing balance
- Users must be able to hold onto the handle to remain centred while standing up
- Users need to be able to comply with instruction for safe use of the equipment
- Is there space to store the equipment when not in use?
- Service User/patient specific moving and handling profile should be recorded.

Contra-indications

- Unsuitable for those with inadequate standing balance
- Unsuitable for users who cannot comply with instructions for safe use of the equipment

Using the patient turner

It is the responsibility of anyone using the patient turner to carry out a visual inspection for any defects prior to use. i.e.:-

- Check the base of the turntable is turning freely
- Check that knee and/or thigh pads are at the correct height for the service user
- Check that the knee pads are at the correct height for the user [edges not digging into/under the knee cap]
- Check that the support column is the correct height for the user to reach easily and support them while standing in an upright position supporting most of their own weight. User should not be leaning back [column too high] or too far forward [column too low]
- Do not leave the service user un-attended while standing on / using the patient turner.


To use

- Begin by positioning the new seat (chair, wheelchair, toilet or bed) in the required position.
- Slide Turner in under the user's feet.
- Adjust the height of the lower leg support so that its upper edge lines up just under the knee of the user.
- Adjust the height of the handle to a position that is comfortable for both user and carer.
- Grip the handle with both hands and places one foot on the pedal.
- Grip the handle with both hands.
- Encourage the user to stand up while, at the same time, counterbalancing the user's weight using a foot and hands (use your bodyweight by leaning backwards).
- Twist Turner so that the user is transferred to the front of the new seat.
- Step on the pedal, brace your weight and ask the user to sit down. Maintain eye contact with the user during the entire transfer process.

Maintenance

- Equipment should be cleaned in accordance with manufacturer recommendations.
- Will be serviced and maintained by the Store services under LOLER regulations

STEDY AND CRICKET PATIENT HANDLERS

 <p style="text-align: center;">Stedy</p> <p style="text-align: center;">Cricket</p>	<p>Description</p> <p>The Stedy and the Cricket assist people who are weight bearing for short periods but non-walking, without the use of a passive lifting hoist and sling. They are attendant propelled for moving around and the integral seats support the user when being transported until they can stand to transfer back onto a seat/bed/toilet.</p> <p>Wheels are braked while transfers take place.</p> <p>Can be used with only one carer if the user can stand unassisted otherwise 2 carers are usually required.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

WEIGHT RESTRICTIONS	<p>Safe Weight Limit:</p> <p>Stedy / Cricket - 120kg/19stones</p> <p>Check Safe Weight Limits for usage as these can change.</p>
----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

<p>Alternatives</p> <ul style="list-style-type: none"> • Patient turner [with support pillar]for those who need to use a wheel chair for transport around the home • Stand aid for those requiring sling support while standing • Passive lifting hoist for those with no weight bearing capability

<p>Considerations prior to use</p> <ul style="list-style-type: none"> • To enable users who cannot walk safely to retain the ability to stand up for short periods. • To assist in maintaining strength in the legs for as long a possible by assisting users to stand up safely • To avoid the use of a Stand aid /passive lifting hoist • To reduce the number of transfers needed to achieve i.e. going to the toilet • Users need to have good sitting balance • The Stedy legs require 5" of clearance beneath chair and beds for access. The Cricket requires 3" clearance. • If used for toilet transfers the legs of the basic Stedy and Cricket models can fit around the toilet pedestal in standard toilets [the larger Sara Stedy has legs that manually abduct for greater access around toilets, chairs etc. This is a non-stock order] • Users need to be able to comply with instruction for safe transfers onto the equipment • Are there any obstacles for the smooth running of the wheels when the equipment is in transit? [Door thresholds/ steps/ too much furniture] • The foot base which user stand onto raises the floor level by about 2"-3" and can result in the hips being below the level of the knees while seated in their chair. This can make transferring from sitting to standing more difficult for those with weak leg muscles. • Ensure wheels are running freely and brakes are in working order before use • Ensure that the fabric seat on the cricket is free from any wear and tear before use. • Is there space to accommodate/ store the equipment when not in use?

<p>Contra-indications</p> <ul style="list-style-type: none"> • Unsuitable for those with inadequate sitting balance • Unsuitable for users who cannot comply with instructions for safe transfers onto the equipment • Clients who are exceptionally tall or have disproportionately long legs may find the leg room inadequate. • The Stedy's seat has a 35° slope which causes users knees to side downwards into the knee cushion. This can be uncomfortable for those with painful knees and especially if they are on the seat for more than a short period. • The slope can be difficult to cope with if legs are very weak

- The Environment is too limited/cluttered for safe use of the equipment

Adjusting the height


- The Stedy has no adjustability
- The Cricket has height adjustable front bars and knee support and should be adjusted to allow the user to stand up as straight as possible without stooping or leaning backwards. The knee support should sit in front of the knees allowing the knee to press into the cushioning if required, and avoiding the edge of the cushion digging into the lower edge of the patella.

