

NBE National Conference 2021 – ‘Back Together’

Concurrent Session 4

C19: Practical Scenarios of Moving Plus-Size Patients in a Pandemic

Claire Mowbray, Manual Handling Advisor, The Hillingdon Hospitals NHS Foundation Trust and Clair Sharpe, Bariatric Product Specialist at Medstrom

Abstract: This practical workshop will focus on two case studies for moving plus-size Covid positive patients. The first case study will focus on an unconscious, ventilated patient in the Intensive Care Unit, who required rolling, moving up the bed and turning into the prone position. The second case study is a patient who is on a general ward and now requires mobilising. Delegates will have the opportunity to practice various solutions and identify equipment that could assist in the patient’s recovery and rehabilitation.

- Group work on patient scenarios to consider risks and strategies that could be adopted locally.

Abstract:

Collaborative working is essential to ensure that the best standard of care is delivered to our patients. The heart of good manual handling practice should be harm free care to our patients and at the same time ensuring that staff are kept safe and musculoskeletal risks are reduced.

As part of a NHSI Stop the Pressure Collaborative project to reduce pressure ulcer prevalence our Trust developed a ‘MOVED’ campaign. This had a focus on repositioning and moving away from the traditional 30 degree tilt to a 90 degree side lying position.

This workshop will cover:

- Cost of pressure ulcers to NHS and overview of guidance from NICE and international guidelines (NPIAP, EPUAP, PPPIA) around repositioning
- repositioning
- Findings of a pre intervention study in repositioning and accuracy of documentation
- Discussion on the ‘MOVED’ Campaign; what it is and how it was launched
- Strategies to change practice from 30 degree tilt to 90 degree safe side lying
- Challenges in launching a Trust wide campaign including a change in embedded practice
- Group work on patient scenarios to consider risks and strategies that could be adopted locally.

C20: To tilt or not to tilt; that is the question

Gemma Holloway, Samantha Rooney, University Hospitals Birmingham NHS Foundation Trust; Joanna Swan, Birmingham City University

Learning Objectives:

- Cost of pressure ulcers to NHS
- Overview of guidance from NICE and international guidelines (NPIAP, EPUAP, PPPIA) around repositioning
- Discuss findings of a Trust pre intervention study in repositioning and documentation
- Describe the ‘MOVED’ Campaign; what it is and how it was launched
- Discussion on strategies to change practice from 30 degree tilt to 90 degree safe side lying
- Challenges in launching a Trust wide campaign and change in practice

Biography: Gemma Holloway

I qualified as an RGN in 1990 where I worked in Elderly care, general medicine and HIV specialist wards. I have worked in Manual Handling since 1999 at University Hospitals Birmingham NHS Foundation Trust (also providing an SLA to Birmingham Women’s Hospital for 12 years). In 2003 I completed a



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postgraduate diploma in Back Care Management at Loughborough University. I became service lead in 2017 and work closely with other teams (TV, Falls and Therapies) on how manual handling can contribute to harm free care for patients. I have recently become Treasurer for the West Midlands Back Exchange Group.

Biography: Samantha Rooney

I qualified with a BSc Hons in Physiotherapy in 2000 and have worked at University Hospitals Birmingham NHS Trust since 2004. I am currently a Senior Physiotherapist on Neuro Critical Care. I have been involved in Preventing Harm/Harm Free Care for the last 6 years and I am the Therapy Lead for Pressure prevention, working in collaboration with the Tissue Viability team and Manual Handling Team to improve patient care and repositioning.

Biography: Joanna Swan

I qualified as an RGN in 1994. I have worked on a liver unit, in critical care, critical care outreach and acute pain. I joined the T.V team at University Hospitals Birmingham NHS Trust in 2006 and became the Lead TVN in 2011. I completed my BSc (Hons) Nursing Studies in 2008 and an MSc in wound healing and tissue repair in 2018. I became a Tissue Viability Society Trustee in 2018.

