

Using Hoists to Move Patients Policy

This policy outlines the health and safety arrangements in place to comply with the Moving and Handling Operations Regulations of 1992

Key words: Hoist, Move Patients, Manual Handling, Load, Pushing, Pulling, Patient Handling

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Policy On A Page

Summary and Aims

Following the introduction of the Manual Handling Operations Regulations 1992, the use of equipment to move patients has become routine practice.

This policy is designed to ensure the safe use of hoists and minimise the risk of injury to staff and their patients and implement control measures accordingly.

Key Requirements

This policy provides guidance on: the criteria for the provision of hoists and slings, inspection and maintenance requirements, and also hoists owned by private providers or partner agencies.

Templates are also include to support clinical staff when undertaking hoist and sling related assessments.

Target Audience

All clinical staff

Training

Level 2 Moving and Handling training for all clinical staff required to move patients

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1.0 Quick Look Summary

The policy for Using Hoists to Move Patients applies to all staff employed by Leicestershire Partnership NHS Trust, to be referred to throughout as 'the Organisation' and must be used in conjunction with the organisations Manual Handling Policy.

Following the introduction of the Manual Handling Operations Regulations 1992, the use of equipment to move patients has become routine practice.

This policy is designed to ensure the safe use of hoists and minimise the risk of injury to staff and their patients and implement control measures accordingly and to meet the outcomes identified in the Care Quality Commission (CQC) outcomes.

We aim to ensure that all services provided by the organisation conform to the requirements of the Human Rights Act 1998 and Equality Act 2010. As such all organisational policies and procedures are periodically audited to ensure conformity.

The policy details the following points:

- Criteria for the Provision of Hoists
- General Principles of Using Hoists
- Inspection and Maintenance
- Hoisting Equipment Owned by External Organisations
- Hoisting Equipment Privately Owned by the Patient
- Training
- Admission or Discharge of a Patient Requiring Hoisting
- Infection Control
- Compatibility of Hoist and Sling
- Purchase and Disposal

1.1 Version Control

Version number	Date	Comments (description change and amendments)
V1	November 2011	New policy
V2	May 2013	1.0 NHSLA standards 3.7 and 4.5 added 3.6 Change- Follow manufactures instructions on the use of brakes with electric standing aids. 4.1 Change-New maintenance and servicing arrangements with Interserve, over seen by the Leicester Leicestershire and Rutland Facilities Management Consortium. 4.2 Change-Interserve Helpdesk 4.3 removed 6.2 words 'patient handling' added

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Version number	Date	Comments (description change and amendments)
		9.2 Added reference to Medical Devices Policy and Leicestershire and Rutland NHS Procurement Partnership Disposal Policy 12 Updated References New additions: 10 Due Regard- New section Appendix 1 General Guidance-Good Practice for all Hoisting Tasks Appendix 2 Mobile hoisting checklist Appendix 3 Colour coded inspection tags Appendix 4 Inspection process for slings and hoists Appendix 5 NHSLA Policy Monitoring Form
V3	May 2015	New Additions Section 5 Inspection and Maintenance: Hoists and slings ordered through ICES for use in patients' homes Section 9 Admission, transfer or discharge of a patient requiring hoisting Section 11 Infection Control for equipment ordered through ICES Section 14 Purchase and Disposal of Equipment ordered through ICES New Appendices Appendix 2 Access home assessment report for hoist and associated equipment Appendix 3: Hoist Disclaimer Form and Demonstration Checklist Appendix 4: Hoist Guidelines for Carers Appendix 5: LLR Sling Assessment Record Form Section 1 changed CQC outcomes to 12 and 15
V3.1	May 2017	Appendix 1 General Guidance-Good Practice for all Hoisting Tasks-amendment to process for fixing clip and loop system slings securely to hoist spreader bar
V4		Review Equality statement updated Section 4 Inspection and Maintenance: LPT owned equipment removed New Addition: Section 4 LPT owned equipment compliance with Lifting Operations and Lifting Equipment Regulations 1998(LOLER) New Addition: Section 5 LPT owned equipment compliance with Provision and Use of Work Equipment Regulations 1998 (PUWER)

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Version number	Date	Comments (description change and amendments)
		<p>Section 9 Training-change of training frequency from annual to 2 yearly Course directory changed to electronic training data base Section 11 Infection Prevention and Control Addition of the following: Section 11.1 Patient Specific Disposable Slings Section 11.2 Reusable Slings Section 11.3 Hoists Section 15 Purchase and Disposal of Equipment ordered through ICELS NRS Healthcare telephone number update</p> <p>Appendix 1 General Guidance and Good Practice for All Hoisting Tasks Correct attachment of loop picture added Acknowledgment of changes to original HSE document</p> <p>Appendix 8 Hoist and Sling Inspection Process Flow Chart removed New Addition Appendix 8 'MySling'- Patient Specific Disposable Slings – manufacturer's instructions for use New addition Appendix 13 Policy Privacy Impact Assessment</p>
V5	July 2021	<p>New Additions Section 4 – inclusion of monitoring & assurance arrangements for equipment that requires a LOLER inspection. Section 5 –example of an LPT service sticker, inclusion of annual assurance check for servicing of hoists Section 11- inclusion of processes for inpatient insitu & bespoke slings Appendix 7 – inclusion of revised LPT LOLER Colour guide/ period of examination information Appendix 8 – Inclusion of LPT Daily Hoist Checker Appendix 9 – Inclusion of Mysling Instructions for use Appendix 10 – Amendment to monitoring and compliance table Amendment to any reference to NRS, changed to Mediequip who are the ICELS revised equipment provider Section 3 – General Guidance and Good Practice for All Hoisting Tasks (Appendix 1) Section 4 – Updated Know Your LOLER Colour Guide (Appendix 7) Section 4 – Updated Daily Hoist Checker (Appendix 8)</p>

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Version number	Date	Comments (description change and amendments)
		Section 9 – Addition of reference to Mediequip providing additional sling training any new or existing sling providers for community use. Section 11 – Addition of The Inpatient Oxford Comfort Patient Specific Disposable Sling General information and Sling Assessment Plan.(Appendix 9)
V6	July 2024	Amendment to any reference to NRS, changed to Mediequip who are the ICELS revised equipment provider Section 3 – General Guidance and Good Practice for All Hoisting Tasks (Appendix 1) Section 4 – Updated Know Your LOLER Colour Guide (Appendix 7) Section 4 – Updated Daily Hoist Checker (Appendix 8) Section 9 – Addition of reference to Mediequip providing additional sling training any new or existing sling providers for community use. Section 11 – Addition of The Inpatient Oxford Comfort Patient Specific Disposable Sling General information and Sling Assessment Plan.(Appendix 9)

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1.2 Key individuals involved in developing and consulting on the document

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Core Policy Review Group: Moving and Handling Steering Group
Wider Consultation: Members of the Health and Safety Committee
Members of the Directorate Health, Safety and Security Action Groups
Members of the Patient Safety and Improvement Group
Members of the Leicester, Leicestershire and Rutland Integrated Community Equipment Loan Service Professional Advisory Group
Trust Policy Experts

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1.3 Governance

Level 2 or 3 approving delivery group

Level 3: Moving and Handling Steering Group
Level 2: Health and Safety Committee
Level 1: Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.

