

Mangar Elk usage	
Standard Operating Procedure (SOP)	
Ref No: 2329	
Version: 1	
Prepared by: Falls Prevention Lead	
Presented to: Care and Clinical Policy Group	Date: 18 July 2018
Ratified by: Care and Clinical Policy Group	Date: 18 July 2018
	Review date: 03 August 2021
Relating to policies: 2255 Post Fall Policy TSDFT 1749 Falls Prevention Policy TSDFT	

1. Purpose of this document:

To set out correct use of the Mangar Elk for a Floor Recovery

2. Scope of this SOP: -

All staff who use the Mangar Elk lifting device to recover people from the floor

3. Competencies required:

- a) Primary (ABC –<https://www.resus.org.uk/resuscitation-guidelines>) and secondary first aid survey of the person needing to use the Elk
- b) Moving and handling training.
- c) Successful completion of post fall training for relevant clinical area

4. Procedure / Steps:

Ensure person to be lifted is within the Safe Working Load of 454kg (72 stone)

Do not use this equipment until you have had training in its use.

This sheet is for reference purposes only.

Your initial actions should be:

- **Check it is safe to approach the fallen person**
- **Call for assistance**
- **Staff trained in primary and secondary first aid survey to assess the fallen person for pain or injury.**

If the person is unharmed and would be able to maintain a sitting position, continue as follows:



plugged in.

- ✓ A minimum of two staff are required.
- ✓ Check all the equipment. The Mangar ELK consists of 3 pieces of equipment: the compressor (motor Airflo 24), the hoses/hand control, and the ELK (cushion). This runs on battery power but can be used with the power adaptor



NB: This compressor will now work whilst plugged in however it is more flexible for it to be charged and not plugged in during use. It also avoids the need for trailing flexes that may cause a tripping hazard

- ✓ Plug in the compressor and test before use. Press the on/off button for a few seconds until a light indicates there is sufficient battery power (the audible bleeps /pips indicate level of charge).
- ✓ Place the person in the recovery position if they are unable to transfer themselves onto the ELK by shuffling back on their bottom. (See page 4 for further instructions if able to shuffle onto the ELK)



- ✓ Unroll the ELK by unclipping the flap from the ends of the stability bar.
- ✓ Remove the end cap and then the stability bar from its pocket in order to provide a more comfortable transfer for the person.

- ✓ Fold the edge of the ELK underneath itself by folding along the line of the stability bar pocket.
- ✓ Position the ELK so its upper edge is approximately at waist level, lower edge behind the patient's knees and tight up against the patient's body.



- ✓ Roll the client onto the ELK. Carry on rolling until the person is lying fully and squarely on the ELK.



- ✓ Unfurl the folded under edge of the ELK.

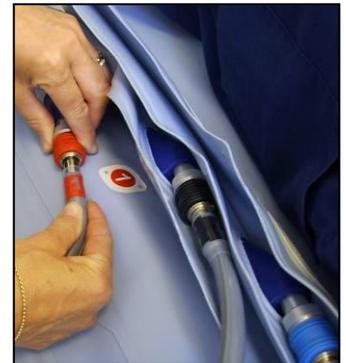


- ✓ Replace the stability bar (curved sides to the floor) and refit the end cap.

- ✓ Connect the four distribution hoses from the 4 way hand control to the four connectors on the ELK cushions. They are colour coded and numbered to match. Number 4 is the top connector, not the bottom.

- ✓ Position the compressor at the side of the ELK ensuring that it will not be in the way whilst lifting and supporting the person.

- ✓ Connect the input hose of the hand control to the air outlet socket on the compressor, and press the on/off switch, it will make a short noise.



- Position a chair or walking frame, if necessary, next to the person.
- If required, assist the person into a seated position using a scoop sit technique. Two carers required for this.



- Explain to the person what to expect when the ELK elevates.
- Operate the number 1 button on the hand control. Steady the person as the ELK lifts. Maintain pressure on button 1 until the (bottom) compartment becomes hard and the motor stops automatically.



Continue to operate buttons 2, 3 and 4 in sequence in the same manner. Support the person at all times

with assistance or a chair either side. Always inflate the buttons from the bottom up and in sequence.



- When all four compartments are inflated, the person may be helped to stand or transfer.

- After use, whilst still inflated, wipe the ELK with a hard surface wipe, and dry thoroughly before putting away.

- To deflate, disconnect the hose from the compressor and press all four buttons at once to release pressure; then disconnect each of the air hoses from the ELK by pushing the release collar on the connector away from the hose and then pulling the hose clear of the connector.



- Roll the ELK up, once dry and re-secure the flap around the ends of the stability bar.

REMEMBER – put motor back on charge once returned to agreed storage site.

If at any point during this process the person being assisted indicates pain, stop the process and reassess once a section is fully inflated.

5. Equality and Diversity

5.1 This document complies with Torbay and South Devon NHS Foundation Trust’s Equality and Diversity statement.

6. Monitoring tool:

Standards:

Item	%	Exceptions

Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the [Equality and Diversity Policy](#)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	03 August 2018	New	Care and Clinical Policy Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Mangar Elk usage		Version and Date	
Policy Author		Falls Prevention Lead			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Other, please state...	<input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To ensure correct use of the Mangar Elk for floor recovery					
Who was consulted when drafting this policy?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Trade Unions	<input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	General Public	<input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Falls Prevention Lead			Signature	
Validated by (line manager)				Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdfd@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.