

**Use/Provision and Management of Trust Wheelchairs**

Effective: April 2010

Review: April 2013

**1. Introduction**

As it is accepted that wheelchairs are the main method of patients transportation to and from Wards and Departments within the Trust, this Operational Policy and Procedure is designed to ensure an adequate number of wheelchairs are available in Wards and Departments across sites for the safe and appropriate transportation of patients. Chairs will be provided by Portering Services on a needs basis. This policy does not include the cleaning of Staxi chairs which is undertaken by Ward/Department staff.

The Portering Departments within each site maintain a stock of wheelchairs of common design for their immediate use for the transportation of patients within the Hospital.

It has in the past been difficult to maintain a constant stock of accessible wheelchairs which met safety standards across the Trust. Trust-owned wheelchairs have, for various reasons, been taken off site and not returned. Wheelchairs have been known to be hoarded on Wards or borrowed by patients and relatives. This uncontrolled practice depletes the stock of chairs, which has an impact on the efficient and timely transportation of patients.

Other wheelchairs arrive on site, most often it is assumed from other healthcare facilities, and are absorbed into the system without an adequate maintenance history and record being known. Safety standards and maintenance records cannot be met putting a considerable risk to the Trust should an incident occur which could lead to a litigation claim as a result of an injury sustained by a patient, member of the public or a member of staff.

**2. Purpose of this Policy**

- 2.1 Maintain a central stock of wheelchairs to be used by the Portering Services Department.
- 2.2 Provide an allocation of wheelchairs for use by patients and staff.
- 2.3 To ensure that required Health and Safety standards for all wheelchairs owned by the Trust including a planned maintenance policy is in place.
- 2.4 Educate staff as to the use of wheelchairs within the Trust in order to prevent inappropriate use or loss.
- 2.5 Prevent the loss or removal of wheelchairs from the allocated site by use of standard labelling, colour coding and non-folding mechanism.
- 2.6 Ensure appropriate decontamination of wheelchairs.

### 3. Supply and Stock of Wheelchairs

- 3.1 A pool of agreed standard model wheelchairs will be kept, used and managed by the Portering Services Department in order to transport patients between Wards and Departments.
- 3.2 When a Ward or Department is going to purchase a wheelchair or have one donated, advice **must** be sought from the Supplies Department before purchase to ensure the right model is supplied to the Department.
- 3.3 When a Ward or Department purchase or have had a wheelchair donated from another source, it is imperative that they are accessed by the Estates Department prior to being put into use to ensure the wheelchair is of the correct standard. The purchase of all new wheelchairs from private or donated funding must be via the Trust's Supplies Department to ensure that a standard model is procured. Chairs will be labelled, appropriately colour coded and restricted folding bars fitted by the contractor/supplier. If it is identified that a donated/purchased wheelchair has been released for use without these checks being made, the Ward/Department Manager will be held ultimately responsible for any unforeseen incident.

### 4. Storage, Cleanliness and Security of Wheelchairs

- 4.1 The Portering Services Department stock of wheelchairs will be kept in a secure area accessed by Portering Staff only. It is the Portering Department's responsibility to ensure that these chairs are kept clean and ready for use at all times. Wheelchairs should be decontaminated following contamination with blood or bodily fluids or used for a patient with a transmissible organism and cleaned in between each use using universal sanitising wipes as in point 4.5 – 4.8.
- 4.2 Wards and Departments will be responsible for the security of their designated STAXI wheelchairs and will be required to replace any that are lost or misplaced at their own expense. Any chairs which are identified as being uneconomical to repair and have a complete maintenance report and log of appropriate use, will be replaced from central funding. It is the Ward/Departmental Manager's responsibility to ensure that their chairs are kept clean and ready for use.
- 4.3 Every Department/Ward owned wheelchair will require cleaning on a **regular** basis by Ward and Department staff (refer 4.5 – 4.8) Decontamination frequency as 4.1.
- 4.4 The Portering Services Department will collect wheelchairs on a rolling programme for cleaning and maintenance. Heavily ie, obviously soiled chairs only will be cleaned as part of this process.
- 4.5 If a wheelchair is used to transport an infected patient, ie, patient known to be barrier nursed, the porter must ascertain at the outset for what purpose the patient is being isolated so that appropriate decontamination processes can be followed.
- 4.6 The wheelchair must then be decontaminated prior to leaving the receiving clinical area/department with universal sanitising wipes provided by the

ward/department in each instance except when the patient is being investigated or known to be C.difficile positive.