Using the Stedy or Cricket

- Push the Stedy/Cricket up to the front of the chair/bed/ toilet until the foot base is under the user's feet as they would normally be placed to rise from a chair
- Apply the brakes
- Fold back the seat to allow the user to stand into the equipment
- The user should rise from the chair using the chair arms[if available] to push up until they have achieved standing balance
- Users should then transfer hands from the chair arm[if available] to the front support rail of the equipment
- Carers should then put the seat in place behind the user and ask the user to sit down on the seat
- Brakes are disengaged prior to rolling the equipment away from the chair/bed/toilet
- To alight from the Stedy/Cricket push the equipment to the front of the chair/bed/toilet
- Apply the brakes
- Ask the user to stand up using the front bar of the equipment for support
- Fold back the seat
- Ask the user to sit down on the chair/bed/toilet as they would normally do.
- Fold down the seat into its normal seated position, disengage the brakes and roll the equipment away.

Maintenance

- Equipment should be cleaned in accordance with manufacturer recommendations.

TRANSFER BOARDS	
	<p>Description</p> <p>Low friction board which enables the user (with or without assistance) to slide transfer between surfaces of approx equal height. The transfer board is positioned equally on the two transfer surfaces, ensuring that approx 1/3rd of the total length of the board is on each surface</p> <p>Suitable for car, bed, chair and toilet transfers.</p>
<p>Available types</p> <ul style="list-style-type: none"> • Straight Wooden board [SWL 190kg/ 30st] • Wood or plastic Curved board[SWL 190kg/ 30st] • Plastic - For use in wet areas [SWL - 285kg/ 45st] <p>• NB Check Safe Weight Limits for usage as these can change.</p>	
<p>Alternative provisions</p> <ul style="list-style-type: none"> • Handling belt is also available if assistance is required to complete the transfer. • Hoist may be required if the user is unable to transfer unaided. 	
<p>When should this equipment be used?</p> <ul style="list-style-type: none"> • User is non weight-bearing or weight bearing is unpredictable and/or carers are at risk while completing essential transfers. • Height of both transfer surfaces should be within 1"- 2" of each other, depending on user's upper body strength/stability. • The gap between both transfer surfaces should be no more than 1/3rd of the total length of the transfer board. • The gap between both transfer surfaces can be minimised in order to maximise safety and reduce the effort required to transfer. NB space taken up by the person transferring. • Adequate space is available to facilitate side transfer. 	
<p>Considerations during assessment</p> <ul style="list-style-type: none"> • User needs to have good trunk control, sitting balance and upper limb strength. • Cognitive ability of user. • Skin integrity – this transfer can increase the risk of skin breakdown due to friction and shearing of fragile skin. • Where transfers are from shower/bath to chair/wheelchair a wet transfer board should be used. These are made of very low friction polypropylene or some have in-built sliding sheets. <p>[DO NOT USE UNATTACHED SLIDING SHEETS]</p> <ul style="list-style-type: none"> • The height differential between surfaces may vary during transfer depending on firmness of the transfer surfaces. • Surface that user will transfer from/to must ideally have no side/arm obstructions i.e. be a commode with a removable arm or chair/ wheelchair with removable side. Where 1 arm remains a curved board should be used and the angle between the surfaces is as acute as possible or overlapped. • If assistance is required, the carer must maintain good posture throughout the transfer. Moving and Handling training can be offered to the carer. • Compatibility issues 	

Measuring dimensions

- Optimum height between transfer surfaces is **NIL**.
- Maximum height between transfer surfaces should be restricted to 2", but will depend on the user's ability.

Using transfer boards

Positioning the Board

- Make sure the transfer board is beside you for use.
- Position yourself beside the surface you wish to transfer on to, ensuring the gap is minimised between both surfaces.
- If possible remove any armrests and footplates closest to the surface you want to transfer onto.
- Position the feet on the floor and adjust foot position throughout the transfer.
- Place approx 1/3rd of the transfer board onto the surface sat upon, ensuring the edge is securely tucked under your bottom.
- Position the remainder of the board across the gap ensuring that approx 1/3rd of the board rests on the surface you want to transfer onto.

The Transfer

- Using the hand closest to the direction of travel, place your hand on the available board beside you in a comfortable position. The other hand should be placed on the surface being transferred from.
- By pushing body weight through your hands, you should gently lift yourself and slide across the board, repositioning your feet as they travel.
- Repeat until you are sitting securely on the new surface.

Removing the Board

- Remove the section of the transfer board that is tucked under your bottom.
- Place the board on the floor or in a suitable position, ready for re-use.

Maintenance

- To clean the board it is recommend that hot water and a soapy solution or non-abrasive cleaner is used.

STAND AID



Description

The Stand aid is an electrically powered active lifter for those who have some weight bearing capability. Slings are used to assist the lifting from sitting to standing but the user should be weight bearing once fully in the standing position. 2 slings can be used:-

Standing sling – For use to assist the person to stand up

Transport sling – Has leg supports which only provide support if the person's legs give way while standing and will prevent the person falling to the ground

The stand aid should not be used to transport people from one room to another or to leave a person in for any length of time



Standing sling



Transport sling

WEIGHT RESTRICTIONS

Safe Weight Limit:

140kg/22 stones [Stand aids with higher SWL are available as non-stock items]

Check Safe Weight Limits for usage as these can change.

Alternatives

- Steady or Cricket patient handlers [See previous section for details of their use]
- Portable/folding standing aids for transporting outside the home [non-stock orders]

When should the Stand aid be used?

