



Aneurin Bevan Health Board

GUIDANCE FOR THE TRANSFER OF PATIENTS BETWEEN WARDS AND DEPARTMENTS WITHIN HOSPITALS

(This guidance is not intended for patient transfers between sites)

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The intranet should be referred to for the current version of the document.

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1. PURPOSE OF GUIDANCE

This Patient Movement Guidance is intended to give specific direction, for all staff involved in patient transfers between wards and departments within Aneurin Bevan Health Board (ABHB)

This guidance should be used in accordance with Infection Control Standard of Operating Procedure: Restricted Bed Movement, (**see appendix A**) and ABHB Safer Handling policy

This guidance takes into account

- The roles and responsibilities of those whose task is the physical aspect of the transfer, as well as those involved in the transfer who have a clinical responsibility.
- In the case of outpatients services clinical responsibility for transfers may lie with the nursing, therapy or diagnostic staff
- The interaction with patients in a situation in which they may be vulnerable.
- The specific methods required to transfer patients independently or via any means of transport (Trolley, Bed and Wheelchair).
- The availability, type and condition of equipment used to transfer patients that result in a successful, safe transfer for the handlers and enhance the patient's experience.

For the purpose of this guidance:

- **Qualified staff** - refers to nurses, physiotherapists, occupational therapists, doctors etc.
- **Clinical staff** - refers to qualified staff, therapy assistants and health care assistants
- **All staff** - refers to qualified staff, porters, therapy and healthcare assistants.

2. ROLES AND RESPONSIBILITIES

2.1 Ward / Departmental Managers

- 2.1.1 Ensure all staff are trained in patient handling techniques relevant to their job role and assessed as competent every two years.
- 2.1.2 Staff must be made aware of and have access to this guidance
- 2.1.3 Ensure all staff adhere to their role and responsibilities as highlighted in this guidance.

2.2 Qualified Staff

2.2.1 The role of qualified staff for an inpatient transfer is to assess the safety needs of a patient who is considered clinically vulnerable at the point of transfer and provide a clinical staff escort if required. This may be as a result of the patient's:

- general condition, weight or size
- peri-operatively or in post surgery recovery
- oxygen therapy
- intravenous infusions/drains
- monitoring equipment in situ
- confusion/distress
- personal safety risk to staff/patient
- Patient's functional mobility

2.2.2 In particular qualified staff must assess the benefits for and against transferring seriously ill patients. If transfer is deemed to be essential then they must be accompanied by suitably trained staff to monitor the patients.

2.2.3 Qualified staff must ensure:

- the patient is made aware of the purpose and destination of the transfer
- the patient is wearing an ID band (if an inpatient)
- the receiving department/ward is aware that the patient is on their way
- the porter/staff member knows where the patient has to go
- they monitor the condition of the patient during the course of the transfer, if deemed appropriate
- they act accordingly if the patient deteriorates during the transfer, instructing the porter to assist in the move as required
- in the case of the heavier patient, the receiving department **must be made** aware of the patient's weight in advance to ensure appropriate equipment is available.

2.2.4 When requesting portering services for a patient transfer, clinical staff must ensure that the patient and any items required such as relevant documentation and property are ready for transfer. The person requesting portering support for a patient transfer will need to supply the following information:

- name of patient

- where the patient is being transferred from
- where the patient is being transferred to
- patient's functional mobility
- **any information in relation to privacy, dignity and equality considerations, e.g. gender, cultural considerations, communication and language interpretation needs.**
- mode of transport required (bed, trolley, wheelchair)
- any other relevant information (attachments for Intravenous infusion, oxygen cylinders, heavy patient, risk to staff personal safety)

2.2.5 Depending upon area/site, porters are available to assist in the movement or transfer of patients from bed to chair or trolley etc. They should be informed of the patient's abilities and requirements and any additional needs prior to moving. If assistance is required the transfer must be led and co-ordinated by the clinical staff.

2.2.6 In the case of supine lateral transfers between bed and trolley safe handling practices must be followed.

- A minimum of 4 staff must undertake the transfer. (NB 6 or more may be required in certain circumstances such as when moving a heavier person)
- The transfer will be led and co-ordinated by a clinical staff member.
- Brakes must be applied to bed/trolley.
- Patslide, slide sheet/s and gravity must be utilised to assist the movement.
- Porters must not undertake this transfer unaided.

