Patient Weighing Scales Policy
Policy Title: Patient weighing scales policy

Executive Summary: The accurate weighing of patients is vital as part of their management and is of particular importance if medication or other treatment is to be calculated based on the patient’s weight. Where patients are to be weighed the equipment should be suitable, used correctly and the reading recorded accurately. This document sets out the Trust requirements in relation to equipment selection and safe use.

Supersedes: New policy

This policy will impact on: Trust wide impact in all clinical areas where patient weighing is undertaken

Policy Area: Clinical Practice

Document Reference: Version Number: 2.0 Effective Date: March 2014

Issued By: Medical Device Co-ordinator

Review Date: August 2017

Author: Medical Device Co-ordinator

APPROVAL RECORD

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<td>Consultation:</td>
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Approved by Committees: 1. Medical Devices Group 2. Medicines Management Committee

Received for information: OCF February 2014
1.0 Policy Statement
East Cheshire NHS Trust is committed, through its Health and Safety and Risk Management Policies, to the maintenance of safe working practices and the provision of an environment, which is safe for staff, patients and others; in accordance with good clinical practice and the requirements of Health and Safety, Fire Safety, Security and Environmental legislation.

The Local Authorities Coordinators of Regulatory Services (LACORS) audited a number of NHS organisations in 2007 and identified areas where scales used for weighing patients were incorrectly calibrated or of the wrong type. In 2008 they repeated this exercise in hospitals throughout England and found 1 in 3 scales to be inaccurate. This is of particular importance if medication or other treatment is to be calculated based on the patient’s weight. Where patients are to be weighed the equipment should be suitable, used correctly and the reading recorded accurately.

The Non-Automated Weighing Instruments Directive (2000) defines the classification of scales and makes it a legal requirement to use equipment that is appropriately accurate. All scales used to weigh patients should be classified, scales designed for home use are not required to be classified and the accuracy is limited. Scales are classified from Class IV to Class I, the most accurate being Class I, these would for example be used in a laboratory or pharmacy.

2.0 Organisational Responsibilities

2.1 Associate Directors of the Business Units
Associate Directors of the Business Units are responsible for the implementation of this policy in their clinical areas. They are responsible for ensuring sufficient funding is available to ensure appropriate equipment can be purchased.

2.2 Ward Managers
Ward Managers are responsible for the ordering of suitable equipment via the supplies department for their clinical areas. They are also responsible for staff training in relation to the safe use of weighing scales and compliance with this policy.

2.3 Medical Devices Coordinator
The Medical Devices Coordinator is responsible for the provision of advice and guidance to staff in relation to equipment selection and safe use as well as fault reporting.

2.4 Supplies Manager
The Supplies manager is responsible for ensuring that only scales classified as class III or above are ordered for use in the Trust via supplies.

3.0 Planning and Implementation

3.1 Classification of Scales
Scales used in East Cheshire NHS Trust must be class III scales or higher and have a CE Mark. This mark is usually located on the bottom of the scale together with the class mark e.g. (III).

There are two classes suitable for weighing patients:
- Class III should be used in healthcare premises when calculating medication, or other treatment, and can also be used for monitoring.
- Class IV should only be used for monitoring in General Practice surgeries, clinic consulting rooms, home visits and other community settings.
All new procurement must be of class III scales only; they should only be capable of metric display. Advice should be taken from Supplies or Medical Devices Lead on suitable scales.

3.2 Monitoring, Treatment and Weighing Children

East Cheshire NHS Trust requires that all scales in use in the Trust are class III or better. These scales have been deemed as suitable for the weighing of patients for the calculation of medications or therapy.

The NPSA alert NPSA/2010/RRR014: Reducing treatment dose errors with low molecular weight heparins identified that:

- Prescribed doses of low molecular weight heparins (LMWH) for the treatment of a thromboembolic event are dependent on the weight of the patient and renal function. Under-dosing has an increased risk of a further thromboembolic event, while overdosage can increase the risk of bleeding. Dosing errors with LMWH can occur if the prescribed treatment dose is not calculated using the patient’s current weight.

**Actions required:**
1. All patients must be weighed on admission to the Trust and this weight (in kg’s) must be recorded in the patients medical records
2. A patient’s weight is used as the basis for calculating the required treatment dose of LMWH. The weight must be accurately recorded in kilograms (kg) in the inpatient medication chart and clinical record. Patients should be weighed at the start of therapy and, where applicable, during treatment.

Weighing Children

Class III scales should only be used, the weighing interval and degree of accuracy of Class IV scales may be too coarse for the weighing of children.

3.3 Procurement

All procurement of new scales for weighing any patients must be Class III. The Supplies Department will not approve any orders for patient weighing scales that are less than class III.

The manager of each ward/department is responsible for the purchase of appropriate equipment within their area of control.

3.4 Maintenance and Calibration of Weighing Scales

All scales in use in East Cheshire NHS Trust are subject to an annual service/check and calibration on an annual basis. This annual check/calibration is undertaken by an external company organised via the Supplies Department.

The Supplies Department keeps a list (provided by the external company who undertakes the calibration) of all scales in use in the Trust.

3.5 Patient Hoists with Integral Weighing Scales (or attachments)

Some patient hoisting equipment in use in the Trust has the capability to weigh patients via either integral weighing scales or attachments.

This hoisting equipment in use in the Trust is safety checked every six months. The scales in use on these hoists must be calibrated at least annually.

3.6 Training in safe Use
Basic training for the use of weighing equipment should be incorporated into training and induction procedures. Training should focus on checking the equipment prior to use, setting the equipment to zero before use, and correct weighing procedures including the documentation of measurements taken. It is the responsibility of the ward/department manager to ensure that staff are trained on the safe use of weighing equipment used within their area of control.