- To enable users who cannot walk safely to retain the ability to stand up for short periods.
- To assist in maintaining strength in the legs for as long as possible by supporting users to stand up safely
- To avoid the use of a passive lifting hoist

Considerations prior to use

- Formal Carers should have attended statutory training and/or regular refresher training on general Moving and Handling [M&H] procedures/policy and be deemed competent to use this equipment
- Informal carers should receive demonstration and instruction on the use of this equipment from assessors and providers of this equipment. Some may require further M&H training [see local arrangements for this]
- Has the risk assessment been undertaken to establish how many carers are required to operate the stand aid safely? [Staff require to adhere to the recommendations within their own Partnership regarding numbers of carers required to use equipment]
- Users need to have good sitting balance
- Users must be able to hold onto the frame to remain centred while being lifted
- Users need to be able to comply with instruction for safe use of the equipment
- Users must be able to lean back onto the sling while rising to standing to avoid a 'Drag' lift resulting
- The Stand aid legs require 5" of clearance beneath chairs and beds for access.
- Are there any obstacles for the smooth running of the wheels when the equipment is in use? [thick carpets/ cluttered environment]
- Is there space to store the equipment when not in use?
- Service User/patient specific moving and handling profile should be recorded.

Contra-indications


- Unsuitable for those with inadequate sitting/ standing balance
- Unsuitable for users who cannot comply with instructions for safe use of the equipment
- The Environment is too cluttered for safe use of the equipment

Using the Stand aid

- Ensure that the sling used is the correct one for the Stand aid. The Oxford Stand aid uses specific loop slings [See above]
- It is the responsibility of anyone using the Stand aid, to carry out a visual inspection for any defects prior to use. i.e.:-
 1. Check the Stand aid and slings are safe and fit to use and there are no signs of wear and tear
 2. That it has been serviced within the legally required period before using it [serviced 6 monthly under LOLER regulations]
 3. Ensure wheels are running freely and brakes are in working order before use
 4. Check the battery is fully charged and operational
- Apply the slings to the service user and then to the Stand aid as per training instructions
- Do not leave the service user in the stand aid for longer than necessary to lift and re-position the user in the bed/chair etc
- Do not leave the service user un-attended while standing in the raised Stand aid

Maintenance

- Equipment should be cleaned in accordance with manufacturer recommendations.
- Will be serviced and maintained by the Store Services under LOLER regulations

MOBILE HOISTS	
	<p>Description Manual or electrically powered lifting equipment which enables the carer to lift the service user safely in a lying, semi reclined or sitting position. Slings are used and many designs are available depending on the user's needs and tasks being undertaken</p> <ul style="list-style-type: none"> • Hoists should not be used when service users have reliable ability to weight bear [this can vary depending on the time of day for some service users]
Weight restrictions	<p>Safe Weight Limits Various depending on the specific hoist – Stores often have several stock hoists of different safe weight limits Check Safe Weight Limits for usage as these can change.</p>
<p>Alternatives</p> <ul style="list-style-type: none"> • Manual and electric versions • Bariatric versions • Stand aid for people with some residual weight bearing capability • Ceiling track hoist 	
<p>When should this equipment be issued?</p> <ul style="list-style-type: none"> • The service user has been assessed as non-weight bearing and/or carers are at risk whilst completing essential transfers • If the hoist is going to be used frequently by care staff or family then consideration should be given to the issue of an electric hoist. • The service user and/or carer's needs indicate that a ceiling track hoist is not required, or the mobile hoist is a temporary provision pending installation of a ceiling track hoist. • Service User/patient specific moving and handling profile should be recorded. 	
<p>Considerations Prior to use</p> <ul style="list-style-type: none"> • Formal Carers should have attended statutory training and/or regular refresher training on general Moving and Handling [M&H]procedures/policy and be deemed competent to use this equipment • Informal carers should receive demonstration and instruction on the use of this equipment from assessors and providers of this equipment. Some may require further M&H training [see local arrangements for this] • An assessment has been carried out on an individual basis to determine the number of carers required. [Staff require to adhere to the recommendations within their own Partnership regarding numbers of carers required to use equipment] • The hoist is suitable for the environment, access for transfers, space to manoeuvre, height/space under bed/ chair and there is a suitable storage area • Type of activity and frequency of use has been considered • If the service user/patient's clinical condition presents further issues e.g. the pumping action may trigger a seizure, spasm or cause pain because of a pre-existing medical condition then, specification of an electric hoist should be considered to allow a smoother rise and lowering action. • Weight limit of the hoist should be considered in relation to the safe working load • The user must be familiar with the Manufacturer's operating instructions and competent in the use of the hoist • The hoist must have sufficient 'boom' height to allow the service user to clear the surface they 	

are sitting/lying on when raised in the sling.

- Where clearance is marginal a sliding sheet can be used to prevent friction between the surface and the sling and to aid moving/turning the patient i.e. to get from bed to a chair along side.