- 4.7 Sodium Hypochlorite solution (1000 ppm) must be used to decontaminate the chair following contact with a patient suspected/proven to have a C.difficile infection.
- 4.8 If a wheelchair becomes contaminated with body fluids, it must be decontaminated at the earliest opportunity by the Ward/Department staff using standard precautions where the patient ends their journey.
- 4.9 Additional advice on cleaning and decontamination agents/process can be sought from the Infection Prevention and Control (IPC) Team when required. In the event of any difficult situations arising, a member of the IPC Team should be informed immediately.

## **5. Specification of Wheelchairs**

- 5.1 Current Ward/Department wheelchairs are Standard Models/STAXI chairs, vinyl canvas seat and back, with small solid wheels. Model requirement will be discussed with the relevant manager and a replacement with the Bristol Maid product will be introduced where appropriate.
- 5.2 For added security the armrests and footrests of the wheelchairs L9 will be fixed in a functional position. At no time should these armrests or footrests be forcibly removed.
- 5.3 As part of a phased replacement programme a more heavy duty Bristol Maid Blue G200RS/STAXI wheelchair will be introduced Trustwide. This type and size of chair is less likely to be misappropriated

## **6. Labelling and Colour Coding of Wheelchairs**

- 6.1 All Trust owned wheelchairs will:
  - Be Corporate Blue in colour.
  - Have a logged allocation asset number displayed on the chair frame for maintenance and allocation purposes.
  - All Ward/Departmental wheelchairs will have the Ward/Department location recorded on the back seat canvas and on armrests.
  - All wheelchairs will have clear **hospital** identification.

## **7. Maintenance of Wheelchairs**

- 7.1 All wheelchairs owned by the Trust will undergo a maintenance inspection for Health and Safety Regulations on a rolling programme of all wheelchairs, this is carried out every six months by the relevant contractor and is arranged by the Estates Department.

It is the Ward's/Department's responsibility to ensure location and release of all wheelchairs for inspection/maintenance and to keep accurate records

- 7.2 An outside contractor will undertake the maintenance checks. This crucial process will be arranged and monitored by senior members of the Estates and Portering Departments. Reports are maintained by Estates.
- 7.3 Any ad hoc repairs required between maintenance inspections must be reported to the Estates Department on extension 21000, and the repair log number is noted for further reference. It is the responsibility of the Ward/Department to ensure any chair deemed unsafe before repair is removed from use and kept secure. A decontamination certificate (refer to Decontamination of Healthcare Equipment following Patient Use and Prior to Service or Repair Policy) needs to be completed by Ward/Departmental staff and attached to the chair prior to it being removed from the Ward/Department
- 7.4 Maintenance costs will be carried by the Trust as long as the Ward/Department is seen to adhere to the requirements of the Trust's Wheelchair Policy.
- 7.5 All Wards/Departments will receive advance notification of maintenance inspection dates, which will be undertaken at times to limit disruption.
- 7.6 Chairs will be collected by the Portering Services staff inspected/repared and returned as quickly as possible.
- 7.7 The Estates Department will hold and maintain a complete Planned Prevention Maintenance (PPM) Record of each wheelchair owned by the Trust identifying the designated area responsible.

## **8. Risk and Liability**

- 8.1 Any wheelchair without a PPM record is a risk to the designated area of use and to the Trust as a whole. It is therefore essential that all employees are made aware of, familiarise themselves with and adhere to this Policy. The Estates Department will send each Ward/Department Manager a copy of the audit report after each inspection detailing the wheelchairs maintained. It is the Ward/Department Manager's responsibility to make the wheelchairs available for service when the inspection visits are arranged.
- 8.2 Patients using a Trust-owned wheelchair who wish to take the wheelchair outside the main hospital building without a member of staff present, (an outing into the grounds with a relative), will be required to sign a disclaimer and take responsibility for their own actions.