2.2.7 All staff have the right to decline if equipment or adequate assistance is not available. In this instance, staff will be required to inform the person in charge and their own supervisory team so that communication is clear and open, ensuring that any problems are dealt with rapidly and effectively. Patient must be informed of any delay.

2.2.8 Patients who are able to move into a wheelchair/transfer chair without assistance from staff may be independently collected by a porter and transferred. However, a member of clinical staff should still be present for the initial transfer from the bed or chair to confirm identity and ensure patient is ready and fit for transfer. The patient's dignity must be maintained at all times.

2.3 All staff who may transfer patients

2.3.1 It is the responsibility of all staff to ensure that equipment used e.g. wheelchairs, transfer chairs, beds, trolleys and manual handling equipment, is serviceable and suitable to carry out the move without risk to the patient, themselves or any other staff, patients or visitors while in transit. All staff must be trained in patient handling techniques, prior to any patient handling.

This will include appropriate verbal and non-verbal communication skills training and sensitivity to equality and diversity as an integral part of ensuring dignity and respect.

2.3.2 All staff must ensure that:

The patient ID is checked

- the patient is not removed from the ward without informing ward or departmental staff first.
- they know the intended destination of the patient. If in any doubt this should be checked with the appropriate staff member
- clothing/bed linen is tucked in to avoid risk of getting caught in the wheels
- appropriate clothing is worn by patients and staff for transfers that are required to take place outside buildings
- the patient is kept fully informed about the transfer process, what you are doing and where you are taking them
- the patient is not rushed if not ready
- the principles of safer pushing and pulling are applied
- the brakes are applied when bed/trolley/transfer/wheelchair is not in motion
- Where an air mattress is in use, clinical staff should set the controls to transport mode to avoid deflation/maintain patient comfort – please refer to product user manuals for guidance. (AlphaXcell, Autologic .Nimbus 3 and Breeze mattresses available from Huntleigh Healthcare.)

3. METHODS OF TRANSFER

Independent patients may be able to walk to /between departments. Qualified staff are responsible for assessing need for an escort by a staff member as appropriate.

3.1 Using a wheelchair/transfer chair

3.1.1 Patients moved by wheelchair/transfer chair will usually be moved by a porter, however clinical staff may also move patients by wheelchair or transfer chair.

3.1.2 When selecting/using a wheelchair/transfer chair for a patient transfer, staff must ensure that:

- the armrests are secure and undamaged
- the foot rests are present, secure, slide as required and are undamaged
- the brakes are in good working order

- the seat fabric is intact and clean
- where leg rests, cylinder holder or IV poles are required, these are checked to ensure they are securely attached before transfer
- tyres are not flat or punctured
- the chair has an appropriate safe working load for the weight of the patient and is of adequate size
- assistance is called for if it is considered difficult for one person alone to manage the task.

NB Wheelchairs are generally designed to be pushed so that staff and patient can see the direction in which they are going and staff can make best use of their body/hands during this activity. Patients in wheelchairs should not be pulled backwards unless it is easier to do so for example when negotiating doorways, lift thresholds or kerbs. Staff must ensure that any twisting or one handed moves are kept to the lowest possible level. Some transfer chairs, however, are designed specifically to be pulled; therefore staff need to follow the manufacturer guidelines and the manual handling guidelines for pulling. The latter can be found in the ABHB Manual Handling manual and handout and via the Manual Handling Operations Regulations 1992 (as amended 2002).

Foot rest or any other parts of the wheelchair are not to be used to open doors

3.2 Using a Bed/Trolley

The bed/trolley must be serviceable and suitable to carry out the transfer. Beds or trolleys that will not move or are difficult to move must not be used. They must be labelled and reported as faulty so that the person in charge is notified and can ensure appropriate action is taken. All patients transferred between wards and departments by bed or trolley must have a minimum of 2 members of staff to facilitate the move. This may need to be increased to 3 or 4 staff members dependent on the foreseeable risks e.g. if the patient is heavy or there is a personal safety issue to staff, patient or for environmental reasons etc

- The brakes must be in free wheel position
- The bed/trolley will be raised to ensure that both staff member and porter are pushing and pulling at a comfortable height
- Headboard/foot board must be attached to the bed before transfer takes place as it is recommended by the manufacturer that the bed is handled using the same.
- Ensure profiling bed and mattress cables are unplugged and bedrails are raised prior to moving.

For further guidance please refer to the bed/trolley's user manual.