- The hoist must only be used for transfer, not transport, e.g. only from bed to chair within the same room
- Ensure sling is applied correctly[see information in next section]

How to use the hoist

- Ensure that the sling used is the correct one for the hoist. Hoists use specific slings with loop and/ or clip attachments and must be compatible with one another.
- It is the responsibility of anyone using the hoist, to carry out a visual inspection for any defects prior to use. i.e.
 1. Check the hoist and slings are safe and fit to use and there are no signs of wear and tear
 2. That it has been serviced within the legally required period before using it [serviced 6 monthly under LOLER regulations]
 3. Ensure wheels are running freely and brakes are in working order before use
 4. Check the battery is fully charged and operational
- Apply the slings to the service user and then to the hoist as per training instructions
- Do not leave the service user in the hoist for longer than necessary to lift and re-position the user in the bed/chair etc
- Do not leave the service user un-attended while raised in the hoist

Contra-indications

- The service user has reliable weight bearing capacity
- The service user/patient's clinical condition presents further issues e.g. the pumping action may trigger a seizure, spasm or cause pain because of a pre-existing medical condition, which cannot be resolved by provision of an electrically powered hoist
- The service user has cognitive issues or confusion which renders use of the equipment unsafe.

Maintenance

- Equipment should be cleaned in accordance with manufacturer recommendations.
- Will be serviced and maintained by the Store services under LOLER regulations

SLINGS – basic shapes available



Access/toileting sling
Suits only 25% of users as they need to have good sitting balance and upper body control



Quick fit/ universal sling
Suits up to 85% of users.
Provides upper body support



Full back sling
[Provides upper body support and head support]
Suits 85-90% of users



Long seat sling [hammock type support /Used with extender bars on the hoist to widen the attachment spacing]
Suits frailer service users/ amputees/ spinal injuries



Quick fit deluxe
Suits 90% of users and provides a more comfortable supportive lift particularly for those with skin integrity issues or who are heavier.

Description

A sling is an item of moving and handling equipment that is used with a mechanical hoist in order to facilitate the transfer of a patient. A sling comprises a specially designed and constructed piece of fabric that is placed under and around a service user before being attached to the cradle/spreader bar of a lift to raise, transfer and lower the person. When selected and used correctly, a sling and hoist will achieve a safer transfer, reducing the risks associated with manual handling.

Alternatives

Different fabrics and designs available: - some are only available as non-stock orders

- Polyester
- Netting – mainly used for bathing
- Padded –for service users who have skin integrity issues, pain or are underweight and frail.
- Fleece edges - for service users who have skin integrity issues, pain or are underweight and frail.
- Long seats with commode aperture
- Reinforced to improve postural support i.e. for head or spine
- With **loop** attachments [**essential** that these are compatible with the hoist being used]
- With **clip** attachments [**essential** that these are compatible with the hoist being used]
- Integral sliding sheet to aid application – Specialised slings that are non-stock orders
- ‘Glove’ type slings that provide greater comfort and are easier to apply for those service users with complex needs.

When should this equipment be issued?

- The service user has been assessed as requiring a hoist for transfers.

Considerations

- A risk assessment must be carried out to ensure hoist/sling compatibility.
- The sling must meet the service user's needs with reference to model, size, fabric and design
- Careful consideration is required regarding choice of sling, in particular service users with issues such as extensor spasm, seizures, low muscle tone, confusion, painful joints or amputation
- The user must be familiar with the manufacturer's guidance for both the sling and the hoist being used, and be competent in their use
- A visual inspection for any defects should always be carried out prior to use.
- The sling must be securely attached to the spreader bar before attempting to lift the service user
- The amount of time the service user remains suspended in the sling should be kept to a minimum
- Manufacturer's safe working load and laundry instructions must be observed
- The service user should be reassessed on a regular basis or when there is a notable change to their physical and/or mental status
- NB Sling sizes are not consistent across manufacturers.

For further information please also refer to local arrangements for your Partnership.

Useful link: - The process of applying a sling to a service user is specific to the chosen sling. Osprey Healthcare provides online videos demonstrating the application of their slings which can be useful as a training tool for less experienced staff. It must be noted that there could be some differences in the process in slings from different suppliers.

Web link - <http://www.ospreyhealthcare.com/digitalslingvideos.html>

GUIDELINE FOR SELECTION OF PRESSURE RELIEVING EQUIPMENT

Primary indicator for pressure relieving equipment from low risk to high risk	Consider matching against following equipment as part of pressure relieving strategy (including skin release and repositioning) + address risk factors identified thro' using Waterlow risk assessment tool
<ul style="list-style-type: none"> Unable to move themselves and cannot be repositioned according to need 	<p>Examples include.....</p> <ol style="list-style-type: none"> Huntleigh Nimbus 3 Alternating air mattress Pegasus Cairwave Alternating air mattress Invacare Soffform Premier active mattress Accora Aventura guard non-powered mattress Huntleigh 'Breeze' low air loss replacement mattress
<ul style="list-style-type: none"> Unable / or find it difficult to move themselves but can be repositioned according to need. 	<p>Examples include.....</p> <ol style="list-style-type: none"> Repose air mattress - static overlay Harvest Healthcare Royal replacement alternating air mattress – high risk Harvest Healthcare Cavalier replacement alternating air mattress –Medium risk Sidhill alternating air replacement mattress – Medium Risk Huntleigh Alphaexcel alternating air overlay - Medium Risk Huntleigh Autologic alternating air overlay - Check with Manufacturer
<ul style="list-style-type: none"> Able to move him/herself and has no pressure ulcers, but does experience redness over bony prominences for more than 20 minutes after relief of pressure 	<p>Examples include.....</p> <ol style="list-style-type: none"> Repose visco-elastic overlay Propad cut foam replacement mattress or overlay

Factors that should be considered which may modify decision. N.B. track effectiveness against measurable baselines – in particular skin condition, pain, mobility.

