HALO
MEDICAL GROUP

Standard Operating Procedure

Safe Use of a SCOOP for Patient Extrication

Document Control

Document type: Staff Guidance / SOP

Applies to: All Operational Staff including Employees & Contractors

Equipment: Scoop stretcher, carry chair and associated patient restraints

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1. Purpose

This guidance provides a safe and consistent approach for Halo Patient Transport staff when extricating a patient from a house where access is restricted or the patient is unable to safely mobilise.

The aim is to select the safest and least restrictive method of moving the patient, while minimising risk to both the patient and staff.

A scoop stretcher may be useful where access is restricted and the patient needs to be moved from the floor or another confined position. However, it should not automatically be the first choice.

Where the patient can be safely and appropriately transferred using a carry chair, consideration should be given to using the carry chair instead of a scoop stretcher.

This guidance must be used alongside Halo's moving-and-handling policy, clinical procedures, staff training and the manufacturer's instructions for the equipment in use.

2. Key safety requirements

DO NOT:

- Tilt or carry the patient **head-down** while secured in the scoop.
- Stand the patient **vertically** while they are secured in the scoop.
- Use the scoop as a substitute for appropriate specialist equipment or sufficient staff.
- Attempt an unsafe manoeuvre because of limited access or staffing.
- Improvise a technique that staff have not been trained to perform.

DO:

- Consider whether a carry chair is safer and more appropriate before selecting the scoop.
- Keep the patient in a safe, controlled and clinically appropriate position throughout the extraction.
- Use the minimum movement necessary.
- Maintain continuous communication between staff.
- Stop if the planned movement cannot be completed safely.
- Obtain additional assistance or alternative equipment when required.

3. Selecting the appropriate equipment

Before applying the scoop, consider:

Could the patient be moved safely using a carry chair?

A carry chair should be considered where:

- The patient can tolerate a seated position.
- Their clinical condition allows them to be moved in a seated posture.
- The patient can be safely transferred into the chair.
- The route is suitable for the carry chair.
- Sufficient trained staff are available.
- The carry chair provides a safer method of extrication than the scoop.

The carry chair should not be used simply because it is available. Patient condition, manual-handling risk, access, stairs and the intended route must all be considered.

When might a scoop be more appropriate?

A scoop may be considered where:

- The patient is on the floor.
- The patient cannot safely adopt a seated position.
- Access is restricted.
- Minimal movement or rolling is desirable.
- The patient requires a controlled transfer from the floor.
- The scoop can be safely positioned around the patient.
- Adequate trained staff and appropriate equipment are available.

If there is uncertainty about the safest method, stop and seek appropriate clinical or manual-handling advice.

4. Absolute positioning requirements when using the scoop

Never transport the patient head-down

- The patient's head must not be positioned lower than their feet during movement or extraction.
- Avoid tilting the scoop in a way that causes the patient's head and upper body to become significantly lower than their lower body.
- Never stand the patient vertically in the scoop
- A patient must not be placed or carried in a fully vertical position while secured in the scoop stretcher.
- The scoop is not intended to be used as a substitute for a carry chair or other purpose-designed stair/ extraction device.
- If the route requires the patient to be moved through a stairwell or other restricted area where a vertical or near-vertical position would be necessary:

STOP and reassess the plan.

Consider:

- A carry chair, if clinically appropriate.
- A suitable evacuation device.
- Additional trained personnel.
- Specialist equipment.
- Assistance from an appropriate emergency/ambulance service.

Do not improvise a vertical scoop technique.

5. Scene and patient assessment

Before commencing:

Scene

Assess for:

- Stairs and steps.
- Narrow doorways.
- Furniture and clutter.
- Slippery or uneven surfaces.
- Poor lighting.
- Electrical hazards.
- Animals or other people.
- Fire, smoke or gas hazards.
- Any other factor that could affect safe movement.

Patient

Assess:

- Consciousness and ability to cooperate.
- Mobility.
- Pain.
- Ability to tolerate sitting.
- Body size and weight.
- Oxygen or other attachments.

Where appropriate, explain the proposed movement and reassure the patient.

6. Team briefing

Nominate one member of staff as the **leader**.

Before moving, the team leader should confirm:

- The selected equipment.
- The patient's position.
- The planned route.
- Staff positions.
- Responsibility for monitoring the patient.
- How the patient will be transferred at the destination.
- Clear commands.

Use simple commands such as:

“Prepare – Ready – Move – Stop.”

Any member of the team may call **“STOP”** if they identify a safety concern.

7. Applying the scoop

Only staff who have received appropriate training and demonstrated competence should apply and use the scoop.

Follow the manufacturer's instructions for the specific device.