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- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Manual Handling: Refers to the transportation or support of a load, including lifting, lowering, pushing, pulling, carrying or moving thereof by hand or bodily force (Manual Handling Operations Regulations 1992 (as amended))

Load: A load will be a separate, moveable object (either inanimate or a person) but not an implement, tool or machine while in use for its intended purpose. (Manual Handling Operations Regulations 1992 (as amended))

To reduce risk so far as is reasonably practicable: A calculation of risk balanced against the cost (including time, effort, financial investment and convenience) required to remove or reduce the risk.

Risk Assessment: This may be generic completed for an area or department or individual completed as an assessment of any moving and handling risks for employees or when providing care or rehabilitation for a patient/client.

Dynamic Risk Assessment: Dynamic risk assessment is the continuous process of identifying hazards in rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and where necessary, implement further control measures necessary to ensure an acceptable level of safety. At the earliest opportunity the dynamic risk assessment should be supported by a written risk assessment

Compatibility: Works successfully with

Environment: Working area

Unique Identifier: A number or code unique to each individual sling or hoist

Spreader Bar: Part of the hoist to which the sling attaches, also known as the carry bar

Tracking: Along which the motor of the ceiling track hoist runs

Motor/Unit/Pod: Unit that runs along a tracking system from which the lifting tape lowers/raises

Lifting Tape: A strip of fabric which lowers/raises from the motor to which the spreader bar is attached

Boom/Jib: Also known as lifting arm

Standing Hoist: Mobile standing hoists are designed to allow an individual to be transferred in a standing position. Standing hoists are not suitable for all individuals.

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Standing hoists can assist with rehabilitation, as each transfer is standing practice. Standing hoists can also be used during therapy as a standing and / or walking aid.

Musculoskeletal: Relating to or involving the muscles and the skeleton

Patients: Refers to a community patient, inpatient/outpatient, deceased patient. For the purpose of the policy the term 'patient' has been used throughout to describe patient, service user, client, child or young person.

Competent Person: A person can be deemed as competent on the basis that they have sufficient training and experience or knowledge and other qualities to enable them to identify hazards, assess their importance and put measures in place to reduce risk.

ICELS: Integrated Community Equipment Load Service

NHS: National Health Service

CQC: Care Quality Commission

SWL: Safe Working Load is the maximum working load specified by the manufacturer

Mediquip: The ICELS equipment provider

PUWER: Provision and use of Work Equipment Regulations

PPM: Planned Preventative Maintenance

LOLER: Lifting Operations and Lifting Equipment Regulations

EPB: Electric Profiling Bed

2.0 Purpose and Introduction

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Following the introduction of the Manual Handling Operations Regulations 1992, the use of equipment to move patients has become routine practice.

This policy is designed to ensure the safe use of hoists and minimise the risk of injury to staff and their patients and implement control measures accordingly and to meet the outcomes identified in Care Quality Commission (CQC) Outcomes:

- 12 Safe care and treatment. Care and treatment must be provided in a safe way for service users
15. Premises and equipment. All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose for which they are being used, properly used, maintained and appropriately located for the purpose for which they are being used.

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- Purchase and Disposal

3 Criteria for the Provision of Hoists

3.1 Mobile Hoists

Mobile hoists can be:

Active (standing hoist or stand aid)

The patient is able to bear some weight through their feet and have sufficient core strength and balance to support themselves in the sling.

Passive

The patient is unable to weight bear or poses a significant risk to staff/carers/self when transferring due to a fluctuating ability to assist.

3.2 Powered Standing hoist or stand aid (Active)

A powered standing hoist or stand aid may be provided following assessment of the patient where the following apply:

- Where the patient is able to bear some weight through their feet
- Where the patient has sufficient core strength and balance to support themselves in the sling
- Where the patient is able to cooperate to an extent

3.3 Powered Mobile Hoists (Passive)

A powered mobile hoist should be provided following risk assessment when any of the following apply:

- The patient is unable to weight bear and/or are unable to have active involvement in the transfer

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- The patient has fluctuating ability to assist in a transfer
- The patient needs repositioning frequently to address postural difficulties or where other frequent /urgent use is required.
- The patient requires transferring to and from the bed, chair, toilet and so on, and are unable to take an active involvement in the procedure

3.4 Overhead Ceiling Track Hoists

Ceiling track hoists should only be provided for patients with permanent and substantial care needs. Provision should follow a continuum with other moving & handling equipment, including consideration of the suitability of powered mobile hoists. Ceiling track hoists should be provided where one or more of the following apply:

- There is no space to use a mobile hoist, or the patient needs to be moved from room to room whilst in the hoist or the hoist would otherwise be difficult to manoeuvre.
- The patient would be able to operate the hoist independently.
- The risk to staff/carers would be reduced or the demands on carers lessened where the patient needs to be hoisted very frequently.
- The need for other community care services would be reduced.
- Where a mobile hoist would not be compatible with other equipment/adaptations.
- Where a ceiling track hoist is required for pain relief to address postural difficulties or very frequent/urgent use.
- The weight of the patient would be a risk for all concerned when using /moving a mobile hoist. In this situation the use of a gantry type hoist should be considered.

Overhead hoists can be fitted even if the ceiling is not suitable. They can be:

- Permanently fixed, usually on the ceiling
- Supported by side poles, often attached to the walls
- Completely free standing and therefore temporary e.g., Gantry hoists

3.5 Bath Hoists

The patient is unable to weight bear or poses a significant risk to staff/carers/self when transferring to undertake hygiene requirements due to a fluctuating ability to assist.

Bath hoists are a specific type of hoist that the patient is transferred onto and then lowered into the bath. Bathing hoists can be mobile or fixed to the bath.

4. Principles of Using Hoists

Any use of hoists must be as specified by the patient's Moving and Handling Risk Assessment / Care Plan

Use a minimum of two carers when using a mobile hoist. This is not a ruling from any specific professional body, nor an instruction from the manufacturers; it is considered to be

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safe practice. Patients are at risk of being injured when being hoisted; particularly their head and feet, and one carer may find it difficult to facilitate the move as well as keeping an eye on all aspects of the patient's safety. Also, when moving a mobile hoist with a patient in situ, if there is not a second carer to keep the patient steady, there is a tendency for the patient to swing back and forth, making the hoist unstable and at risk of overbalancing with potentially catastrophic results.

Any use of a mobile passive hoist with a single carer must be risk assessed on an individual basis; the assessment must show that the use of only one carer does not increase the risk involved.

When using a ceiling track hoist, a gantry hoist, or an active standing hoist or stand-aid, there may be circumstances where only one carer is needed, unless the patient's risk assessment dictates otherwise.

When using a mobile hoist, the brakes should be OFF, except when the hoist is in storage/not in use; when hoisting on an incline; or when adjusting a patient's clothing while they are suspended by the hoist.

When using a powered stand-aid, follow the manufacturer's instructions on the use of brakes when standing and lowering the patient.

Never exceed the Safe Working Load of the hoist or the sling. The weight of the patient must be recorded on their Moving and Handling Risk Assessment / Care Plan. The Safe Working Load of the hoist should be clearly marked on the hoist and the sling. If in doubt, check with the manufacturer.

All lifting equipment, including slings, will have a unique serial number to enable the equipment to be easily identified and its service history accessed from the equipment database.

Explain to the patient what you are doing; where appropriate this should be documented non-English-speaking patients or carers; interpretation and translation services will need to be used to provide clear and accurate advice. Where possible obtain the patient's consent and co-operation. Consideration should be given to individual patient's race, religion, sex, age, disability, privacy and dignity and wherever possible the individual's personal preferences should be accommodated, so long as patient/staff safety is not compromised.