1. **Person's wishes** regarding comfort and preference.
2. **Patient independence** - There is a need to enhance the person's independence – note dynamic equipment may reduce the person's ability to move without help. If possible select static equipment to prevent this especially where he/she is undergoing rehabilitation. Ensure that friction and shear damage is not made worse.
3. **Patient safety.** The combination of bed and mattress or bed, mattress and overlay may result in a patient being nursed at too great a height. In particular with community bed, a foam mattress/alternating air mattress overlay may result in a person being too close to the top of bedrails. (Can be solved by using 3 inch foam overlay instead of foam replacement mattress
4. **Patient compatibility.** Ensure that the person is not too heavy for the mattress. If they are very light they may find alternating air equipment uncomfortable. If a Repose is not suitable a Low Air Loss mattress could be considered using the special request facility. Bariatric mattresses [SWL > 25 stone] available from the Store. See appendix 1 for details
5. **Presenting with pressure ulcer.** If person presents with a pressure ulcer consider stepping up from that which would be initially selected in the left hand column. The degree of step up would be influenced by the severity of tissue damage
6. **Person develops pressure ulcer.** If person presents with a pressure ulcer while on a pressure relieving surface consider upgrading equipment, but review all factors that may be contributing to pressure damage. The degree of step would be influenced by the severity of tissue damage
7. **Person's mobility and skin condition improves.** Consider downgrading equipment

Choice of mattress

1. **Use of single or double mattresses is dependent on need and the physical environment and/or social circumstances.**
2. **If a person's need is low to medium risk it may preferable to provided a Repose static air-filled mattress for use on 1 side off the bed rather than a double cut foam replacement or overlay mattress. The Repose has a low profile and will not result in the person lying at a significantly higher level than their partner**
3. **A mattress alone will not deal with significant pressure issues and must be provided in the context of the other relevant factors. i.e. unresolved medical issues, mobility, nutrition, personal hygiene or continence.**

See appendix 2 for specific details

Limitations and possible Psychological effects of pressure relieving mattresses

Following a holistic assessment of the client and that despite initiating all preventative care, clinical judgement indicates that the client remains at risk of developing pressure damage or has established pressure damage. Staff must be aware that there are many indications and contra-indications for prescribing pressure relieving mattresses.

The limitations of pressure mattresses can be :-

- May reduce independent in bed mobility
- Uncomfortable
- Some pumps are noisy especially noticeable in small bedrooms
- If heavier patient may find that air moves when trying to change position pushing them to side of bed (?appropriate use in this instance)
- Can be difficult for patient to get in and out of bed
- Risk of falling of the edge of the bed when the edges are less rigid.
- Moving and handling can be difficult for carers

The possible psychological effects of pressure mattresses include:-

- Chest infections
- UTI (renal stasis)
- Constipation (bowel stasis)
- Oedematous limbs
- Hypotension
- Muscle wastage
- Contracted limbs
- Loss of confidence
- Loss of independence
- Depression
- Loss of personal contact/touch

All the above must be weighed up and a decision regarding prescription made.

Care Plan	Rationale	Action	Avoid	Outcome
General Skin Hygiene	To maintain skin integrity and moisturise	Use of non perfume Soap Aqueous cream	Talc Perfumed soap and creams	Prevent skin tears and itching
Incontinence skin care	To maintain skin integrity and acid mantle care	Timely wash with warm water Cavilon cream for prevention Cavilon spray for treatment of broken skin	Barrier creams which require rubbing in to apply and difficult to wash off Talc	Maintenance of skin integrity
Regular Repositioning	To relieve pressure To reduce detrimental and physiological effects For patients well being Prevent contracted limbs	Encourage independent movement Assist in requisitioning by appropriate use of moving and handling techniques. Ensure patient mobilises if at all possible	Placing patients on bony prominences Leaving patients seated for long periods of time	Prevention of pressure ulcers Optimising functional status of patient
30 degree tilt	To spread weight over as great a surface areas as possible Reduce friction and shearing forces at repositioning Increase patient comfort	Position patient in a 30 degree tilt to ensure weight is not concentrated on bony prominences Maintain position with use of pillows Always roll patient into position do not lift to prevent injury to patient by friction and shear and injury to those carrying out the procedure.	Avoid lifting patient into position If pillows are removed the patient should roll onto their back. If they remain in position they have been positioned round too far	Prevention of pressure ulcers and bony prominences. Patient is comfortable Frequency of repositioning during the night may be reduced.
Releasing the skin	To ensure the skin is not tight and increased risk of shearing forces when repositioning This includes when seated in bed	Following repositioning slide hands under buttocks, shoulder and spine and bounce skin gently to release the skin. Ensure patient and bed clothing is also loose.	Positioning patient on seating which is too high or sitting up in bed whereby the patient may slide down and increase risk of shearing forces	Prevention of shearing force damage Promote patient comfort
Use of appropriate moving and handling techniques/equipment	To ensure pressure damage does not occur due to friction or shearing forces	Follow moving and handling guidelines on appropriate use of equipment and techniques	Lack of appropriate technique increase the risk of pressure ulcers due to friction and shearing forces Risks injury to the carers	Maintenance of skin integrity comfortable for the patient easier for staff/carers
Use of static foam support surfaces	To reduce the risk of pressure damage in conjunction with a individualised care plan	Following patient assessment and clinical judgement order mattress/overlay	Not to be used in place of nursing care	Maintenance of skin integrity Promote patient independence and comfort
Use of repose mattress/heel boots	To reduce risk of pressure damage Treatment as part of individualised care plan	Following patient assessment and clinical judgment Order equipment from Equipu	Not to be used as a substitute for patient repositioning	Maintenance of skin integrity Promote patient independence and comfort
Use of dynamic mattress	To reduce risk of pressure damage in immobile patient Treatment as part of individual care	Following patient assessment and clinical judgment Order equipment from Equipu	Not to be used as a substitute for patient repositioning	Maintenance of skin integrity Promote patient independence and comfort

