

## Insertion of a Hoist Sling Whilst Patient is in a Seated Position

Issue Date	Review Date	Version
March 2021	March 2025	1

### Purpose

To promote safe practice in insertion of a hoist Sling whilst patient is in a seated position, thus reducing the risk of musculoskeletal injury to staff, enabling patients and objects to be moved safely. It is to be used in conjunction with the Moving and Handling People and Objects Policy, and Manufacturer's Instructions.

### Who should read this document?

Senior clinicians and senior managers because they need to know their responsibilities and accountability in respect of promoting safe handling behaviours in their work place. All staff involved in moving and handling because they need to follow the Trust's Standard Operating Procedures in Moving and Handling People or Objects safely to protect the safety of patients and staff.

### Key Messages

Avoid hazardous moving and handling as far as reasonably practical. Assess all risks in relation to moving and handling people or objects where avoidance is not an option. Reduce the risk of moving and handling as far as is reasonably practical by following the Standard Operating Procedures, these include ensuring staff are adequately trained in carrying out moving and handling activities safely, reducing the risk of injury to staff and patients. The Insertion of a hoist sling whilst patient is in a seated position with two staff members is to be used in conjunction with the Safe Moving and Handling Principles and Moving and Handling Risk Assessment.

### Core accountabilities

<b>Owner</b>	Sarah Fishwick
<b>Review</b>	Health & Safety Committee
<b>Ratification</b>	Deputy Chief Nurse – Bev Allingham
<b>Dissemination (Raising Awareness)</b>	Health & Safety Committee
<b>Compliance</b>	The Manual Handling Operations Regulations 1992 (amended 2002).

### Links to other policies and procedures

Moving and Handling People and Objects Policy. Plus Size Moving and Handling Policy. Health & Safety Policy. Risk Management Policy. Prevention and management of falls policy.

### Version History

1	2009	Guidance
2		
2.1		
1	March 2021	Transferred to SOP and approved

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents on Staff NET. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Insertion of a Hoist Sling Whilst Patient is in a Seated Position

#### 1 Introduction

Methods for Safe Movement

Plymouth Hospitals University Hospitals NHS Trust

#### 2 Definitions

Manual handling - the transporting or supporting of loads, by human effort which includes any lifting, putting down, pushing, pulling, carrying or supporting a load by hand or by bodily force.

Risk – the chance that an event will occur that will impact adversely on the Trust’s objectives.

Hazard – a condition that gives rise to, or increases the risk of an adverse event occurring

Likelihood – a measure of the probability that the predicted event will occur

Consequence – a measure of the adverse impact of the predicted event, in terms of harm, loss or damage on people, property, or the Trust’s objectives

Incident – for the purposes of this procedure, is any unwelcome outcome arising from a manual handling action, regardless of the level of injury resulting

#### 3 Regulatory Background

Health and Safety of Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992 (amended 2002)

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

15.—(1)

#### 4 Key Duties

All staff are expected to take practical steps to minimise risk to themselves, patients and colleagues. Wherever there is doubt or uncertainty, staff are expected to seek assistance necessary to make the procedure safer. All staff must report all manual handling incidents, in line with the Trust’s Adverse Events policy.

Understand the Trust’s procedural documents on managing manual handling risks and ensure that they have an up to date record of completion of required training, as detailed in the Trust’s Workforce Induction and Training Policy.

Use only equipment and procedures for which they are trained and competent to use. Seek basic guidance from the manual handling key worker, or the manual handling team for specialist advice, for any situations where they are uncertain of the best approach to use.

Report discomfort or pain possibly associated with their work to their line managers and refer to the Staff to Occupational Health and Wellbeing department as appropriate in line with Trust policy

Ensure that they do not create hazards or increase risks as a result of their working practices and behaviours

## 5 Procedures to Follow

**Staff:** a Minimum of 2 staff

**Equipment:** hoist sling as indicated by the moving and handling risk assessment and care plan .

N.B. Always follow individual hoist sling Manufacturer Instructions

**Patient criteria:**

- Dependant patient with no suspected spinal injuries

NB: Special consideration will need to be considered as part of the risk assessment when choosing an appropriate sling if the patient has unpredictable movements -restlessness, spasm or lack of tone etc.

If the patient has brought in their own sling for use a compatibility assessment will need to be documented and recorded in line with guidance.

For patients who have above knee amputation follow manufacturer's guidance

**Procedure:**

- Ensure Sling is compatible with the mechanical aid. Check labels on sling including weight capacity.
- Check cleanliness and integrity of sling , including all lift points and lift straps are intact with no frayed stitching in line with end user checks for hoisting a patient.
- Provide patient with explanation of the activity and gain consent.