Ensure that the correct type and size of sling is used; refer to the patient's Moving and Handling Risk Assessment.

Ensure there is sufficient power for use. Many electric hoists have gauges showing the state of the battery. Ensure electric hoists are left on charge when not in use. The hoist must be unplugged from the mains before hoisting.

Do not push/pull the hoist's spreader bar excessively, or let the patient hold on to the spreader bar; this will affect the hoist's stability.

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Carers need to be vigilant in observing the position of the patient's head in relation to the spreader bar, and especially so if the patient has any medical items in situ, e.g., a naso-gastric tube, Hickman catheter, shunt etc.

When moving a hoist, employ the principles of safe handling; maintain a good posture and push rather than pull, if possible. For hoists with manually operated legs, ensure that the hoist's legs are locked into position.

Although there is no specific guidance on what distance a hoist may be moved with a patient in situ, they are designed to be a means of transfer, not transport. There are also the issues of patient comfort, privacy and dignity to consider.

All electric hoists should have a manual override system in case of loss of power during a move. Carers should familiarise themselves with the override systems of the hoists that they use.

Appendix 1 General Guidance and Good Practice for All Hoisting Tasks
Appendix 6 Mobile Hoisting Checklist

5. LPT owned equipment compliance with Lifting Operation and Lifting Equipment Regulations 1998 (LOLER)

Hoists and their accessories including reusable slings are subject to the LOLER regulations 1998, and for the organisation to comply with these regulations' inspections are required on all patient hoisting equipment twice a year. The inspector attaches a coloured plastic inspection cable tie to the hoist and any reusable slings indicating that the hoist and sling has passed the inspection and are safe to use Guidance information 'Know Your LOLER Colour' is available as a reference checking guide for ward based staff (Appendix 7). The inspector informs the site manager of the result of the inspection and of the colour of the inspection cable tie. The colour is different for each inspection period so that equipment can be easily identified as having been inspected and passed as safe to use.

Equipment that has not been inspected within the specified time period, i.e., does not have the appropriate coloured plastic inspection tag, should not be used. In circumstances where the equipment is required to be used in order to prevent risk of injury to patient/staff, then a visual inspection of the equipment and a risk assessment should be carried out for that task before the equipment is used.

Together with the Medical Devices Team and the Moving & Handling Steering Group Assurance Framework verification audits are completed for LOLER inspections to ensure that ALL LPT owned patient lifting equipment has received its 6 monthly inspections. The Moving & Handling Steering Group will provide assurance to the Health and Safety Committee.

In addition, the daily hoist checker provides assurance that LOLER checks are up to date, which is further audited in the quarterly sling audit. The Daily Hoist Checker can be accessed at Appendix 8

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Note: LOLER inspections do not apply to the use of disposable slings currently located in inpatient sites, as these are disposed of 6 monthly or sooner. Information on disposable slings can be found in appendix 8

6. LPT owned equipment compliance with Provision and Use of Work Equipment Regulations 1998 (PUWER)

All patient lifting equipment is maintained and serviced annually and a sticker is placed on the equipment identifying the date of service and the next service due date. Please see an example of a service sticker below



The Moving and Handling Steering Group will receive an annual assurance report from the Medical Devices to confirm all patient lifting equipment is in service date. This will provide a level of assurance to the Trust Health and Safety Committee

7. Inspection and Maintenance: Hoists and slings ordered through ICELS for use in patients homes

Hoists and slings are subject to the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998. The equipment service provider Mediequip is contracted to comply with these regulations and carry out relevant tests twice yearly either at the service user's address or prior to reissue.

Maintenance and breakdown repairs are co-ordinated by the Equipment Service Provider. All requests for work relating to hoists should be requested through the Equipment Service Provider

Maintenance of hoists is a specialist task performed by competent technicians.

This is the responsibility of the Equipment Service Provider as part of the contract for delivery of the ICELS.

Equipment that has not been inspected within the specified time period should not be used. In circumstances where the equipment is required to be used in order to prevent risk of injury to service user/staff, then a visual inspection of the equipment and a risk assessment should be carried out for that task before the equipment is used.

Equipment not inspected within the specified time period should be referred to the Equipment Service Provider as soon as possible.

8. Hoisting Equipment owned by External Organisations and used by LPT Employees

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If LPT employees are required to use hoisting equipment owned by external organisations, for example, local authority run day centre, an individual risk assessment on each patient must be undertaken to ensure that there is documented evidence that the equipment selected has been maintained, serviced and LOLER inspected. In addition LPT employees must be hoist trained, receive information and instruction relating to the specific equipment to be used and be competent and confident to use the equipment safely.

If the hoisting cannot be undertaken by the permanent staff working at the external organisation, the risk assessment must clearly state why the patient requires hoisting and the exact hoisting procedures that LPT employees will undertake with the patient whilst on the external organisation's property.

A dynamic risk assessment must always be undertaken prior to any moving and handling activity and if there is any doubt about the safety of the equipment it must not be used. The LPT employee will inform the person in charge of the external organisation of any safety concerns.

If a patient is admitted to hospital with their own specialised sling in situ, an individual risk assessment must be undertaken to balance the risks of using the patient's own sling with the risks to their wellbeing or recovery.

If the risks to the patient in changing the sling, i.e. delays urgent treatment, or would cause discomfort or disturbance, outweighs the risks of using the sling, it would be appropriate to use it until it can be changed at the earliest opportunity. Before making this decision, a competent person in hoisting should check the sling for obvious damage (see appendix 6).

9. The Use of Hoisting Equipment Privately Purchased by a Patient

On rare occasions staff may come across patients who have purchased their own hoisting equipment. Patients privately owned hoisting equipment is not considered to be supplied for use at work; therefore, the patient has no duties under LOLER.

However, if you are required to use this equipment, the duty to ensure your safety, so far as is reasonably practicable, rests with your employer. Following an individual risk assessment and consultation with the moving and handling advisor a decision will be taken on a case by case basis to decide whether to provide suitable alternative equipment or take appropriate steps to ensure that the patient's equipment is properly maintained and safe to use. The responsibilities of all parties involved should be clearly set out in the care provision contract.

10. Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training

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The electronic training data base will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on the Trusts electronic training system.

To comply with the organisations Manual Handling Policy all staff that use hoists must receive training in their use from a competent trainer, i.e., one who has completed either an in-house or an approved external course on the use of moving and handling equipment. The organisation is responsible for ensuring that all staff who use hoists provided by the organisation receive training in the safe use of them.

Hoist training will be delivered as part of mandatory patient handling induction and update (Moving and Handling Level 2).

Additional sling training is provided by Mediquip, relevant to any new or existing sling providers for community use.

The health care professional prescribing a hoist and associated accessories through the ICELS is responsible for ensuring that all end users who use hoists receive a demonstration and practice on the safe use of them, this includes informal carers. Details of demonstrations delivered to informal carers should be documented in the service users care plan which should be signed by both parties to confirm that the individual feels confident. Please see Appendix 2 for Access home Assessment report for hoist and associated equipment

Professionals ordering the hoist and associated accessories will need to ensure informal carers can operate the equipment safely. This must be documented. See Appendices 3 and 4.

11. Discharging or transferring patients from hospital to community or community to hospital

Staff planning to discharge a person home or transfer a person into hospital, who requires hoisting, should ensure that as much information as possible is passed to the individual/team who will be managing the patient's care, to ensure all patient specific needs/conditions are known and can be planned for, ensuring safe discharge/transfer. The Sling Assessment Record Form may be a useful tool (see Appendix 5).

