

Reference Number: UHB 384 Version Number: 1	Date of Next Review: June 2020 Previous Trust/LHB Reference Number: N/A
Safe Working Procedure for Access to the Hafan Y Coed Gymnasium for Mental Health Service Users within Core Working Hours and Out of Hours	
Introduction and Aim <p>This procedure has been devised to ensure safe access for patients to the gymnasium within Secondary Mental Health Services in Hafan- Y -Coed. The purpose of access to the gym for service users is to enable recovery focused therapy and enhancing health and wellbeing.</p> <p>This document supports the following Policies, Procedures and Risk Assessments: Health and Safety Policy, Lone Working Policy, Medical Equipment Policy, Ligation Risk Policy, Emergency Policy for Hafan y Coed and Risk Assessment for access to showers within the gym area</p>	
Objectives <ul style="list-style-type: none"> • To provide a safe environment for patients to undertake exercise in an appropriate manner • To minimise risk to patients and supervising staff within the gymnasium areas. • To ensure that staff supervising patients are competent to do so. • To manage infection control with an effective cleaning rota. 	
Scope <p>This procedure applies to all of our staff in all locations including those with honorary contracts</p>	
Equality Impact Assessment	<i>As this is a procedural document an Equality impact assessment has not been undertaken.</i>
Health Impact Assessment	<i>A Health Impact Assessment (HIA) has not been completed.</i>
Documents to read alongside this Procedure	<i>Health and Safety, Lone Working, Procedure for General Exercise in Mental Health, Emergency response procedure for Hafan –y- Coed mental health Unit, Chaperone Policy, risk assessment for access to the showers within the gym area</i>
Approved by	Mental Health Clinical Board

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Accountable Executive or Clinical Board Director	<i>Clinical Board Director for Clinical Diagnostics and Therapeutics Clinical Board</i>
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<p><u>Disclaimer</u> If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	<i>14 June 2017</i>	<i>February 2018</i>	New document

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Departmental Procedure for service users accessing the Gymnasium in Hafan-Y-Coed

Introduction

The purpose of this document is to detail the operational procedure for safe access to the gymnasium facilities for the Mental Health service users at Hafan-Y-Coed.

For the purpose of application of this procedure core working hours is defined as:
Monday to Friday, 08:30 to 16:30, excluding bank holidays.

For the purpose of application of this document out of hours is defined as:
Monday to Friday, after 16:30 and all day at weekends and bank holidays.

Aim

The aim of the procedure is to provide consistent guidance regarding governance and risk management of service users utilising this facility.

Procedure

1. Referral Process

The purpose of a referral to the gymnasium is to enable screening of service users prior to accessing the facilities. This will ensure that safety of access is maximised.

The need for a referral can be identified through the following ways:

- a) Service User lead
- b) MDT lead
- c) Other Health care professional
- d) Carer lead

A referral can be generated by:

- a) Use of the PARIS system
- b) Via paper referral where PARIS is not accessible to the referrer.

The purpose of the referral must be clearly identified as exercise only or inclusive of Physiotherapy assessment and treatment. The referral criteria can be found in appendix 1.

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On generating a referral for exercise the risk status of the patient must be identified and documented within PARIS.

On receipt of the referral the physiotherapy team will consider any relevant alerts and risk assessment on PARIS and assess the service user's mental health status. The physiotherapy team will hold appropriate discussions with the MDT prior to accepting the referral for access to the facilities. Additional risk management strategies would be agreed at this point e.g. 1:1 nursing supervision. There is a requirement to document this detail within PARIS.

2. Gym Assessment

Following receipt of the referral, the physiotherapy team will make an appointment with the service user, or via the nursing team. A baseline fitness test will be completed which includes physical health measurements. This will determine suitability to participate in an exercise programme or activity. The fitness test will be scanned into PARIS as an attached document.

If physical health measurements are outside of normal values physiotherapy staff will record whether it is appropriate for a service user to take part in exercise or not. This information will be recorded in PARIS and physiotherapy staff will take the necessary actions to alert the appropriate member of the MDT. Further action as required will be agreed between the physiotherapists, nursing and medical staff. If a service user is to be excluded from exercise or there are medical concerns, this should be "marked as crucial" on PARIS and this information will be highlighted in the relevant case note. Contraindications to attendance at the gym are included in the referral criteria, see appendix 1.