POLICY AND PRACTICE GUIDANCE ON THE USE OF BARIATRIC EQUIPMENT

Introduction

This guidance aims to highlight essential factors for consideration in the assessment and provision of bariatric equipment throughout the Partnership. The required outcomes are maximum use of resources, standardisation in approach and safety of provision for service users.

The Partnership has a responsibility for adhering to Health and Safety legislation:-

- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992[amended 2002]
- Provision and Use of Work Equipment Regulations 1998

However every member of staff has some level of responsibility for their own and others safety and in the case of the use of Bariatric equipment the following guidance should be followed.

Acknowledgement of the specific needs of service users who fall into the 'bariatric' category is imperative. The effect on lifestyle and choice is significant:-

From a service user perspective the issues that they encounter daily include:-

- Reduced independence
- Reduced feelings of safety
- Pain
- Discomfort
- Lack of dignity
- Lack of privacy
- Challenges to their Home environment
- Reduced mobility
- Limited co-operation among multiple carers in complex care packages

The physical Effects on service users of being overweight are:-

- Reduced exercise tolerance
- Shortness of breath
- Circulation problems
- Skin vulnerability
- Muscle weakness
- Reduced range of movement

The policy within the Partnership is to offer equal access to user groups and the particular issues incurred by heavier and bariatric service users must be understood and addressed by staff.

Equipment **must** be considered as part of a wider perspective and multi-disciplinary assessment practiced to ensure that staff liaise with other professionals involved.

i.e. consulting with Nursing, Physiotherapy and Moving and Handling specialists for specific issues.

It is imperative that heavier service users are not discouraged from moving about themselves and that over-prescription of passive lifting equipment does not inhibit this. The management of service users in the bariatric category is complex and the provision of equipment a last resort following consideration of alternative techniques for carrying essential activities of daily living or provision of equipment that enables independent function i.e. suitable seating, beds, bathing and toileting equipment and assistive walking aids.

The Core stock catalogue includes a range of equipment that is available via all staff and some that is available for prescription by nursing staff only. It is generally accepted that most bariatric service users will have multi-disciplinary involvement which will avoid barriers to accessing any equipment

While considering service users needs assessors must ensure that they explore the possibility of available recycled stock in the first instance. Assessors should also be aware of the recycling policy within the Partnership when deciding on products/fabrics/materials required

Assessment

In the case of a community assessment for equipment, visual observation and measurement of body proportion and shape is the most likely method to be used as well as the accurate measurement of a service user's weight.

Bariatric equipment can be defined as:-

- Equipment that is of a size for service users who for reasons of body proportion or weight require to use larger than average equipment.
[This may mean they are of small stature but proportionally heavier and wider]

Manufacturers commonly consider equipment with a safe weight limit of 25stones/158kg and over as in the Bariatric category. Assessors should be aware that some equipment may be too high for smaller service users.

It must be noted that it can also be difficult to provide equipment for service users who are between 20-25sts/127-158kg. as they are also of significant weight and can have challenging body proportions

This equipment may provide the following facilities:-

- Facility for postural support / postural modification
- Enhances service user function/ independence in activities of daily living
- Assists in transfers from lying to sitting to standing
- Assists in recommended manual handling techniques for carers

- Supports minimisation of manual handling risks for carers
- Provides protection for those with tissue integrity issues
- Has the facility for the addition of accessories
- A combination of any of the above

Bariatric Equipment will only be considered if:-

- The service user has been weighed accurately and comes into the bariatric category or may do in the foreseeable future and/or that their height and/ or weight requires them to have non-standard size equipment
- Service user cannot access appropriate equipment via standard retail outlets
- Standard community equipment does not have an adequate safe weight limit to support the service user's weight.
- Service user's home environment can accommodate the size of the equipment and access to facilities needed for it's use [i.e. power]
- Domestic floors can take the weight of the equipment combined with the weight of the service user.