Staff must be informed on the procedure to follow if the equipment is broken or suspected to be faulty.

3.7 Safe Operation

When using scales staff should ensure:

- the scales are placed on a firm level surface
- the scales are balanced, or display zero before weighing the patient
- no part of the weigh platform or load receptor is touching a fixed object such as a wall
- the patient’s clothing is not touching any fixed part of the scales or surroundings
- When using chair scales ensure the patient’s feet are not touching the ground and that their arms are not brushing against any adjacent fixture
- When monitoring periodical weight change ensure that the patient always wears clothing of similar weight
- If the patient chooses to wear their shoes this should be recorded and consistency should be kept with repeat weight
- Adults should be weighed in light indoor clothing
- If patients are helped or lifted onto the scales, staff should follow the ECT Hand Hygiene Policy and wash their hands in between touching patients.

Weighing children

- Babies and children should never be left unattended when placed on scales, particular care should be taken when the scales are on a raised surface
- Do not weigh young children on scales of high capacity designed for adults. The weighing interval may be too coarse resulting in a higher than acceptable percentage error
- If a protective covering is placed in the weigh pan ensure that this is allowed for by pressing the appropriate ‘tare’ or ‘zero’ key before placing the baby or toddler on the scale
- Babies (under the age of 1 year) should be weighed naked
- Toddlers over 12 months may wear a vest and a clean dry nappy
- Children over 2 years should be weighed in light indoor clothing

3.8 Cleaning and Decontamination

All staff that use scales must ensure that:

- Routine cleaning of scales should be done in accordance with manufacturers instructions after every patient use
- In most cases cleaning can be achieved with a detergent wipe.
- For heavy soiling warm water and detergent should be used and the scales dried thoroughly with paper towels. The appropriate solution should be used for patients with Infection Control restrictions.
- For blood and body fluid spillage other than urine, please follow the procedure identified in the ECT Blood and Body Fluid Spillage policy
4.0 Monitoring
Compliance with this policy will be monitored by the Medical Devices Group.

5.0 Audit
Weighing scales will be included in audits of Medical Devices and the Medical Devices Inventory. Audits of compliance with the measurements of weight for the prescribing of LMWH will be undertaken by the Pharmacy Department.

6.0 Review
This policy will be reviewed on a 3 yearly basis (or sooner as appropriate) by the Risk Manager/Medical Device Co-ordinator

Additional Information
If Scales are removed from an area to either be loaned, replaced or decommissioned the Medical Device Co-ordinator MUST be informed to update the Medical Device records.

Recent audit results have shown that a number of scales were not located it is therefore a priority if Auditors attend your clinical area to complete audit staff are compliant with directing auditors to the scales or providing the relevant information.

If access is required for scale calibration staff must make available the scales within their working area at the earliest opportunity or arrange for a mutually convenient time for the scales to be calibrated.

As part of staff induction in areas that use weighing scales staff need to be competent and familiar with this policy.
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services. Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?
Patient Weighing Scales Policy

Details of person responsible for completing the assessment:
- Karen Lever
- Medical Device Co-coordinator
- Clinical and Professional Development Team

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The accurate weighing of patients is vital as part of their management and is of particular importance if medication or other treatment is to be calculated based on the patient’s weight. Where patients are to be weighed the equipment should be suitable, used correctly and the reading recorded accurately. This document sets out the Trust requirements in relation to equipment selection and safe use.

2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

A significant number of patients with learning disabilities or dementia access trust services, a high percentage of the population is from older age groups. The Trust has a maternity unit and a neonatal unit. There is a small but growing number of people in the community served from different ethnic groups.
2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No complaints or evidence of grounds of discrimination relating to the policy, procedure, proposal, strategy or service, this policy is to promote consistency across the trust and ensure safe, effective care is delivered to all service users.

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No, Patients with a disability or dementia will be supported by staff to transfer onto scales standing scales and seated scales are available. There are a number of interpreters within the trust and staff have received dementia training.

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?
Yes ☐ No x

For any patient whose first language is not English, the Trust’s interpretation policy will be followed.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?
Yes ☐ No x

This policy does not the potential to affect patients from gender groups differently; all patients are treated with respect and dignity.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?
Yes x No ☐

Patients with a disability may require assistance to transfer onto the scales, however staff receive regular manual handling training and each area has a variety of manual handling equipment aids. Staff have access to awareness training on learning disabilities and autism.
AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently?
Yes ☐ No x
This policy does not the potential to affect patients from age groups differently; all patients are treated with respect and dignity.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No x
This policy is about weighing patients. Staff have equality and diversity training as part of stat/mand training and have access to specialized LGBT training. There is a Trust transgender policy to support staff.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☐ No x
This policy does not the potential to affect patients from other religion/belief differently; all patients are treated with respect and dignity.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No x
This policy does not the potential to affect carers differently; all patients and their carers are treated with respect and dignity and involved in the patient’s journey.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No x
This policy does not the potential to affect patients from any other group differently; all patients are treated with respect and dignity.

4. Safeguarding Assessment - CHILDREN
a. Is there a direct or indirect impact upon children? Yes x No ☐

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between
different groups of children and young people: Positive impact on Children and Babies as they have to be weighed with class III scales to ensure accuracy and reduce the risk of miscalculating medication errors

c. If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

This policy has been to the Medical Device Group and also sent to key staff within the trust for review including Medical Engineers.

6. Date completed: April 16th 2014 Review
   Date: August 31st 2017

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead: lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

[Signature]
Date: 17 April 2014