**Keeping Moving Sessions: Volunteers: Standard Operating Procedure (SOP)**

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Contents

[INTRODUCTION 1](#_Toc52447219)

[PURPOSE 1](#_Toc52447220)

[SCOPE AND APPLICATION 2](#_Toc52447221)

[PRE-REQUISITE COMPETENCIES 2](#_Toc52447222)

[PROCESS 2](#_Toc52447223)

[1. Steps to be taken 2](#_Toc52447224)

[2. Flow diagram **4.**](#_Toc52447225)

INTRODUCTION

Physical deconditioning while an inpatient can increase length of hospital stay, and increase risk of pulmonary embolism (Cortes et al, 2019).

Physical activity is recommended every day, for all of us. (PHE, 2014). Those who are the most inactive have the most benefits to gain by engaging in physical activity (DHSC, 2019). The benefits of physical activity outweigh the risks for those with long term conditions (Reid et al, 2022).

Physical activity helps mood, and participation within daily life, and leads to health benefits, such as improved circulation (WHO, 2020).

The Keeping Moving/ Active wards project, aims to increase conversations about, and access to, physical activity for our inpatients. This will involve giving Health Care Assistants and volunteers a training video, and appropriate exercises for patients to follow. Patients will then be encouraged to complete these exercises on the ward, initially under supervision, but then, if safe to do so, independently. There is a hope that patients will come to see the benefits of physical activity, and continue to engage in this post discharge. Patient information will be provided to support the exercises.

*References*

https://www.acpicr.com/data/Page\_Downloads/ACPICRStandards.pdf

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* Public Health England. (2014). *Everybody Active, Every Day: An Evidence-Based Approach to Physical Activity*. [www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life](http://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life). Accessed 03/03/21.
* Reid, Ridout, Tomaz on behalf of the Physical Activity Risk Consensus group*, et al* (2022)Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions *British Journal of Sports Medicine;* **56:**427-438
* World Health Organisation. (2020). *Physical Activity*. [www.who.int/news-room/fact-sheets/detail/physical-activity](http://www.who.int/news-room/fact-sheets/detail/physical-activity). Accessed 03/03/21.

# PURPOSE

This document outlines the process for volunteers to follow when implementing seated exercises for patients on Ward F21.

# SCOPE AND APPLICATION

This SOP relates to the specific exercises being delivered on ward F21as laid out on the patient information accompanying this document.

Other exercise interventions, including physiotherapy in its broader application, are not included.

Other similar interventions on other wards are not included.

# PRE-REQUISITE COMPETENCIES

Physiotherapy staff will provide a training video on the safe completion of the exercises for volunteers to follow.

# PROCESS

## Steps to be taken

1. Patients will all be assessed in relation to their normal mobility, and given initial advice about how to mobilise safely on the ward, via a Nervecentre Physical Activity assessment. If the Nervecentre Physical Activity assessment has not been completed at point of first contact with ward staff, physiotherapy staff will complete this for patients eligible for their service.
2. Patients will be screened by nurses for changes to their mobility, or pre-existing mobility problems.
3. Any patients with changes to their mobility, or pre-existing mobility problems, will be referred to physiotherapy for specialist assessment and intervention.
4. All patients will be screened by ward staff or physiotherapy staff for engagement in the sessions.
5. For patients screened into the sessions:
6. Patient observations will be taken.
7. Exclusion/ inclusion criteria will be followed as below.

Inclusion Criteria:

* Medically stable: confirmed by observations prior to intervention
* Patient’s doctor confirms they are happy for their patient to participate
* Negative COVID-19 PCR test or patient that has been stepped down from COVID-19 precautions from infection control
* Euthymic mood
* Able to follow instruction (including physical demonstration)

Exclusion Criteria:

* Unstable angina
* Systolic blood pressure ≥180mmHg or ≤90mmHg and/or diastolic blood pressure ≥100mmHg or ≤60mmHg
* Resting tachycardia > 100bpm
* Uncontrolled atrial or ventricular arrhythmias
* Unstable or acute heart failure
* Unstable diabetes
* Febrile illness
* Other metabolic conditions, such as acute thyroiditis, hypokalaemia, hyperkalaemia or hypovolaemia (until adequately treated)
* Severe orthopaedic conditions that would prohibit exercise.
* Positive Covid -19 PCR
* Patient immune compromised and receiving reversed barrier nursing care

(Adapted from: ACPICR (2015)

Additional Exclusion Criteria:

* Patient unable to follow instructions
* Patient is agitated
* Patient is aggressive, verbally or physically, to others
* Patient is end of life

8.Patient consent will be established.

9.Exercise session will take place, as follows:

* Provision of patient information- why moving is important, simple exercises to follow independently.
* 5 minute seated warm up: gentle activity to increase heart rate.
* 10-15 minutes body weight exercises, following patient information sheet.
* 5 minutes cool down.

10. For each patient, supervision will be provided until they have been judged to be able to complete exercises independently.

11. For those patients able to complete exercises independently, information leaflet to take home will be provided.

12. For those patients able to complete the exercises independently, trained (by video) and competent “Active Hospitals” volunteers will motivate and encourage them to continue with their exercises on the ward.

## Flow diagram