C21: Challenging behaviour and appropriate use of restraint

Doug Melia, Safer Handling

Abstract:

Speaking on the taboo manual handling activity of restraint is something I do often - tough job but someone's got to do it. A hostile subject but one which everyone has a view on and, one which I can honestly say either you accept has a place or, you deny ever happening – a real marmite topic. My aim is always to turn a room full of “Nos” to “I’m now open to listen and I want to learn more”. If participants leave with the idea that one

day they may at least allow others to *try* marmite then in my eyes the session has been a real success.

To give you an idea of my presentation style and delivery format, please follow the link to my [Example presentation](#) where I spoke alongside Kenny Gibson and the Chief constable of Lancashire Police at an NHS Safeguarding event in Blackpool last year. As this event was being filmed by FCMS medical there weren't many questions – I always like to take questions on my sessions as I'd first like to state that I believe it is unethical to bore people! There's some great messages in the case studies I'm able to share. Case studies that our team have gathered largely over the last decade internationally which I want to share with those in attendance. I work with PMVA tutors, OTs, schools, corrections, cruise ships – you name it, giving advice and guidance on the use of holding and handling people who exhibit behaviours that challenge. This can include the use of PPE and Work equipment. I've learnt so much from having to negotiate manual handling guidance, import and export regulations and policies and procedures that are so strict they often cause more confusion and harm!

In the UK we rely on the HASAW Act, The Human Rights Act, PUWER and use of force laws. We also have conflicting guidance on restraint which has caused considerable confusion for many people on the frontline through to board level.

Research undertaken for this abstract has been harvested from our wealth of clients and their experiences of using soft or mechanical restraints and work equipment to minimise the risks of restraint and, to reduce restrictive interventions.

I will include the principles of manual handling risk assessments – in relation to manual holds. The hierarchy of risk control will also form part of my hypothesis as it highlights how mechanisation and the use of work



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equipment is not just consistent but it is what the law points us towards initially. The hierarchy is also known as “Eric prevents death” because of its representative letters (Eliminate, Reduce, Isolate, PPE, Discipline) and is relevant as it is at the forefront of the NEBOSH International award as best practice for workplace safety.

I intend to set the scene and explain how I fell into not just training and consultancy surrounding the use of mechanical restraints but , how valuable partnerships have formed with other producers of such items of work equipment and with our ever growing clientbase. Less about me and more about how clients have answered the questions their challenges have thrown up.

Underpinning my presentation will be the International Health and safety principles and human rights framework. All participatory data analysis and case studies are supported by slides. Slides will have limited information on them so as not to weigh down the talk I am more than happy to include references with hyperlinks to blogs for each individual case for interested parties to research themselves afterwards.

As we in the UK head towards a plan of by the year 2020 reducing by a third;

- restrictive interventions,
- sedation and
- seclusion.

Then medical aids, supportive or assistive devices, Soft restraints and that term everyone hates (mechanical restraints) may just be a vital tool in the toolbox of response options staff should be able to consider.

If we can encourage people to consider these options from an ethical and, less of an emotional viewpoint, considering their use to be managed within a board agreed, health and safety framework - as we would with any other intervention of a restrictive nature.

Biography:

As a specialist use of force consultant and professional accredited trainer, Doug Melia speaks regularly at a multitude of events on managing the associated risks of handling people. People who may not want to be handled in the first place. He features at the TES SEN show, at Warwick Medical school as a lecturer for the use force module on their emergency medicine course, has spoken at Broadmoor and travels internationally across all sectors. Doug features in several DVDs on the use of force, has written for the Guardian, the Times Education supplement, Special children magazine and for the journal of the British Safety Council. Tv features include Voxpop on Artes, Panorama and BBC5 live. He is also a registered expert witness, auditor, risk assessor and specialist member of the International Institute of Risk and Safety Management (SIIRSM). His former jobs include teaching self defence, high court enforcement, close protection and in a former life he worked as a nightclub doorman.