- The patient should always be moved feet end first to ensure that they can see where they are going.
- The porter will usually push or pull from the head of the bed so clinical staff can guide the bed/trolley from the foot end/ at the side of the foot end to provide them with the ability to attend the patient if needed. (NB This may differ in higher risk situations e.g. when airway needs protecting).
- The clinical staff member must monitor the patient's medical condition during the course of the move
- On approaching swing doors that do not have retainers, either staff member or porter will open the doors and ensure the door remains open for the bed or trolley to move through.
- Keep the patient informed about the transfer process.
- On arrival to ward or dept Inform member of staff that the patient has arrived, apply the brakes, reconnect bed to power supply. Ensure that all notes and x-rays etc are handed over where appropriate.

4. SPECIFIC GUIDANCE FOR PORTERS TRANSFERRING PATIENTS WITHOUT MEMBER OF CLINICAL STAFF. (Wheel chair transfers)

When transferring the patient, porters must always follow the instructions as below:

- 4.1 Inform the person in charge that you are collecting/transferring the patient
- Identify from the person in charge the functional mobility category of the patient.
 - If the patient requires assistance with moving and handling ensure that clinical staff member/s are with you. Clinical staff **must** take the lead.
 - Only assist in transfers if you have received the appropriate manual handling training.
 - If the patient is in a side room or cubicle, ensure that a staff member is with you at all times
 - Introduce yourself to the patient, telling them your name and your role. Ensure that you are face to face with the patient when speaking to them. If you are unable to communicate with the patient, get support from clinical staff
 - Ask the patient if they require any personal needs prior to transfer e.g. toilet. If required ensure clinical staff member assists patient.
 - Ensure clothing and any bed linen that may accompany the patient are not loose and at risk of getting caught in the wheels. Ask clinical staff to resolve prior to the transfer if necessary.

- Ask if the patient requires a blanket before leaving the ward or department and request one from a staff member. This is particularly relevant if needing to go outside between buildings
- Appropriate clothing is considered for transfers that are required to take place outside buildings
- Do not rush patients who are independently transferring themselves into a wheelchair/transfer chair.
- Keep the patient informed about the transfer process to aid orientation.
- On arrival to ward or dept. Inform member of staff that the patient has arrived, apply the brakes, Ensure that all notes and x-rays etc are handed over where appropriate.

5. TRANSFERRING OF DECEASED PATIENTS

- 5.1 Deceased patients will be handled with dignity and respect. Under no circumstances will a deceased patient be manually lifted e.g. a top and tail technique from bed mortuary trolley or trolley to trolley
- 5.2 When transferring a deceased patient from a bed or trolley to a mortuary trolley: all staff must follow supine lateral transfer guidance set out in paragraph, 2.2.6.

6. TRANSFERRING HEAVIER PATIENTS

- 6.1 Always treat the heavier patient with dignity and respect.
- 6.2 Ensure equipment used has a suitable safe working load and is of a suitable size to maximise patient comfort.
- 6.3 Plan the route and avoid any slopes, narrow doorways or other areas of potential hazard where possible
- 6.4 Make sure you have a suitable number of staff to assist with the transfer if required.

7. PERSONAL SAFETY DURING TRANSFER

- 7.1 A risk assessment must be performed if a risk of violence and aggression towards/against staff has been identified.

For further information please refer to the following guidance:

- **Policy & procedure for the management and prevention of violence to staff**
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- **Use of restrictive physical intervention policy**

Controls measures should consider:

- Mode of transport
- Staff patient ratio
- Skill mix of staff
- Gender of staff.
- Route to be taken

8. EQUIPMENT

- 8.1 Beds/Trolleys. In the event of equipment malfunction when attempting a patient transfer, the staff member in charge must be informed and immediate action taken. The malfunctioning bed or trolley must be taken out of service immediately and arrangements made for repair or inspection. All patient beds and trolleys should have power assistance to sit patients up and must be height adjustable, (there may be exceptions to this in some areas such as acute mental health).
- 8.2 Wheelchairs / transfer chairs. If a wheelchair or transfer chair is malfunctioning i.e. brakes faulty, tyres flat/punctured, wheels stick, difficult to manoeuvre. It must be taken out of service, labelled appropriately and reported for repair and inspection.

9. INFECTION CONTROL

- 9.1 Control of infection. The cleaning of beds and trolleys is the responsibility of the ward/department to which the bed/trolley originates.