Assessors should consider several factors within the following categories:-

- | | |
|----------------------------|----------------------|
| • Task | • Load |
| • Individual/Carers | • Environment |

Initially they should:-

- Ensure that all Health and safety issues have been considered during the assessment
- Ensure that adequate risk assessment has been carried out and that findings are appropriately documented and circulated to all relevant staff.
- Identify an accurate measurement of the service users weight

Specifics of the task

- Ensure that adjustment of equipment where required, is carried out on delivery or as soon as possible after delivery and before use.
- Be aware that some items of bariatric equipment require 2 people to operate them under Health and Safety guidelines [i.e. hoists/ standaid] and that this may affect their care package funding
- Ensure that user manual / instructions have been provided by the Equipu Store on delivery.
- Be aware that heavy equipment plus the weight of a significantly heavier service user can be difficult to move around even for short distances for multiple carers working together. [i.e. using a hoist/ standaid]

- Ensure that a safe system of work is clearly documented for staff to follow, particularly when there are multiple formal and/or informal carers delivering care over a period of time.

Individual/ Carers needs

- Ensure that service users have an appropriate trial of equipment prior to ordering [at least 30 minutes sitting in/on the equipment in the case of seating]
- Ensure that medical conditions would not put them at risk while using the equipment [e.g. Epilepsy or un-controlled/athetoid movements]
- Be aware that sensory loss could lead to limb entrapment and that the use of some specialist equipment should be assessed with this in mind [e.g. beds without infill bumpers for gaps between mattress and bed rail].
- Be aware of the increased vulnerability that heavier service users have to skin integrity issues
- If in any doubt about the correct prescription and where needs are particularly complex, assessors should consult with experienced colleagues [incl. Moving and Handling advisors / supervisors/ supplier reps.] for advice.
- Arrange demonstration for service users/ carers if required, particularly where equipment has extensive adjustability [i.e. seating]
- Many standard products have safe weight limits that extend into the bariatric range but staff must check if they are large enough in dimension to accommodate service users who are proportionally larger as well as heavier.
- Ensure that the service user and /or their carer have the physical /cognitive ability to comply with instruction for equipment use and to consistently operate the equipment in a safe manner.
- Consider that carers may require additional Moving and handling training in addition to demonstration in the use of the equipment...
- Ensure that service user's formal and informal carers/family is aware of the size of particularly large equipment.

Load issues

- Ensure where possible that the weight tolerance/ size of equipment meets service user's needs now and in the foreseeable future.
- They have considered the possibility of adaptations being the correct solution rather than equipment i.e. Ceiling track hoists
- Ensure that in addition to checking the safe weight limit of equipment, that supportive surfaces also accommodate moving and assisting techniques i.e. width of the prone patient / width of a bed/ application of a sling.

Environmental issues

- Ensure the physical and social environment can accommodate the equipment and that there is enough space to accommodate all the equipment and staff required to carry out the task.
i.e. should a hoist and sling be brought in to facilitate a lift from bed to replacement bed, that there is somewhere for the service user to be

accommodated while the bed is replaced. (see below - Process if M&H issue)

- Ensure that if required there is adequate storage space for equipment when it is not in use
- Be aware that floor coverings can inhibit the manoeuvrability of large equipment.
- Ensure that equipment does not inhibit functional ability of service users
- Ensure that the equipment would not be a hazard to the rest of the family[e.g. young children / pets]
- Ensure that equipment does not inhibit the use of other equipment [i.e. hoist/ standaid / mobility equipment]
- Any parking issues need to be identified and raised with Equipu.

Process

Ordering equipment for delivery

When the equipment is to be ordered assessors or delegated staff should be aware of the information required by the store to facilitate a safe delivery.

- Prior to the order being placed contact should be made with the store manager to alert to the need for delivery of bariatric equipment.
- The store manager will arrange for an environmental visit to be carried out by the delivery staff.
- They will check that the house is accessible and that equipment or parts thereof will be able to pass through doorways, up stairways or fit within rooms. Also that rooms have been vacated by existing furniture that could prohibit installation of significantly large products e.g. beds. Also that there is enough space around the furniture to move the service user and accommodate the staff involved.
- Store staff will confirm with assessors whether the delivery is feasible and the equipment can be processed on the Equipu website.

Additionally;-

Staff need to beware that should there be no lifting equipment to move a service user from bed to bed, that it may be necessary to arrange for the Ambulance service to assist.

This Service incurs a cost and should have been discussed with and authorised by your Manager prior to ordering the equipment from the Store.

Summary

Service users are individual in their needs, and a 'one size fits all' approach cannot be used.

A multi-disciplinary approach is imperative as it is unlikely that services users who are within the bariatric weight category do not have a range of issues requiring specific expertise.

This guidance document should be used in conjunction with other agreed standards and working practices including:-

- Statutory Moving and Handling training.
- Locally agreed 'safe systems of work' - i.e. ratios of staff to service users.
- Professional guidance.

General References

1. Disability Living foundation – Choosing equipment for the heavier person[2006]
2. Procuring Bariatric equipment – Thinking outside the box – Anita Rush Clinical Nurse Specialist, Berkshire Community Equipment Services
3. University of Surrey - Moving and Handling 2006
4. NHS Grampian – An Evaluation of Bariatric Moving and Handling Practices- July 2011- Murray, A et al.