In general:

1. Position the scoop sections alongside the patient.
2. Adjust the scoop to the appropriate length.
3. Minimise unnecessary movement of the patient.
4. Position each section correctly beneath the patient.
5. Secure the sections using the manufacturer's locking mechanisms.
6. Confirm that all locks are fully engaged.
7. Check that no clothing or body parts are trapped.
8. Apply the manufacturer's approved restraints.
9. Check the patient's position and comfort.
10. Recheck all connections before commencing movement.

8. Patient positioning before movement

Before moving the scoop:

- Ensure the patient is appropriately aligned.
- Ensure the patient's head is not lower than their feet.
- Ensure the patient is not positioned vertically.
- Check that restraints are correctly applied.
- Check oxygen, monitoring equipment and other attachments.
- Confirm the patient is secure.
- Confirm the route is clear.

If the patient's position cannot be maintained safely during the proposed extraction, do not proceed with the scoop.

9. Moving through the house

The team should:

- Move slowly and smoothly.
- Maintain control of the scoop at all times.
- Keep communication clear.
- Avoid sudden movements.
- Avoid unnecessary twisting.
- Keep hands and feet clear of pinch points.
- Continuously monitor the patient's condition.

- Maintain the patient's head and upper body in an appropriate position.

Stairs

Stairs require particular caution.

Do not attempt to carry a patient vertically or head-down in a scoop stretcher.

If the planned route involves stairs and the scoop cannot be kept in a safe patient position:

STOP.

Consider whether a suitable carry chair or other purpose-designed equipment can safely complete the extraction. If not, obtain additional assistance or escalate to an appropriate service.

10. When to stop

Immediately stop the manoeuvre if:

- The patient becomes unwell or deteriorates.
- The patient develops significant pain or distress.
- The patient begins to slide or become unsecured.
- A scoop lock or restraint becomes compromised.
- The team loses control of the scoop.
- A staff member loses footing or is at risk of injury.
- The patient becomes head-down.
- The patient is being placed into a vertical position.
- The route becomes unsafe or obstructed.
- There are insufficient staff to safely continue.
- The team is no longer confident that the movement can be completed safely.

Reassess and obtain additional assistance or alternative equipment as required.

11. Transfer to the ambulance stretcher

Before transfer:

1. Position the receiving equipment safely.
2. Apply brakes where appropriate.
3. Ensure sufficient staff are available.
4. Brief the team.
5. Agree the transfer command.
6. Maintain control of the scoop.
7. Transfer the patient using the approved technique.
8. Secure the patient on the receiving equipment.
9. Reassess the patient.

Avoid unnecessary additional transfers.

12. Manual-handling principles

Staff should always consider:

Person: Can the patient safely participate? What are their clinical needs and limitations?

Task: How far does the patient need to move? Are there stairs or restricted areas?

Equipment: Would a carry chair, scoop, slide sheet, carry sheet or specialist equipment provide the safest option?

Environment: Can the route be cleared and made safe?

People: Are there enough competent staff to complete the manoeuvre safely?

Position: Can the patient remain in a safe position throughout?

Never allow the need to complete the extraction quickly to override safe patient positioning or staff safety.

13. Quick decision guide

Patient needs extricating from a house

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Can the patient safely tolerate a seated position?

YES → Consider a **carry chair** where suitable.

NO → Consider whether a **scoop stretcher** is appropriate.

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Can the patient remain in a safe position throughout the planned route?

YES → Proceed using trained staff and the manufacturer's instructions.

NO → **STOP.** Do not use the scoop for a vertical or head-down extraction. Obtain alternative equipment, additional assistance or appropriate clinical support.

14. Quick-reference checklist

BEFORE MOVING

☐ Scene assessed and safe

☐ Patient assessed

☐ Route planned

☐ Carry chair considered

☐ Appropriate equipment selected

☐ Equipment checked

☐ Sufficient trained staff available

☐ Team leader identified

☐ Commands agreed

☐ Patient informed where appropriate

IF USING THE SCOOP

☐ Correct size/length selected

☐ Scoop correctly positioned

☐ Locks fully engaged

☐ Restraints correctly applied

☐ No clothing/body parts trapped

☐ Patient appropriately aligned

☐ Patient **not head-down**

☐ Patient **not vertical**

☐ Oxygen managed

☐ Route clear

DURING EXTRACTION

☐ Controlled movement

☐ Clear communication

☐ Patient continuously monitored

☐ Scoop remains under control

☐ Patient remains appropriately positioned

☐ STOP if conditions become unsafe

AFTER TRANSFER

☐ Patient reassessed

☐ Patient secured on receiving equipment

☐ Equipment cleaned and checked

☐ Documentation completed

☐ Incidents/near misses/equipment defects reported

15. Key message for staff

- Choose the safest equipment for the patient and the environment.
- Consider a carry chair before using a scoop where a seated transfer is clinically appropriate.
- A patient secured in a scoop must never be carried head-down or stood vertically.

If the planned extraction requires either, STOP and reassess.