12. Infection Prevention and Control

12.1 Patient Specific Disposable Slings

Slings will be patient specific disposable in inpatient areas unless specific risk assessment has taken place to identify that the area still requires reusable fabric slings

The Oxford Comfort Patient Specific Disposable Slings sling is the standardised sling used in inpatient areas. Appendix 9 details Oxford Patient Specific general information and sling assessment plan. This will include: safety information about the sling, a measuring guide, a sling assessment checklist and a record of sling identification.

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The correct safe use of patient specific slings will be audited as part of the Moving and Handling Steering Group. Assurance Framework. Assurance will be provided to the Trust Health and Safety Committee

12.2 Inpatient insitu slings and bespoke Slings

Insitu slings are appropriate for patients where it has been assessed that

- regular inserting and removing of a standard sling can cause potential unnecessary discomfort/pain/ tissue damage or agitation
- there is a significant risk of a musculo skeletal injury to care staff where they are required to support/hold a patient with the insertion/removal of a patient specific sling

Other bespoke slings such as ambulatory slings may be used to assist with therapeutic care

Any of the above slings will have a standard operating procedure in place, ensuring clear guidance is available for the safe use, washing, disposing & maintenance of each product.

12.3 Reusable Slings

Where reusable slings are used exclusively by one patient only, they may be laundered using a domestic washing machine in accordance with manufacturer's washing and drying instructions. They must not be air dried but must be dried using a tumble dryer following manufacturer's instructions. A domestic tumble dryer can be used, however where an industrial machine can be accommodated this is the preferred type of tumble dryer to be used. Where an industrial washing machine can be accommodated this is the preferred type of washing machine to be used.

However, a reusable sling which has been used on a patient with a known infection and/or has been contaminated with blood and/or body fluids should first undergo thermal decontamination and must not be washed in a domestic washing machine before being used on another patient (refer to Infection Prevention and Control Policy for the Cleaning and Decontamination of Equipment, Medical Devices and the Environment Policy and the Linen and Laundry Management Policy for further information)

If the reusable sling is heavily contaminated, then dispose of the sling in clinical waste.

Disposable slings should be considered for use on patients with known infections

12.4 Hoists

Clean hoists following the cleaning and decontamination of equipment, medical devices and the environment policy

13. Infection Prevention and Control for equipment loaned by Mediquip

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Slings are allocated to a named service user/patient and should not be transferred to or used by anyone else.

Where reusable slings are used exclusively by one service user/patient, they may be laundered using a domestic washing machine by arrangement with the user/carer and in accordance with manufacturer's washing and drying instructions.

14. Compatibility of Hoist and Sling

Irrespective of manufacturer, ensure that the hoist/sling interface is compatible, i.e., the type of attachment between the hoist's spreader bar and the sling must be the same. For example, do not use a sling with 'loop' type attachments with a hoist that has 'stud' type attachments on its spreader bar.

Ensure that the Safe Working Load of the sling is the same or greater than that of the hoist.

15. Purchase and Disposal of LPT Owned Equipment

Equipment to be purchased must be assessed to ensure that it is appropriate for the tasks it is intended to perform. Equipment must be purchased through the Procurement Service. The supplier of the equipment will install and test the equipment prior to it being used by staff. Provision must be made for on-going revenue to ensure that equipment is maintained and inspected according to regulations.

New equipment must be recorded on the Medical Devices Data Base indication location of use. The movement of equipment must also be updated on the database.

Equipment must be disposed of in accordance with the Trust's Medical Devices Policy and Waste Management Policy. Remember to update the medical devices database if equipment is disposed of.

16. Purchase and Disposal of Equipment Ordered through ICELS

All hoists and slings ordered through the ICELS will be purchased by the Equipment Service Provider on behalf of commissioners for the ICELS and in accordance with recommendations from the ICELS Professional Advisory Groups. All equipment will be issued with a unique bar code number before it is allocated.

Equipment to be provided should be assessed by a competent professional to ensure that it is appropriate for the task it is intended to perform.

The equipment service provider will carry out all appropriate tests and inspections, in accordance with LOLER regulations and contractual requirements, prior to issue and also in the service user's home when applicable. The equipment provider will deliver and install the equipment prior to it being used by the service user, carers and professional staff and in accordance with any instructions received from the prescribing professional

The equipment is maintained and inspected according to Regulations by the equipment service provider as part of the contract.

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Equipment should be returned to the equipment service provider when no longer required by the service user.

Equipment that is faulty should be reported immediately to the equipment service provider – Mediquip

Equipment that is returned will be checked/tested, refurbished and/or disposed of in accordance with the contract.

17. Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be reviewed every three years or when there are changes in legislation or best practice. This policy will be disseminated immediately throughout the Trust following approval.

The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
 - Staff will be made aware of this policy using existing staff newsletters and team briefings
 - The policy will be published and made available on the Intranet

18. References, Legislation and Associated Documentation

Health and Safety Executive, Getting to grips with hoisting people
hse.gov.uk/pubns/hsis3.pdf

Management of Health and Safety at Work Regulations 1999.

Manual Handling. Manual Handling Operations Regulations 1992 (as amended 2002), guidance on Regulations, HSE Books 2004.

Lifting Operations and Lifting Equipment Regulations 1998. Statutory Instrument 1998. No. 2307. ISBN 0 11 0795989.

Equality Act 2010

Manual Handling in the Health Service, Health Services Advisory Committee HSE Books, 1998.

The Guide to the Handling of People – a systems approach (Sixth edition) BackCare 2011 ISBN 978 0 9530 5281 3

The Guide to the Handling of People – person centred practice (Seventh edition) BackCare 2023 ISBN 9 781739 787202

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www.mhra.gov.uk Managing medical devices DB2006(05) Medicines and Healthcare products Regulatory Agency <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

Yorkshire Back Exchange Hoisting Guidance 2010 in conjunction with the Health and Safety Executive (Appendix 1)

Integrated Community Equipment Service – The Management of Community Equipment (medical devices) and Codes of Practice – this can be obtained from the Commissioning Manager for the ICES.

Policy for Using Hoists to Move Service Users. Leicester, Leicestershire and Rutland Integrated Community Equipment Service (2014)

19. Leicestershire Partnership NHS Trust Policies

Health and Safety Policy

Medical Devices Policy

Consent Policy

Mental Capacity Act policy

Deprivation of Liberty Safeguards Policy

Mandatory Training Policy

Equality Diversity and Human Rights Policy

Trust Induction Policy

Delegation of Tasks Process Policy

Risk Management Strategy

Policy for the Safe Use of Bedrails

Falls Policy Guide

Infection Prevention and Control Policies

Linen and Laundry Management Policy

Waste Management Policy

Cleaning and Decontamination of Equipment, Medical Devices and the Environment Policy

Safe Bathing and Showering Policy

Leicestershire Partnership NHS Trust Manual Handling Procedures, Pathways, Guidelines and Codes of Practice

Manual Handling Policy

Procedures for the Moving and Handling of patients

Heavy Patient Pathway

Code of Practice for Using Electric Profiling Beds

For staff using hoists in the community please refer to the document:

Policy for Using Hoists to Move Service Users. Leicester, Leicestershire and Rutland Integrated Community Equipment Service (2014) available on IRIS

All LPT manual handling documents are available on Staffnet

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20. Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