A current medication list is recorded as part of the fitness test. Any medication that the service user is taking that is likely to impact on the service user's cardio-respiratory status must be identified, and the physiotherapist alerted. Control measures, including close supervision and monitoring, must be put into place. Any medication required such as inhalers or GTN spray must be brought to sessions by the patient. Failure to do so will result in the service user not being able to attend the session.

As part of the initial assessment by the physiotherapy team a risk assessment is undertaken and documented. This includes:

- a) The requirement of a chaperone will be assessed and agreed with ward staff.
- b) Service users who require an enhanced level of observation as part of their mental health assessment or due to Mental Health Act status will not

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be excluded and staff from the ward will accompany the service user and supervise them during their time in the gym in addition to the physiotherapy staff.

- c) Assessment is undertaken to establish the service users risk to themselves or others including the risk of absconding. This is used to inform the decision as to whether a patient should be escorted to and from the gym, as well as nursing staff remaining whilst the service user is attending the gym. This will be a MDT decision.
- d) Physiotherapy staff will determine the most appropriate place to assess and treat the service user e.g. gym, larger treatment room, quieter environment, other bookable space within the therapy hub, or ward environment. Ward based treatment rooms may also be utilised if low secure patients or Adult Acute service users are unable to leave the ward due to Home Office or Mental Health Act Section restricting their leave off the ward.

Service user's goals and aspirations are included as part of the fitness assessment and a goal focused approach is applied as well as appropriate outcome measures utilised to measure service user's progress and achievement.

3. Attendance at the Gym

Within core working hours

Service users are able to attend the gym either within the 'Open Sessions' or for individualised session as prescribed by the physiotherapy team following the outcome of the initial assessment.

A record of attendance is charted each week by the physiotherapy team and documentation, in line with professional standards, is completed. Continual re-evaluation of the service users' condition and risk is undertaken throughout their time in the gym environment. Outcome measures and goal evaluation is also regularly reviewed.

Service users are shown the correct use of all the equipment in line with manufacturer recommendations and health and safety. Appropriate footwear and clothing is recommended by the physiotherapy team. Failure to abide by these recommendations could lead to service users being excluded from the facilities.

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Drinking water will be made available to service users.

Out of hours

When service users wish to access the gym out of hours the following conditions must be met:

1. The service user requires a fitness test to be completed by a member of the physiotherapy team to attend the gym out of hours. This fitness test is located within the service users PARIS notes.
2. Two members of staff must be in attendance with the service users at all times – one of these staff members must hold a relevant fitness qualification, have completed the induction programme and be participating in regular supervision.
3. The staff members should have checked the fitness assessment prior to the service user attending, which is available on PARIS.
4. Staff members complete the attendance register held within the gym area
5. Staff members complete PARIS notes detailing the attendance to the gym in the format of ‘SOAP’ documentation.
6. Service users follow the prescribed exercise programme set by the physiotherapy team. Any progression of the programme must be discussed with the physiotherapy staff, however regression of the programme can take place and documented appropriately. If there are any concerns regarding the service users ability to attend the gym out of hour’s these need to be discussed with the nurse in charge of the ward or the physiotherapy team depending on the time of these concerns
7. Service users are shown the correct use of all the equipment in line with manufacturer recommendations and health and safety. Appropriate footwear and clothing is recommended by the physiotherapy team and the staff member supervising that session. Failure to abide by these recommendations could lead to service users being excluded from the facilities.

4. Staffing

All staff providing fitness guidance and interventions within the gym area will complete a full induction provided by the physiotherapy team. Physiotherapy staff deliver the initial gym based assessment and physiotherapy support staff have a minimum level 3 Fitness Training Qualification.

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A minimum of two members of staff have to be within the gymnasium or immediate surrounding area in order for service users to attend, one of which needs to hold at least a Level 2 Fitness Qualification. The staff members need to be present throughout the duration of service users being present within the gym environment.

The healthcare support workers who have gained the relevant fitness qualification (currently Babcock level 2) will receive a full induction to the gym by the physiotherapy team. This induction must be completed prior to supervising service users out of hours. Details of the gym induction are attached in appendix 2.

The health care support workers who have the relevant fitness qualification will be able to arrange suitable timings for the sessions with support from ward managers and the activity coordinators. It is their responsibility to check the gym register to establish the appropriate service users who can access the gym out of hours.

Monthly supervision will be provided by the physiotherapy team which staff are required to attend and will support ongoing development plans for staff. A Practice Development Nurse within Mental Health will also support staff supervision and concerns.