C22: Moving and Handling in the Aviation Sector

Alison Meadows, Josh Wintersgill and Lois Lees, AMTD Able Move

Learning objectives:

At the end of this session learners will be able to :

- Identify the risk factors in current aviation sector transfers both to the handler and to the passenger
- Describe some alternative techniques for transfer to aircraft seats
- Demonstrate the safe transfer of passengers from an aisle seat to an aircraft seat (simulated)

Abstract:

The aviation sector has a unique set of challenges in terms of moving and handling but they have significantly lagged behind the



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advancements that have been made in the health and social care sector. The reasons for this are complex but not insurmountable. There are a huge range of injuries sustained by both the handler and passenger and these have been part of a cultural acceptance. In Feb 2020 I was approached to develop an accredited aviation specific moving and handling trainer qualification. I completed and delivered the first of these at Heathrow in July 2020 where I was joined by my friend and colleague Lois Lees who supported the practical delivery day. During the research phase I met with Josh at Able Move whose input was invaluable particularly when we went on to develop a product that facilitates lateral transfers across airline seats. The handling of patients is currently high risk and this was accepted and strongly argued as the ‘only option’. I was able to train 4 key members of the handling team and support a shift in the currently accepted practices in July 2020 and am returning in May 2021 to train another 5. This team of 9 trainers will work across Gatwick Heathrow and Luton providing better outcomes for both the passengers, handlers and ultimately the airlines and service providers.

Biography: Alison Meadows

RN, ONC, BA Hons, PGCE, A1, V1, Director and Trainer at AMTD private training provider since 2007. Nursed in Manchester, Oswestry and Australia. Teaching since 2002 at Blackburn and Runshaw colleges. Works with awarding organisations to develop and deliver accredited moving and handling programmes. Manages a team of trainers delivering a range of professional safety qualifications. Internal and external quality assessor. Secretary of the Lancashire and Greater Manchester back exchange group since 2019, founding member and secretary of Next Steps for YOU a not for social enterprise.

Biography: Josh Wintersgill

Founder of Able Move. Josh has won many awards, including the UK Disabled Entrepreneur Awards and Great Britain’s Best

Young Entrepreneur. Josh successfully secured initial investment for Able Move from the Founder of easyJet, Sir Stelios Haji-Ioannou and his easy family of brands. Josh actively campaigns to help improve air travel through accessibility advisory groups as well providing ground-breaking research on disabled passengers for the aviation industry at a global level.

Biography: Lois Lees

PG Dip Cert Ed Private training provider and back care advisor. Post graduate Diploma in Back Care Management, Loughborough. Certificate in Education. NVQ 4 Management. NVQ 3 Independent Living. A1 Assessors award.

I have worked in health and social care for 29 years. I completed my PGDip Back Care Management at Loughborough University in 2006 and my Certificate in Education in 2008. I am the Chair of the Lancashire and Greater Manchester Back Exchange Group.

C23: Practical Manual Handling Paediatrics

Carole Johnson, Penny Townsend, Pat Alexander, Consultant

Abstract to follow

C30: Practical Solutions to improve in-bed care and reduce handling for plus size patients

Jaclyn Murphy, Occupational Therapist & Lee Quickmire, GBUK Banana

Learning objectives: To look at practical solutions to improve in-bed care for plus size patients. Reduce the amount of staff members required and reduce handling of patients.

Abstract: Patient care should always be carried out with dignity and respect but often we find that with plus size patients, the answer seems to be to increase the number of staff members required to enable care to be carried out. This workshop will look at



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practical solutions to assist with moving patients of 50+ stone through innovation and a holistic approach. The aim of this workshop is to improve patient outcomes, enable safer patient handling and reduce the amount of staff members required.

Biography: I graduated as an Occupational Therapist in 2005 and worked as a community OT for 10 years specialising in equipment, adaptations and manual handling. In my current role I am the Product Manager for GBUK Banana and I work with manual handling teams across the country and help provide equipment and solutions. Part of my role is also to look at product development and how with different innovations, we can reduce the risks associated with manual handling across the NHS and social care partnerships.