21. Fraud, Bribery and Corruption Consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1

GENERAL GUIDANCE - GOOD PRACTICE FOR ALL HOISTING TASKS

- Read the handling plan and ensure it is current and relevant and relates to the task being undertaken
- Review the person's condition prior to each transfer to ensure continued suitability for hoisting and the use of the equipment
- Ensure the person's weight does not exceed the SWL of both the hoist and sling

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- Do not use the hoist/sling unless you have had the necessary training
- Ensure the equipment works and is free from observable defects before starting
- Ensure that you are free of obstacles and have enough space to undertake the task
- Familiarise yourself with the hoist's emergency lowering systems
- Check there is a sufficient number of handlers to carry out the task safely in accordance with the handling plan
- When manoeuvring the hoist into position to connect to the sling, bring the spreader bar/carry bar down slowly, holding where necessary, to avoid contact injuries with the individual
- Do not encourage the person to hold onto the sling straps when being hoisted as this can potentially trap the fingers
- Ensure safety and comfort of the person at all times.
- Reassure the person at all times and involve them as much as possible
- Always undertake a safety check prior to lifting a person from a surface, this involves as a minimum lifting a patient in the hoist to take up the tension, ensuring attachments are secure, observing the patient's position, ensuring the buttocks are supported and general comfort
- Do not leave the person unattended in a hoist
- Avoid using the hoist to transport over distances, thresholds or different surfaces unless otherwise stated in the handling plan.
- Raise the person high enough in the sling in order to obtain clearance from the surface, to transfer to another surface, generally achieve the minimum height to undertake the task
- Do not apply brakes during hoisting with mobile hoists (unless otherwise stated by the manufacturer and handling plan). Note: This does not apply to certain types of equipment where the brakes need to be applied, for example standaids
- Ensure hoist legs are in the most stable position
- Control the decent of the spreader bar and lower to the level of the person's chest or below for sling attachment
- Store the hoist in a safe place with boom/ in lowest position and with brakes on when not in use

FIXING CLIP SLINGS

Details of how to use the LPT inpatient Oxford Patient Disposable Specific Clip Slings are illustrated in Appendix 9

FIXING LOOP SLINGS

- Ensure that the straps connecting the sling to the spreader bar hook are not twisted

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- Ensure the correct loop configurations are used as identified in the handling/hoisting plan
- Ensure all sling loops are securely attached to the spreader bar hooks
- Always double check that the sling loops are fully in position onto the hoist spreader bar hooks before and during the commencement of the lifting cycle and in tension as the patient's weight is gradually taken up as follows:
- **Check 1-** when sling is first attached to the hoist spreader bar hooks visually check that the loops are securely attached to the hoist spreader bar hooks



Sling fixing loop attached to hoist spreader bar hooks in the correct position

- **Check 2-** when the patient is gradually raised up so that the sling is in tension prior to the lifting cycle beginning, visually check that all sling loops are still attached to the hoist spreader bar hooks

ADDITIONAL GUIDANCE FOR CEILING TRACK/OVERHEAD HOISTING SYSTEMS:

- The motor should be directly overhead, ensure the lifting tape is vertical and not twisted as this will avoid wear and tear and/or malfunction
- Elevate the spreader bar to its highest position when not in use
- Return the hoist to its docking station for charging when not in use
- Ensure the tracking is clear of obstructions
- Be familiar with how freely the motor moves on the tracking if not controlled by a handset.
- A safe way of transporting and attaching the lifting pod (hoist) should be developed and followed

ADDITIONAL GUIDANCE FOR STANDING HOISTS:

- The person must be able to consistently and reliably bear weight through their legs and have sufficient upper body muscle strength
- The person must be able to physically participate in the hoisting process
- Important check: Is the person's condition the same as when they were assessed for this piece of equipment? If not, the patient must have a review.

ADDITIONAL GUIDANCE FOR BATH HOISTS:

- Please ensure that all staff are fully trained on that specific bath hoist and with the equipment in the bathrooms i.e. height adjustable baths etc

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- Ensure the environment is safe i.e. floor can become wet and pose a slip risk, ensure clear and sufficient space to undertake the work
- Using bath oils, bubble bath, lotion, talc etc may make the surfaces slippery and effect the use of the equipment and/or the safety of staff and others
- Check the temperature of the water BEFORE the patient enters the bath
- Application of lap straps (if risk assessed for use) - Ensure correct fitting of lap strap
- Use identified method of getting person on bath hoist i.e. independently, hoisting
- Do not leave the person unattended
- Ensure two staff are present at all times during hoisting manoeuvre
- Mobile hoists may also be used for bathing – see mobile hoist guidance
- Be familiar with local emergency rescue arrangements in the event of injury or illness

Getting to grips with hoisting people Health and Safety Executive Information Sheet 12/11

The Guide to the Handling of People – person centred practice (Seventh edition) BackCare 2023
ISBN 9 781739 787202

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Appendix 2

ACCESS HOME ASSESSMENT REPORT FOR HOIST & ASSOCIATED EQUIPMENT

Date of Access Home Assessment:

Patient details	
Name	
Address	
Post Code	
Tel. No.	
Date of Birth	
NHS Number	
SSID	

Social Situation
(include who will be providing the assistance with hoisting)

Current abilities
(including clinical reasoning for a hoist)

Equipment Required			
CODE	DESCRIPTION	NOTES	NO REQ'D

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Environmental Assessment	
It is recommended that a separate Home Assessment Report is also completed	
Type of Accommodation	
Is the hoist being used upstairs or downstairs?	
What is the minimal door width that the hoist has to be taken through in the home?	
Where is the hoist being stored?	
Is there enough turning space for the hoist when being used?	
Flooring – are there any steps inside, or thresholds into other rooms, which may make using the hoist difficult? Also consider the flooring i.e., thick carpets.	
Overall height of the bed being used (Take into consideration a possible pressure relieving mattress)	
Is there at least a 5" gap under the bed for the hoist legs to go under?	
Can the existing bed be adapted to meet the patient's needs?	
Is there enough room either side of the bed for carers to access?	
Will the legs of the hoist you require expand enough to go round the patient's chair/commode?	
If you have identified that a glide-about commode will also be required, is there room for it to fit round the existing toilet?	
Who is providing care on discharge?	
Has demonstration been carried out with them?	
Other Information	

NAMED THERAPIST:

Name:	Work Base:
Signature	Tel. No.
Date:	

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Appendix 3

HOIST DISCLAIMER FORM AND DEMONSTRATION CHECKLIST

Date of Demonstration:

Patient details	
Name	Address
Date of Birth	Weight
NHS No.	SSID No.

Relative/Carer details	
Name	Address
Relationship to patient	Relevant health conditions

- I have attended the demonstration session (see checklist overleaf)
- I agree to operate the hoist and slings as per the instructions given me
- I understand that the advice I have been given is designed to ensure the safe usage of the above mentioned hoist.
- I have received a copy of the Hoist Guidelines for Carers
- I also understand that failure to operate the hoist as per the instructions given can be potentially dangerous
- I have received a copy of the Manufacturer’s Instructions for the equipment

Signature	Date:
Name in capitals	

I have demonstrated and observed the above named person in the safe use of the hoist and slings. On this day they were able to demonstrate safe use of the hoist and slings as per demonstration checklist below

Signature	Date:
Name in capitals	Designation

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Demonstration Checklist

	Health or social care professional demonstrated	Carer demonstrated
Individual parts of an electric hoist: 1. Brakes 2. Lifting & lowering boom 3. Spreader bar 4. Steering handle 5. Leg width control 6. Battery pack 7. Emergency raise/lower 8. Hand control 9. Emergency stop button 10. Battery indicator	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Demonstration of fitting of sling: 1. Check quality of sling (ensure no holes, fraying or broken loops) 2. How to position patient in sling 3. Checking the positioning of the sling 4. How to hook up the sling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Demonstration of operation of: 1. Electric hoist 2. Steering & transport	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Support Networks: 1. Mediequip, in case of an emergency. Refer to telephone number supplied with the hoist 2. LPT Community Health Services - Single Point of Access (SPA). Tel. 0300 300 7777 3. Leicester City Social Care - Single Point of Contact (SPOC). Tel. Tel. 0116 454 1004 4. Leicestershire County Social Care - Customer Service Centre. Tel. 0116 305 0004 5. Rutland Social Care. Tel. 01572 758330		

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Appendix 4

HOIST GUIDELINES FOR CARERS

Service Users Name	Carers Name
Type of hoist	Type of sling
NHS No.	SSID No.