Wheelchairs must be cleaned after use by patients. This will be the responsibility of the staff member who has just used the chair for transporting purposes and must be done before the chair is returned to the storage area.

For further guidance refer to Infection Control Cleaning Disinfection and Sterilisation policy and attached Actichlor poster. (See appendix B)

10. ENVIRONMENTAL CONDITIONS

- 10.1 Weather. If transferring patients within the hospital grounds each department/ward must ensure appropriate risk assessments and safety measures are in place i.e. consider shortest and safest route, taking into account uneven surfaces, gradients and traffic. The safety of the patient and staff is paramount.
- 10.2 Floor surfaces/gradient. (Slopes/Gradient/ Uneven surfaces). Moving a Wheelchair /trolley/bed over soft or uneven surfaces or negotiating a slope or ramp requires higher forces. Employees should enlist help from another worker whenever necessary

EQUALITY IMPACT ASSESSMENT

This guidance has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this guidance are available from the guidance owner.

Appendix A



Infection Prevention & Control Team

Standard Operating Procedure Restricted Bed Movement

The following operating procedure standardises the mode of transfer for patients between departments and wards, to prevent mobile equipment such as beds and chairs from contaminating numerous clinical environments.

A number of studies have indicated that contaminated beds contribute to cross infection, mattresses, cot rails and bed frames have isolated pathogens such as MRSA, *C.difficile*, Vancomycin resistant Enterococcus. Decontamination of beds between patients is crucial however cleaning beds with patients' insitu is extremely challenging, hence the reason why bed movement between wards and departments should be kept to an absolute minimum.

National guidelines have also indicated that rates of *C.difficile* are lower in hospitals which have restricted bed movement policies.

In order to prevent contaminated beds moving from ward to ward the following Standard Operating Procedure will apply.

An assessment will be made by the nurse in charge of the originating ward.

- Patients who are reasonably well, needing transfer to other wards must be transported in a wheelchair.
- Patients who are unwell must be transferred from bed to bed using appropriate manual handling techniques
- Patients who are very sick, dying and /or using special equipment e.g. bariatric bed or pressure relieving mattress, can remain on their bed
- Porters can return the clean unused bed to the originating ward.

For manual handling information and patient handling training requirements refer to Guidance for the Transfer of Patients between Wards and Departments within Hospitals (ABHB/HS/0522) available on the ABHB intranet.

The nurse in charge of the receiving ward will assess whether the transfer was appropriate and inform Infection Prevention and Control team of any breaches to this standard.

References

Creamer E, Humphreys H, (2008) The contribution of beds to healthcare associated infection: the importance of adequate decontamination. Journal of Hospital Infection Vol 69, Issue 1 8-23

Health Protection Agency (2009) Clostridium *difficile*: How to deal with the problem. DoH/London

Appendix B

Actichlor



APPLICATION OF SODIUM DICHLOOROISOCYANURATE DISINFECTANT			
USE	Required concentration of available chlorine	Dilution 1.7g Tablets	Additional Advice
Environmental Cleaning	Not Applicable	Not Applicable	Detergent and water for all hard surfaces and mattresses.
Environmental Decontamination for all known infections	2000PPM (0.2%)	2 tablets in 1 litre of cold water	Clean area initially with detergent and water then disinfect. Use measuring bottle to obtain accurate concentration.
Blood & Body Spillage	10,000PPM (1%)	1 tablet in 100ml of cold water OR 10 tablets in 1-litre of cold water.	Apply PPE. Cover spill with paper towel and apply made up disinfectant solution 1% to paper. Leave for 2 minutes. Remove paper towel. Wash area with detergent and dry. Dispose of all items in clinical waste bag. Remove PPE. Place in clinical waste, tie and dispose of. Wash your hands.

DO'S

- ◆ Always use correct dilutions
- ◆ Always wear gloves
- ◆ Store in a dry, secure place
- ◆ Replace lid after use
- ◆ Keep out of reach of children

DON'TS

- Do not take internally
- Do not mix with acids
- Do not mix with cationic detergents
- Do not submerge animal fibres (e.g. wool or silk) as this will inactivate the chlorine
- Do not mix with urine and vomit**

When in contact with the above agents, disposable gloves **must** be worn.

REFERENCES

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Infection Control Cleaning Disinfection and Sterilisation, 2009. Aneurin Bevan Health Board policy

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