5. Discharge from the Gym

Discharge from the gym environment would take place when:

- a) The service user has achieved their goals
- b) The service user is discharged from inpatient mental health services
- c) There has been a deterioration in the service user's presentation and it is no longer safe for them to access the facilities
- d) The service user no longer wants to engage in exercise prescription

The physiotherapy team will liaise with the MDT and discharge the referral on PARIS,

6. Equipment

- a) Risk assessments have been completed for all of the equipment in the gym and a work place inspection.
- b) Equipment inspection - visual inspection of the equipment to be undertaken by staff prior to its use. Routine inspection of all the

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equipment will take place by physiotherapy staff. If the condition of the equipment presents a risk of injury, then it should be removed from use or a 'do not use' sign be placed on the piece of equipment. Any faults should be reported to the physiotherapy team lead or senior member of physiotherapy staff and Clinical Engineering.

- c) Pins for the multi-gym equipment are not to be left in the machines at end of day and are locked away to prevent unsupervised use of equipment. Any use of equipment outside of core hours would require keys to be signed out in order for pins to be accessed.
- d) Equipment will be wiped down after each use and this should be encouraged by the service user. The equipment will be cleaned by the physiotherapy staff every week.
- e) Windows and doors to be shut and locked at the end of each day to comply with fire safety procedures.
- f) The doors to the gym will be locked when the gym is not in use. The main doors to access the physiotherapy department are secured by the TDSi system.

7. Emergency Procedures – please read the 'Emergency Procedure for Hafan y Coed Adult Mental Health Unit'.

a) Medical Emergency

In a medical emergency the staff member will summon assistance via their Personal Infrared Transmitter (PIT) device by pressing the assistance button. This will notify all areas that assistance is required and the location of the incident. If staff do not have a PIT, assistance should be summoned by pressing the button on the back of a Pinpoint ID card holder or by pressing wall alarm call buttons – 3 located in the gym area, staff should be made aware of their location on induction to the gym environment. The staff member should also dial 2222 and report the location of the medical emergency. When staff arrive at the scene a member of staff will be instructed to get the defibrillator and trolley from Elm ward and to bring it back to the emergency.

b) Psychiatric emergency

Where possible, incidents will be de-escalated using verbal and non-verbal de-escalation strategies. The patient may be asked to leave the department if their behaviour escalates and the nursing staff on the ward will be contacted to escort the patient from the gym environment. In other circumstances patients may be asked to leave the environment to prevent

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an escalation. Relevant staff will be alerted and a record of events will be documented on PARIS.

If de-escalation techniques are unsuccessful and the situation escalates further, then staff can request assistance by alerting the call bells within the gym environment or by pressing the button on the back of their Pinpoint ID.

8. Accessing Showers within Gym Area

It is the responsibility for the staff accompanying patients within the gym area to also supervise access to the showers if required. Please see appendix 3 for the risk assessment associated with accessing the showers within the gym environment.

Appendix 1 – Referral Criteria

REFERRAL CRITERIA

a) Physiotherapy Assessment/Treatment

Referrals for physiotherapy will be accepted under the relevant “referral reasons” on PARIS i.e.

Adult Mobility Assessment

Adult Physical Assessment

Adult Anxiety Management

Adult Relaxation

Adult Respiratory (emergency respiratory problems would require patient transfer to UHW)

Referrals for ‘Physical Assessment’ will include service users who have neurological impairments, musculo-skeletal problems including joint pain, muscular pain or weakness, limited physical function, post surgical rehabilitation, service users who have sustained a fall or are at risk of falls, balance and mobility problems or who require stair assessments e.g. to facilitate discharge home.

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Referrals for physical assessment should happen at the earliest opportunity following admission or transfer on wards.

Home visits can be carried out on a limited basis but ongoing home visits are not possible within current resources.

Referrals should be marked as 'Urgent' or 'Routine' on the PARIS referral.

Urgent referrals include:

- Acute injury requiring rapid assessment/treatment.
- High risk of falls identified or injury resulting from an actual fall.
- Post surgical management where lack of treatment could lead to loss of function or a splint/brace needs to be applied to protect function.
- Lack of mobility leading to a risk to patient's skin integrity or raises significant manual handling concerns where early advice could minimise to patient and staff.
- Where stair mobility is a barrier to discharge (this should be identified as soon as possible following admission).

The physiotherapy department will aim to see urgent referrals within 24 hours (working hours) and non-urgent referrals within 2 weeks where possible. The physiotherapy service is able to provide services Monday-Friday 8.30-4.30.

b) Exercise

Upon receipt of referrals for exercise/activity for physical/mental health and wellbeing, service users will have an initial fitness assessment and induction.