ONLY TO BE USED FOLLOWING DEMONSTRATION BY THE HEALTH AND/OR SOCIAL CARE PROFESSIONAL

Prior to use, the following checks should be made to the electric hoist:

- The legs of the hoist open and close easily
- The red emergency stop button, located on the top of the power pack, is in the OFF position.
- Push the up and down buttons on the hand control and confirm the boom rises and lowers.
- Does the spreader bar move freely?
- Do the wheels run smoothly?
- Is there any damage to any part of the hoist, including the hooks on the spreader bar?

If the hoist fails to operate, do not use and contact the hoist provider (see contact details at the end of this document)

Prior to use the following checks should be made of any sling:

Are there any holes or repairs to the sling, or any frayed edges or loops? If so do not use and contact relevant person (see contact details at the end of this document)

Fitting the sling:

From bed to chair - Putting sling on whilst lying:

- Roll up sling lengthways to half way, handles and seams on the outside, not against the skin.
- Roll person to one side, ensuring there is someone present, on the side they are rolling towards.
- Position sling alongside person's back.
- Roll person back over sling.
- Roll person towards other side just enough so sling can be unrolled to lie flat under person.

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Hoisting from chair - Putting sling on whilst sitting:

- Lean person forward.
- Slide middle of sling down person's back.
NB. Be careful of person's skin when fitting the sling.
- Lean the person back.
- Pull sides of sling around each hip.
- Lift each leg in turn, pulling sling round towards the mid-line.
- Ensure sling lies flat against person at all times.

ENSURE ANY TUBES ARE NOT SQUASHED.

If the person has a catheter, ensure it is not squashed.

Operating the hoist:

- Ensure the person is fully aware of what is happening, and what equipment is to be used – and continue to re-assure.
- Ensure there is enough space and no obstacles in the way before using the hoist.
- Ensure that the person is positioned in the centre of the sling
- Ensure the leg straps are placed underneath the thighs, and are not kinked or twisted, or placed high in the person's groin. If the person is sitting in a chair, ensure the straps do not go around the arms of the chair!

Specific operating instructions for electric hoist:

- Raising and lowering the boom – this is achieved by using the electric hand control which has two buttons with directional arrows UP and DOWN. This will stop automatically at the limit of travel in both directions. The hand control plugs into a socket at the base of the controller. There is a magnetic backing to the hand control which allows it to be positioned on the mast or boom when not in use.
- Emergency stop. The red emergency stop button is located on the controller and activated by pressing in. This will cut all power to the hoist and can only be reset by twisting the button anticlockwise and releasing.
- Emergency raise/lower function – This can be located underneath the emergency stop button and can be operated by inserting a ball point pen tip. This can be used to lower/raise the patient should the hand control fail.
- When the battery needs recharging and the hand control is being used a low voltage alarm will sound. Complete the lifting manoeuvre and put the battery on charge.
- Charging the batteries – the batteries are located in the power pack and are charged through two contacts on the base. When the power pack needs charging it is removed from the lift and fitted to a charging unit.
When the charger is plugged into the mains charging is automatic and will fully charge the batteries over an 8-12 hour period.

Only now should the hoist be brought to the person

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- There should be two people to use the hoist – one to operate the hoist
- and one to ensure safety of the person being hoisted.
- Approach the person carefully, ensuring their feet are not trapped.
- Leave the brakes **OFF**.
- Attach the loops of the sling one at a time to the hoist. At the head/shoulders use the shortest loops, and the longest at the thighs – unless otherwise advised.
- Stand away from the hoist, so that the hoist can move freely to find its own centre of gravity.
- Raise/lower the person using the hand set. Lower the person if there are any problems and adjust the sling.
- Once hoisted, avoid long periods in the sling. Move the hoist as little as possible, and avoid moving it long distances.
- Opening the feet of the hoist will make it easier to manoeuvre around beds, chairs etc.
- Once the person is repositioned as required, remove the sling from the hoist and remove the hoist.
- Remove the sling from around the person.

For professional use – please use the following space to indicate whether the service user needs a non-contract sling (specialist to meet their specific needs), e.g. longer leg pieces

Other Advice:

Lowering into a chair

To ensure the person is as far back as possible in the chair, gently push down on the person’s knees to push them as far back in the chair as possible. This latter can also be done when positioning the person upright in the bed.

Raising from the floor

Only the Midi 125 will raise a person from the floor

Do not attempt to raise from the floor without professional advice e.g. D.N., G.P. or Ambulance staff.

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Care of your sling:

Please refer to the manufacturer's washing instructions which can be found on the sling and the manufacturer's instruction leaflet which should have been provided when your equipment was delivered.

If you have any queries please contact:

Your named health or social care professional	
Social Care – City	Single Point of Contact 0116 454 1004
Social Care – County	Customer Service Centre 0116 305 0004
Social Care – Rutland	Occupational Therapy Team 01572 758330
Community Health Services – District Nurses/Community Therapists	Single Point of Access 0300 300 7777
Community Equipment provider	Mediquip

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Appendix 5

Leicestershire, Leicester City and Rutland -Contract Sling Assessment Record

Service User Name:	Date:
Professional Name:	Title:
Contact Details:	Email:

User Information

Weight:	Height:	Existing Sling Type/Size:
D.O.B:	Skin condition:	Spasm/involuntary movement: yes/no/sometimes
Other info:	Waterlow score:	Upper body strength: good/quite weak/very weak
		Supports own head: yes/no/ required
		Amputation: yes/no
		Below knee: left/right/bilateral
		Above knee: left/right/bilateral

Task Information

Fit sling whilst supine:	yes	sometimes	no	
Fit sling whilst seated:	yes	sometimes	no	
Leave sling in-situ:	yes	sometimes	no	
Use for toileting:	yes	sometimes	no	
Use for bath/shower:	yes	sometimes	no	
Hard to get under thighs:	yes	sometimes	no	

Comments:

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Appendix 6

Mobile Hoisting Checklist (Health and Safety Executive 2011/12)

