



Surgical Ward Lift Contingency Procedure

Effective: 6 February 2015

1. GUIDING PRINCIPLES

Open communication is imperative between the Hospital Coordinator After Hours (HCAH) and the Surgical Ward Unit Manger or (afterhours) shift coordinator. The HCAH must ensure the surgical ward is aware in the compromised availability of the lifts and the ward must ensure the HCAH is aware of the current activity of the ward.

In the event of both lifts being inoperative, when a decision has been made that a patient is required to be transported to theatre for a non-elective surgical procedure, this contingency plan is to be invoked.

If the patient is unable to mobilize themselves down the stairs safely, assistance will be required to ensure safe transfer down the stairs to an awaiting trolley and transfer to theatre.

2. PROCEDURE

- 2.1 Once the decision has been made for non-elective surgery, contact 1262 to advise the HCAH of need to transfer to theatre.
- 2.2 The HCAH is to access HoverJack[®] (located on medical ward) and set up outside the stairwell in the corridor out the back of the maternity ward.
- 2.3 The HCAH is to source a ward bed and have it ready at the bottom of the stairwell.
- 2.4 Ensure that a secure ski sheet is under the patient's mattress as per the manufacturer's instructions.
- 2.5 Place the deflated HoverMatt[®] underneath the patient.
- 2.6 Follow [Appendix 1 - Ski Sheet Evacuation Procedure](#) to safely transfer the patient to the ground floor. (Remember to go down feet first.)
- 2.7 Transfer the patient to the HoverJack[®] using the HoverMatt[®].
- 2.8 Following the manufacturer's instructions to utilize the HoverJack[®] to raise the patient to bed height (push brown button to inflate). Release pressure on HoverMatt[®] straps once the patient is on the HoverJack[®] and prior to inflation, to prevent tipping of the patient.
- 2.9 Ensure the HoverJack[®] straps are securely fastened.
- 2.10 Transfer the patient to the bed.
- 2.11 Escort the patient to theatre.

3. ROLES AND RESPONSIBILITIES

Nurses are to advise the shift co-ordinator of the decision for emergency surgery.

The shift coordinator is to:

- contact 1262 to advise of the decision for emergency surgery and need to implement the contingency plan
- ensure the ski sheet is insitu.

1262 – The Hospital Coordinator Afterhours is to:

- retrieve the HoverJack® and HoverMatt® from its location on the medical ward
- bring the HoverMatt® up to the surgical ward via the stairs
- prepare the HoverJack® for use at the bottom of the stairwell out the back of the paediatric ward
- contact theatre and arrange for a trolley/bed to be available for the patient to be transferred on to at the bottom of the stairs.

All staff are to:

- to attend mandatory training in manual handling techniques to ensure familiarity with the use of the HoverJack®.
- to attend mandatory fire training to ensure familiarity with use of ski sheets.
- required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. COMPLIANCE

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

5. EVALUATION

Monitoring of compliance with this document is to be carried out by the Surgical Ward Nurse Unit manager on every occasion it is implemented using CIM review.

6. REFERENCES

Appendix 1 - [WACHS South West Ski Sheet Evacuation](#)
HoverJack® Manufacturer's Instruction Manual

**This document can be made available in alternative formats
on request for a person with a disability**




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APPENDIX 1

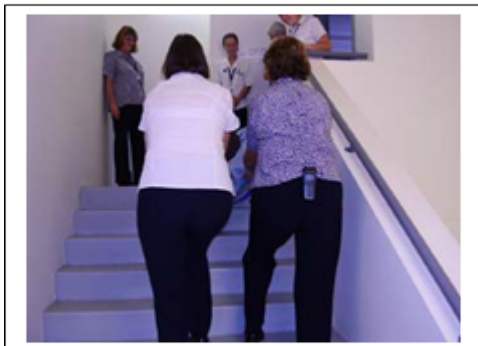
SKI SHEET EVACUATION

Bed to floor with Ski Sheet (Two person assist)

Assesses, Plans, Prepares, Communicates and proceeds.

<p>Preparation</p> 	<ul style="list-style-type: none"> • Clear area of furniture for access. • Ensure patient is positioned as close to the bed head as possible, arms down by their side, place a pillow below chin and over legs. • Applies both positioning straps around patient and mattress over chest pillow and, if available, leg pillow. • Tightens straps with counter balance, pulling horizontally on tightening strap, and ensuring the mattress assumes a 'canoe' shape around the patient by using a saddle seat to brace mattress into curved position while tightening. • Move bed for floor access (don't block access routes of others). • Ensures brakes are then placed on.
<p>Getting Mattress and Patient off the Bed</p> 	<p>Team member 1:</p> <ul style="list-style-type: none"> • With a firm hold on the handle-strap at the foot of the mattress, counterbalance with a lunge to slide the foot of the mattress. <p>Team members 1 and 2:</p> <ul style="list-style-type: none"> • Move to either side of the head of the mattress, support the mattress on saddle seat, and slide mattress slowly down with a thigh bracket using a lunge with saddle seat • If necessary, move to foot end and take the handle strap in both hands to pivot mattress, using a counterbalance and a lunge, until patient's head is towards the door.
<p>Sliding Mattress along Floor</p> 	<p>Team members 1 and 2:</p> <ul style="list-style-type: none"> • Both team members move to the head end of the mattress and take hold of the handle-strap, (team members need to have their shoulders touching), brace arms with palms up.

Sliding Down



Work slowly to maintain good posture with counterbalance.

- Both slide mattress to the top of the stairs.
- Position mattress so that foot end is positioned towards the down- flight of the stairs.
- Both move to foot end of mattress and, taking hold of handle-strap, walks slowly backwards, (shoulders touching) with a gentle **counterbalance**, down the stairs to slide foot end of mattress down the stairs.
- Stop when the patient's gluteal fold is level with the top step. Both move to head end of mattress and take hold of handle-strap/ Together (shoulders touching) use a **lunge** and a **saddle seat** to raise the head end of the mattress until the mattress starts to slide (keep elbows **braced** at chest and mattress **bracketed** on thigh).
Do NOT have anyone pulling from below.
- Both control the speed of the mattress by leaning back (**counterbalance**) and raising or lowering end of mattress. Avoid the temptation to push!
- Team member nearest holds onto stair rail with one hand. When foot of the mattress gets to the landing and the mattress stops, move to foot end and slide the mattress to the top of the next flight of stairs (**using counterbalance**).
- Check the patient, and any necessary attachments, at the end of each flight of stairs.
- Watch for patient movement within the mattress 'canoe' during the transfer, (this is particularly important in the shoulder area, where if the patient slips down under the shoulder/chest strap it may result in pressure on the neck).

UNBUCKLING OF STRAPS

Unbuckle from clip side, make sure the patient's arm is tucked in and that the patient's face is protected.

Ensure all staff are out of reach as the buckle will fly open.