Any health concerns will be discussed with the relevant physiotherapist to identify cautions/contraindications to exercise.

Where cardiovascular concerns are identified (due to medical diagnosis or secondary to mental health medications) technical instructors will discuss with physiotherapy staff, nursing and medical staff.

A decision will be made whether the person is appropriate to take part in exercise or not within agreed safe limits of maximum heart rate and normal values for blood pressure. This will be documented on the fitness test which will be scanned into PARIS as an attached document, a case note written and relevant staff to be informed via PARIS notification and follow up discussion

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Baseline observations of blood pressure, heart rate and respiratory rate will be monitored pre and post exercise in instances where significant physical health concerns are identified.

Contraindications to accessing physiotherapy

- If there are significant behaviours that challenge
- If the service user is medically unstable
- If the service user is awaiting investigations which are essential prior to treatment
- If there are no rehabilitation goals

Appendix 2 – Gym Induction

1. Gym induction and orientation
 - 1.1 Equipment checklist
 - 1.2 Escalating concerns regarding equipment
2. Referral process and fitness test
3. Awareness of risk and risk assessment
4. Emergency Procedures
5. Supervision
6. Documentation
 - 6.1 SOAP notes
7. Case studies
8. Observations of open session

Appendix 3 – Risk Assessment for Accessing the Showers within the Gym Environment

NOTE: A Microsoft Word version of this form can be accessed [here](#).

General Risk Assessment Form – Part 2

Reference Numbers		
UHB	Clinical Board	Directorate
Cardiff and Vale UHB	MH/CD&T	Physiotherapy

**Premises/ Location
(if applicable)**

Hafan Y Coed

**Clinical Board/
Department**

MH/CD&T

**Exact Location (if
applicable)**

Physiotherapy Gym

Description of Activity/Risk Area: Patients and staff accessing shared shower facilities within the physiotherapy area at Hafan y Coed. Concern managing slips, trips, falls due to wet floor/dirty linen on floor. Medical emergency and lack of alarm call facility for patients in the shower cubicles.

Risk/Issued (Including Impact) to UHB due to shortfalls:

- Injury to staff/patients.
- Litigation

Risk Domain (See Table 1 – Risk Matrix)

Impact on the Safety of Patients, staff or Public.	<input checked="" type="checkbox"/>	Quality/Complaints/Audit.	<input checked="" type="checkbox"/>
Human Resources/Organisational Development etc...	<input type="checkbox"/>	Statutory Duty/Inspections.	<input checked="" type="checkbox"/>
Adverse Publicity/ Reputation.	<input checked="" type="checkbox"/>	Business Objectives/Projects.	<input type="checkbox"/>
Finance Including Claims.	<input checked="" type="checkbox"/>	Service Business Interruption.	<input checked="" type="checkbox"/>
Environmental Impact	<input type="checkbox"/>		

Number of people exposed to the Hazard/Risk during the work activity (if applicable)

Staff / Students / Contractors All members of MH staff	MH Inpatient users
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Frequency of Exposure (if applicable)

Infrequently
 Annually
 Monthly
 Weekly
 Daily
 Hourly
 Constantly

Control Measures already taken to reduce risk: None.

Adequacy of existing control measures:

No Controls in Place

Inadequate Controls in Place

Adequate but more action required

Optimum Controls
No further action required

Current Risk Rating

Consequence
(score from Table 1)

4

X

Likelihood
(score from Table 2)

3

=

Risk Rating
(see Table 3)

15

Risk Grading (see Table 4)

Moderate

High

Extreme

Additional control measures required:

- Shower room doors to be locked.
- Staff supervising activity with patients would have to supervise shower use (same gender supervision).

- The key for the area would be kept in the tracker locker and kept in the appropriate clinical area during working hours.
- Individuals are responsible for provision and removal of own laundry items.
- Staff accessing the area take in their personal alarm (Pinpoint) to alert if and when required

With the above action implemented the risk rating figure would be reduced to:

Target Risk	Consequence	<input type="text" value="2"/>		Likelihood	<input type="text" value="2"/>	Risk Rating	<input type="text" value="4"/>
Rating	(score from Table 1)		X	(score from Table 2)		= (see Table 3)	

Risk Grading (see Table 4) Moderate High Extreme

Assessors Name(s) Steve Moore	Signature(s)	Position(s) Team Lead
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Date of Assessment

Review Period

Dates of Review

05/01/17 – Natalie Robertson				
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Progress Report:	Date:	Signature:
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