BEFORE THE TASK	<input type="checkbox"/> Had up-to-date moving and handling training, including hoist training? <input type="checkbox"/> Feel confident to use hoist?	NO ▶	DO NOT USE Check with supervisor	
	▼ YES			
	<input type="checkbox"/> Current and relevant person-specific handling plan for using hoist?	NO ▶		
	▼ YES			
	<input type="checkbox"/> Person's condition/ability same as when they were assessed for this equipment? <input type="checkbox"/> Do you have consent?	NO ▶		
	▼ YES			
	<input type="checkbox"/> Number of handlers available as per handling plan?	NO ▶		
	▼ YES			
	<input type="checkbox"/> Familiar with this specific hoist & sling?	NO ▶		
	▼ YES			
	ENVIRONMENT Area safe for hoisting, ie <input type="checkbox"/> sufficient space? <input type="checkbox"/> clear of obstacles? <input type="checkbox"/> access around/under furniture? <input type="checkbox"/> clean/dry?	NO ▶		
	▼ YES			
HOIST <input type="checkbox"/> Familiar with emergency stop and lowering systems?	NO ▶			
▼ YES				
SLING <input type="checkbox"/> Sling compatible for use with this hoist?	NO ▶			
▼ YES				
<input type="checkbox"/> Sling is one identified in handling plan and is still appropriate (ie right size and type, cross reference with care plan)?	NO ▶			
▼ YES				
Visual check made of sling, ie <input type="checkbox"/> clean and undamaged? <input type="checkbox"/> label legible – SWL clearly displayed? <input type="checkbox"/> unique identifier? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)?	NO ▶			
▼ YES				
Visual check made of hoist, ie <input type="checkbox"/> battery charged? <input type="checkbox"/> LOLER examination/service up to date (6 monthly)? <input type="checkbox"/> no obvious signs of damage? <input type="checkbox"/> hoist moves freely on castors backwards and forwards? <input type="checkbox"/> base adjustment and lifting/lowering mechanisms move freely? <input type="checkbox"/> emergency button set in correct position? <input type="checkbox"/> SWL clearly displayed and not exceeded?	NO ▶			
DURING TASK	<input type="checkbox"/> Hoist brakes OFF (unless otherwise specified in manufacturer's instructions)?	NO ▶	<input type="checkbox"/> Unlock hoist brakes (unless otherwise assessed)	
	▼ YES			
	<input type="checkbox"/> Sling loops/clips attached securely and correctly to hoist?	NO ▶	<input type="checkbox"/> Re-attach and re-check	
	▼ YES			
	<input type="checkbox"/> Sling safety harness/belt secured if there is one?	NO ▶	<input type="checkbox"/> Fit as per handling plan	
	▼ YES			
<input type="checkbox"/> Person looks safe and comfortable? <input type="checkbox"/> Sling smooth under person? <input type="checkbox"/> Sling leg configuration correct?	NO ▶	<input type="checkbox"/> Re-fit sling		
▼ YES				
<input type="checkbox"/> Person's legs safe distance from mast?	NO ▶	<input type="checkbox"/> Turn spreader bar, giving person more leg room		
▼ YES				
<input type="checkbox"/> Hoist with hoist legs widened (unless handling plan states otherwise) until straps tight <input type="checkbox"/> Recheck person is safe, comfortable and correctly positioned <input type="checkbox"/> Start full hoist				
AFTER TASK	<input type="checkbox"/> Person's position correct? <input type="checkbox"/> Are they comfortable?	NO ▶	<input type="checkbox"/> Hoist again, then reposition	
	▼ YES			
	<input type="checkbox"/> Detach sling from hoist <input type="checkbox"/> Remove sling (if applicable) ensuring person left in safe position			
	▼ YES			
<input type="checkbox"/> Hoist & sling suitable for next use, ie clean, undamaged?	NO ▶	<input type="checkbox"/> Clean hoist and/or report damage and/or launder sling – following organisational procedures		
▼ YES				
<input type="checkbox"/> Store hoist in suitable, safe place <input type="checkbox"/> Recharge hoist (if applicable)				

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Appendix 7

KNOW YOUR LOLER COLOUR

LOLER EXAMINATION REQUIREMENTS FOR LPT OWNED

PATIENT LIFTING EQUIPMENT

As an organisation we are required to undertake a thorough examination of equipment and accessories used for lifting people. This is to comply with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

The requirement is to undertake an examination every 6 months.

This includes LPT owned equipment, such as mobile and fixed ceiling track hoists (including accessory spreader bars) stand aids, hoisting shower chairs and any accessories such as fabric non-disposable slings. This is undertaken by an external supplier on our behalf.

This does not include the MY-Sling Disposable slings or In-Situ slings as these are disposed of within 6 months

The system in place for identifying that a piece of equipment has passed its LOLER examination is a coloured cable tie. See pictures below as examples of the coloured cable ties used




The coloured cable tie denotes that the equipment has passed its LOLER examination and when the inspection has taken place. Below is a table that indicates the period of inspections and the corresponding coloured cable tie.

Period of examination	Colour of Cable Tie
April 2024-October 2024	YELLOW
October 2024 – April 2025	GREEN

If the equipment does not have the appropriate colour for the examination period it should be withdrawn from the service until the examination is undertaken. Any non-compliance with this guidance must be reported through the Trusts incident reporting system.

Any queries regarding examination are to be directed to: Medical Devices Team email
lpt.medicaldeviceteam@nhs.net.

Moving and Handling Advisor  07767006343 mark.dearden@nhs.net

PLEASE NOTE THAT THIS DOES NOT REPLACE OUR INDIVIDUAL RESPONSIBILITY OF INSPECTING A PIECE OF EQUIPMENT PRIOR TO ITS USE

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Appendix 8

DAILY HOIST CHECKER

Our Trust standard is to undertake a daily check of patient lifting equipment including hoists, stand aids, hi-low baths, bath hoists, and hoisting shower chairs that are Leicestershire Partnership Trust owned.

The following checks are required

- **Visual inspection of hoist**

Is it clean and check that there are no cracks, or missing parts. Check that the spreader bar is attached correctly.

- **Are the handset functions working**

Check that the legs are working, the spreader bar moves up/down, and there are no visible exposed wires at the base of the handset

- **Is the battery fully charged**

If the battery is not fully charged replace with a fully charged battery, and place the removed battery on charge.

- **Does the emergency stop button work**

Test this by pressing the emergency stop button whilst operating the spreader bar

- **Does the emergency lower work**

Locate and test this function

- **Is the LOLER tag the correct colour and is the service sticker in date**

Check against our LOLER tag colour schedule

- **Is the user manual accessible**

Ensure the user manual is in an easily identifiable place

If you are unsure how to complete these checks, please escalate this to your line manager as a training issue. Further information on how to operate a hoist can be found in the Moving & Handling policies

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A daily check is required to ensure the equipment is in good working order whether the equipment is used daily or not, as your equipment may be used for an unexpected event such as getting a patient off the floor. If your equipment is in an area where there is no care being provided on certain days e.g. weekends state "not in use" on those days and resume the checks when care is provided

Day	Passed Daily Hoist Check Y/N	If No, Action Taken	Checked by Name (Please Print)	Signature
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				
11 th				
12 th				
13 th				
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18 th				
19 th				
20 th				
21 st				
22 nd				
23 rd				
24 th				
25 th				
26 th				
27 th				
28 th				
29 th				
30 th				
31 st				

Monthly records to be kept locally

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This document should be accessible during the duration of the inpatients stay and kept up to date.

The Oxford Comfort Disposable sling is designed and compatible for use in conjunction with the Arjo Maxi Move hoist with a 4-point cradle. The sling should be positioned around the patient in accordance with the instructions overleaf.

This is a patient specific sling and must be allocated to one patient for its use.

As the slings have an aperture it is not generally recommended that they are left under a patient. On rare occasions this may be deemed as the most appropriate option and the clinical reasoning must be documented.

This sling includes a dignity strap, which may be used and identified as part of the assessment.