**Although the use of a disclaimer cannot be guaranteed to absolve the trust from any liability, it may result in the greater awareness on the part of both the visitor and the patient of their own responsibility. (appendix 1.)**

- 8.3 Safety ramps and other accessories should be provided by each Ward or Department as necessary. Anyone other than Trust staff using wheelchairs to transport patients are to be informed of the **need** for the use of safety straps to reduce/eliminate risk of patients being tipped/spilled from wheelchairs.

## **9. Education of Staff**

- 9.1 The Wheelchair Policy has been added to the Trust's Operational Policy Manual. A copy will be circulated to all Wards/Departments. All staff are required to be fully aware of its content.

All Heads of Wards and Departments will be asked to read and sign their acceptance and acknowledge responsibility of adopting this Policy within their area and the cascading of information to all relevant staff.

## **10. Involvement of North East Ambulance Service**

- 10.1 The cooperation of the Ambulance Service providers (eg, NEAS and Lifeline) in the success of this Policy is crucial; all NEAS staff have been instructed and have signed a declaration that at no time will they remove a wheelchair from any Trust site to transport a patient between locations.
- 10.2 All NEAS vehicles now have allocated a YELLOW folding wheelchair for their use.

## **11. Patient's Own Wheelchair**

- 11.1 When a patient is admitted onto a Ward with his/her own personal wheelchair, the Ward Manager will ensure that the chair is labelled by attaching a patient's wristband to the armrest clearly recording ownership.

## **12. Conclusion**

- 12.1 The success of this Policy is dependent on the cooperation of all members of staff.

Only by adherence to this Policy can an appropriate level of well maintained wheelchairs across the Trust that meets the needs of both patients and staff be achieved.

## **13. Monitoring**

Compliance with this policy will be monitored by the Portering and Security Manager at Freeman. Information will be presented to the Trust Health and Safety Group on an annual basis who will identify an appropriate action plan to address areas of non-compliance and will continue to monitor the plan until its completion

**Author: Portering & Security Services Manager, FH**

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

**DISCLAIMER FORM – USE OF WHEELCHAIRS BY NON-TRUST STAFF  
TO BE RETAINED IN CASE NOTES**

This form is to be complete by ALL patients, next of kin or other relevant person and is to be retained in the case notes before a wheelchair is released into their care.

You are reminded that wheelchairs are used to transport in-patients and out-patients around the Hospital during their time in Hospital. This use is primarily within the Hospital building and the transportation of patients is usually undertaken by an employee of the Trust or associated body.

No patient is to be taken outside of the Hospital, ward/department/building into the grounds in a wheelchair (belonging to the Trust or patient) by a relative or visitor without the express agreement of a suitably qualified member of the Trust staff.

You are reminded of your own responsibility to take care in these circumstances. The Trust accepts no responsibility for any loss, injury or damage to any individual, which may occur.

**I have read and understood the above.**

.....  
**Signature of Patient/Next of Kin/Relevant Person**

.....  
**Date**

.....  
**Signature of Patient/Next of Kin/Relevant Person**

.....  
**Date**

**PRINTED NAME:** .....

**WITNESSED BY:** ..... **Date:** .....

**DESIGNATION:** .....

**PRINTED NAME:** .....

**WITNESSED BY:** ..... **Date:** .....

**DESIGNATION:** .....

If the patient, next of kin or relevant person refuses to sign the disclaimer form, this must be clearly recorded on the form "REFUSES TO SIGN" and witnessed by two members of staff. This should also be recorded in the patient's case notes

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**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	USE/PROVISION AND MANAGEMENT OF TRUST WHEELCHAIRS	Policy Author:	KAREN McBRIDE
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.		
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NO	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	NO	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>

Name and Designation of Person responsible for completion of this form: KAREN McBRIDE

Date: 4 FEBRUARY 2011

Names & Designations of those involved in the impact assessment screening process: WHEELCHAIR POLICY GROUP, INFECTION PREVENTION & CONTROL NURSES

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)