**Appendix 1
Core Bariatric equipment**

Category	Product
Toileting	Height Adjustable commode Heavy duty extra wide Swl – 30 stones/ 190kg
Bathing	Shower stool Swl 40st
	Shower stool with padded back and arms Swl 40st
	Bariatric Shower chair Swl - 51 stone.
Toileting	2”/4” Raised Toilet seat swl – 35st
	Toilet seat and Frame Swl – 190kg[30st]
	Extra wide Toilet frame – swl- 40st
Miscellaneous	Perch stool PU Moulded - swl -44st

Appendix 1 Continued – Moving and Handling Equipment/ Beds and Mattresses

Category	Product	Specification
Hoist	Oxford Presence	swl - 35st/ 222kg
Compatible slings	Oxford padded Quickfit XL	swl - 35.75st/ 227kg
	Oxford padded Quickfit deluxe XL	swl - 35.75st/ 227kg
	Oxford padded Longseat XL [with commode aperture]	swl - 35.75st/ 227kg
	Oxford Full back XL	swl - 35.75st/ 227kg
	Oxford Full back XL Fully padded	swl - 35.75st/ 227kg
Hoist	Liko Viking XL with arm rests	swl - 47.24st/ 300kg
Compatible slings	Liko Original high back sling XL	swl - 78.4st/ 500kg
	Polyester net with reinforced legs	
	Applied when prone	
	Code 3520 317	
	Liko high back sling XXL	swl - 78.4st/ 500kg
	Soft original high back	
	Polyester net with reinforced legs	
	Applied when seated	
	Code 3526 118	
Scales To be stored at the store	Marsden portable scales MA MPMS 500	swl - 74.4st/ 500kg
Bed	Nexus DMS Pro-Bario Max profiling bed Proposal as at March 2013 to change to Parkhouse Emperor 320 (£1995)	swl 51st/ 325kg
Compatible Mattresses	Nexus DMS Static medium-high risk pressure care mattress	swl 64st/ 406kg
	Nexus DMS Optima 'No ripple' dynamic air-float mattress system/Dynamic cells plus foam underlay	swl 7-300kg/ 1-47st

Appendix 2

Calculation of body mass index [for information only]

Body proportion is key in the assessment of client's needs. The calculation of body mass index [BMI] is the recognised way to identify those in the bariatric category as weight alone is inadequate.

$BMI = (\text{Weight} \div \text{height}) \div \text{Height}$ [Metric - use kg, cms]

$BMI = (\text{Weight} \div \text{Height}) \div \text{Height} \times 703$ [Imperial use lbs, inches]

The BMI outcome indicates where someone is in the weight spectrum:-

- Lower than 18.5: underweight
- 18.5-25: normal weight
- 25-30: Overweight
- 30-35: Obese 1
- 35-40: Obese 11
- Above 40: Morbidly obese

n.b. children and teenagers cannot be calculated using this method due to their developing body proportion. The formulas need to be adjusted and this would be carried out by specialists.

For adults with high muscle bulk, BMI can be high and therefore misleading.

JOINT PROTOCOL
ASSESSMENT FOR THE PROVISION OF PERSON ASSISTIVE EQUIPMENT/
BEDS AND MATTRESSES

PRE / POST TRAINING - EVALUATION FORM

NAME:
LOCATION AND POST:
CONTACT TEL.NO.
DATE:

- 1. Look at the attached list. Based on your knowledge and experience, rate how competent you feel in assessing/providing/ dealing with each of the following items / issues before and after the course:**

1 = not able ; 2 = not sure ; 3 = average ; 4 = competent; 5 = very competent.

M&H EQUIPMENT /BEDS AND MATTRESSES/ SKIN ISSUES	RATING BEFORE 1 - 5	RATING AFTER 1 - 5	COMMENTS
Knowledge of Physiology of Ageing Skin			
Knowledge of incontinence in skin management			
Recognition of the effects of pressure shear, friction and moisture			
Knowledge of matters related to procedures for releasing the skin			
Knowledge of 30 degree tilts			

M&H EQUIPMENT /BEDS AND MATTRESSES/ SKIN ISSUES	RATING BEFORE 1 - 5	RATING AFTER 1 - 5	COMMENTS
Repose mattresses			
Cut foam overlays /mattresses			
Dynamic [alternating cell] overlay mattresses			
Dynamic [alternating cell] replacement mattresses			
Use of seat cushions			
Repose heel boots			
Sliding sheets/one way glide sheets			
Turning discs			
Transfer Boards			
Rota stands			
Stedy			
Cricket			
Stand Aid			
Hoist			

- 1. What would you describe as your key roles and responsibilities in relation to the assessment and provision of mattresses/beds**

- 2. Which aspects of the course were:**

most useful ?

least useful ?

- 3. Any subject that you feel needed more/less time?**

- 4. How far has this course gone in meeting your training needs on this subject?**

- 5. Any additional comments?**

- 6. Have you any comments on the presentation/format of this course?**

THANKS FOR TAKING THE TIME TO COMPLETE THIS FORM. THE INFORMATION COLLECTED WILL HELP US SUPPORT YOU AND YOUR COLLEAGUES IN FUTURE TRAINING.