Safe working load

These slings are approved to a load up to 227kg.

Expected Lifespan

Providing the sling does not show signs of wear or deterioration that may compromise safety, it may be used to a period no longer than 6 months.

The slings may be used for bathing/ showering, once bathing/showering activity is complete dispose of the sling and replace with a new one. Any slight markings can be spot wiped. Otherwise, if there are any signs of stains, replace the sling. Dispose of slings as clinical waste.

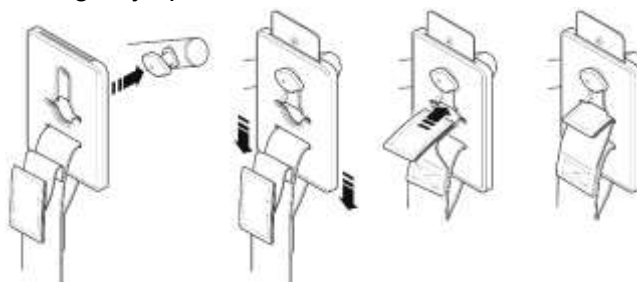
Sling checks prior to each use

- Check the correct name of the patient and issue date
- Visually inspect all parts of the sling including the: fabric, stitching, straps and clips. Replace the sling if there are any signs of wear and tear or/and stains are visible.

Applying the sling

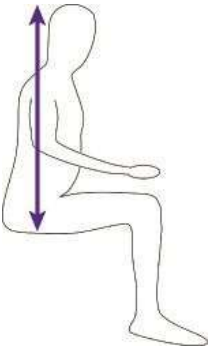
1. Ensure a sling assessment has been completed prior to use (*see guidance overleaf). In some emergency situations it is recognised that a dynamic risk assessment will need to take place
2. Fit the sling by placing it behind the patient with the label on the outside
3. Ensure the base of the sling is level with the base of the coccyx
4. Bring the leg section along each side ensuring they are fitting under the sides of the thighs
5. Check that the leg section is of equal length
6. Feed each section under the leg keeping the material flat
7. Ensure the back of the sling has remained in place
8. Attach the clips on to the 4-point cradle, ensuring there is a minimum of a 10 cm gap between the clip and patient's thigh and ensuring the clip attachment safety feature has been undertaken
9. Undertake safety check, lift the patient in the hoist to take up the tension, observing the patients position, and general comfort ensuring the sling is not twisted. If you have any concerns, lower the patient and readjust or reassess
10. Carry out the hoisting procedure following any specific instructions identified in the care plan

Oxford Clip Attachment System



Sling Assessment

The measuring guide below is a sizing guide but does not replace undertaking the sling assessment. Depending on a person's body shape there may be variations where a larger or smaller sling may be required. Complete the checklist below to ensure the most appropriate sling has been identified.

Sling Size	Dimensional Range			HOW TO MEASURE
	Min	Max		Crown of head
XS	70cm	75cm		
S	74cm	82cm		Use this dimension to determine the correct sling size.
M	80cm	96cm		
L	92cm	102cm		
XL	94cm	105cm		Coccyx

Sling assessment checklist questions	Tick ✓	Comments
Is there upper body support, including the head and sufficient width for the shoulders?		
Is there support for the lower body, including leg sections fitting under the thighs to allow a comfortable fitting of the sling clip to the cradle. Aim for a minimum of a 10cm gap between the clip and patient's thighs.		
Has a safety check been undertaken, this involves lifting a patient in the hoist to take up the tension, observing the patients position, ensuring the buttocks are supported and general comfort.		

RECORD OF SLING IDENTIFICATION	
Name and job role of person issuing sling (registered nurse or registered therapist)	
Patient's name and NHS number (affix label)	
Sling size	
Issue date	
Ensure the Patients name and issue date is completed on the sling label	

RECORD OF NEW DISPOSABLE SLING BEING ISSUED			
Replacement sling of original size can be issued by any healthcare worker			
Date new sling issued			
Name and job role of person issuing sling			
Comments (if applicable)			

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Appendix 10

Monitoring Compliance and Effectiveness

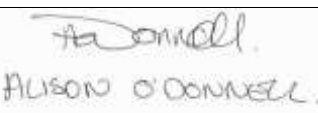
Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
4.5 (b)	techniques to be used in the moving and handling of patients, including the use of appropriate equipment	Policy for using Hoists to Move Patients Correct type of hoist including sling will be identified in patient's patient handling risk assessment Sling audit Section 3 Incident Reporting Process RIDDOR reportable injuries Local responsibility for reviewing local risk assessments Oxford patient specific sling audits including monitoring of hoist checker Review of Trust Risk Register Spot audit checks of risk assessments by Moving and Handling Advisor.	Moving and Handling Advisor onward reporting to the Health and Safety Committee Risk owners	Quarterly by the Moving and handling Steering Group In accordance with identified review dates on risks All investigations and referrals
4.5 (d)	how the organisation risk assesses the moving and handling of patients	Patient Handling Risk Assessments Section 3	Risk owners Moving and Handling Advisor onward reporting to the Health and Safety Committee	In accordance with identified review dates on risks All investigations and referrals
4.5 (e)	how action plans are developed as a result of risk assessments	Action requirements identified in Manual Handling /Patient Handling Risk Assessment s See Section 3	Risk owners	In accordance with identified review dates on risks

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
4.6 (f)	How the organisation monitors the servicing /LOLER inspection requirements of LPT equipment	LOLER/Servicing assurance check	Risk owners	Moving and Handling Steering Group / Trust Health & Safety Committee

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Policy Training Requirements

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

Training topic/title:	Moving and Handling Level 2		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input checked="" type="checkbox"/> Yes - Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	Yes - Directorate of Mental Health Yes - Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities Yes - Families, Young People, Children, Learning Disability and Autism <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All clinical staff required to move patients		
Governance group who has approved this training:	Health and Safety Group	Date approved:	04/07/24
Named lead or team who is responsible for this training:	Mark Dearden, Moving and Handling Advisor		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	Classroom		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> Yes - uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	Moving and Handling group monitor compliance with training		
Signed by Learning and Development Approval name and date	 ALISON O'DONNELL.	Date: 12.6.24	

Appendix 12The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers No

Respond to different needs of different sectors of the population Yes

Work continuously to improve quality services and to minimise errors Yes

Support and value its staff Yes

Work together with others to ensure a seamless service for patients Yes

Help keep people healthy and work to reduce health inequalities Yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance No

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Appendix 13 Due Regard Screening Template

Section 1			
Name of activity/proposal		Using Hoists to Move Patients Policy	
Date Screening commenced		July 2024	
Directorate / Service carrying out the assessment		Health and Safety Compliance Tea,	
Name and role of person undertaking this Due Regard (Equality Analysis)		Mark Dearden, Moving and Handling Advisor	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: The aim of this policy is to ensure the safe use of hoists and minimise the risk of injury to staff and their patients.			
OBJECTIVES: To provide clear processes and procedures for the safe use of hoists			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age			
Disability	Yes - May present restrictions to individuals who cannot effectively demonstrate or conduct patient handling techniques required for using a hoist		
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race	Yes - Yes- Non English-speaking patients or carers. Interpretation and translation services will need to be used to provide clear and accurate advice.		
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Mark Dearden	Date	04/07/24
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Samantha Roost	Date	04/07/24

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Appendix 14 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Using Hoists to Move Patients Policy	
Completed by:	Mark Dearden	
Job title	Moving and Handling Advisor	Date 04/07/24
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	

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8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

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