N.B: Washable slings only: check that LOLER tag inspection label is in date to confirm "fit for use" Ensure that you use an appropriate size sling for your patient. Measure from top of the head to base of coccyx.



- Standing in a walking stance with a stable base either side of the patient. Support the patient forward in the chair with one hand on the shoulder.

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- Place the sling behind the patient back (labels on the outside). Fold up the lower edge of the sling around your finger tips to facilitate guiding the sling in. (A slide sheet can be used behind the patients back if it is difficult to guide behind their back).
- Using the palm of your hand, push the lower edge of the sling down to the level of the patient's coccyx.

- Correct Positioning is facilitated if the patient leans slightly forward, or the staff members assist the patient forward to insert the sling.



- Carefully position the sling's leg supports forward along the outside of the patient's thighs.
- Place the palm of your hand between the patient's body and the sling. Push the leg support's lower edge down towards the seat adjacent to the patient's thighs.
- Insert one leg support under each thigh. Make sure the fabric lies flat and that it reaches properly around the leg. If the patient's legs are slightly raised from the seat this will help with insertion and reduce shear and friction.
- This can be achieved by supporting the patient's foot on the the kneeling staff member (if appropriate, dynamic risk assessment dependent).
- N.B: Ensure appropriate protective clothing is worn.



- A slide sheet can be placed between the patient's thigh and the leg support to avoid friction when inserting the sling.



- Check that both leg supports protrude the same length. (A gentle hold under the knee-cap makes it easier to position the leg supports forward).
- Once both leg straps are in place evenly under the patients thighs cross the leg supports under to prevent the legs from abducting when being hoisted.



- The patient is now ready to be hoisted. Ensure 'End user checks' are performed including lift test as per guidance, prior to lifting the patient safely.



### Pro Loop Sling (Amputee Mode)



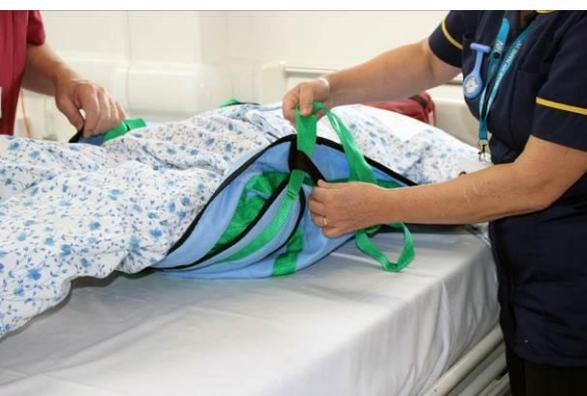
- This can be used for sing of double above knee amputees



- Place limb supports under thighs



- Place 1st limb support loop strap through inner black strap



- Place 2<sup>nd</sup> limb support loop strap through outer black strap



- The limb supports provide a safe seat for hoisting.



### **Removal of Sling following hoisting procedure**

N.B: The sling should be removed following the transfer. If for some reason it is preferable to leave the sling under the patient, a suitable alternative sling designed for this purpose will need to be identified and purchased following the assessment.



- Raise the patient's leg enabling easier access for removal of leg support. Carefully remove the leg supports, one at a time from under the patient's thigh. This can be achieved by pulling the leg support loops under the fabric part of the leg support in a backward movement reducing shear and friction.
- N.B: A slide sheet can be utilised to remove the leg strap avoiding sheet and friction.
- Adopting a walking stance with one hand on the patients shoulder ease the patient forward slightly. With the other hand positioned holding the back of the sling pull the sling out.
- A slide sheet can be inserted to remove friction, if the patient cannot sit forward.

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described. This document will be reviewed by the group or committee and ratified by the Deputy Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Deputy Chief Nurse, by the nominated author. These must be ratified by the Deputy Chief Nurse and should be reported, retrospectively, to the group or committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Deputy Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

All appropriate staff receives mandatory training as per Moving and Handling People and Objects Policy.

Moving and handling team regularly monitor incidents via Datix, in line with Moving and Handling People and Objects Policy reporting to the Health and Safety committee who have oversight.

Health and Safety Committee report directly to the Trust board. They are responsible for ensuring that the Trust maintains adequate arrangements to manage and mitigate the risks of injury arising from moving and handling.

## **9 Reference Material**

Health and Safety of Work Act 1974

Management of Health and Safety at Work Regulations 1999

Manual Handling Operations Regulations 1992 (amended 2002)

Provision and Use of Work Equipment Regulations 1998

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 15.—(1)