**SMHF 2023 - SMHPS Module E Hoisting Workshop**

Attendees to the SMHF 2023 Study day at Dunblane chose to attend the above workshop. This was not a focussed representative group chosen by SMHPS Review Group and does not necessarily represent what is going on across Scotland and the different sectors. It is a small snapshot.

**Purpose of workshop:** This practical workshop looked at how different organisations deliver their hoisting foundation training specifically in relation to SMHPS Module E learning outcomes and content. It also provided opportunities to share good practice and training methods and provided useful information to help inform the SMHPS review.

**Question sheets** were provided for completion by participants during the workshop. The information gathered from these and during the workshops is summarised below.

**Summary of Information from questionnaires**

**32 participants** attended the two workshops. 11 from NHS, 7 from Local Authorities, 2 from further Education, and 9 from 3rd Sector organisations 3 participants did not indicate the type of organisation. 90% were following the passport content – even if not issuing passports.

**Training venues for practical** varied between the following: Service user’s home 31%; training on site in a care home 3%; training on the ward 12.5%; and training in a training room 75%

**Trainer to participant ratios** varied from 1:1 to maximum 1:10. The variations appeared to reflect differences in duration of training and how and where it was delivered. e.g. content specific to a service user and to their equipment or generic content covering some or all of the range of hoists and manoeuvres in Module E.

Ratios of 1:1 or 1:2 related to training delivered in service users own home or ward setting

The following was the range of maximum trainer to participant ratios applied to practical training: 1:3 (2:6), 1:4 (2:8), 1:5 (2:10), 1:6 (2:12), 1:7, 1:8 (2:16), 1:9, 1:10 (delivered in a training room)

**50%** had a max trainer to participant ratio between 1:6 & 1:8 **39%** had max ratio of 1:3 or 1:4; **6%** had a 1:9 and 1:10 max trainer to participant ratio

**SMHPS Module E Learning outcomes E1 to E4** 90% of respondents indicated they included these learning outcomes in their training.

**Type of hoist equipment used in training (P O A S) (P = Passive mobile; O = Overhead; A = Active mobile (stand aid); S = static e.g. pool or bath hoist)**

**POAS** **1** used all four types of hoist in training (**S** static pool hoist only delivered to 1 staff group)

**POA 16** used all three types of hoist in training

**PO** **3** used passive mobile & overhead hoists in training

**PA 8** used passive mobile & active standaid hoist in training

**O** **1** used only overhead hoists in training

**P** **2** used only passive mobile hoist in training

1 indicated that the hoist and sling type would vary as training would be client specific

**Use of loop or Clip slings: 11** used loop only slings in training; **16** used clip and loop slings in training; **4** did not respond to this question and **1** indicated it would be based on service user/client equipment. A universal divided leg sling was the most common loop sling used in training.

**Time allocated to Module E Hoisting:** time spent on training varied between 45 mins to 3 hrs. Apart from one respondent whose organisation allocated one day, looking at a range of different hoist equipment and transfers.

23 indicated they spent between 2 – 3 hrs on hoist training; 7 indicated they spent 1 – 1 ½ hrs on hoist training; Time allocated depended on group size and equipment used

 **Summary of feedback from practical groups**

**There were four practical groups: 1. Sling sizing & measuring & insertion; 2.Active Hoist (Standaid); 3.Passive mobile hoist (bed to chair); 4.Overhead hoist (floor to chair)**  Participants could rotate round the different groups. Organisational training content was discussed & demonstrated by participants & key similarities & differences recorded.

**Group 1:** **Sizing and measuring a sling**

**Key similarities in foundation training content:** Most demonstrate and practice how to measure a standard universal divided leg sling. Most discussed or considered the need for head support and leave in slings were also discussed.

**Key differences or variations in foundation training:** Other sling types used in training varied dependent on service use or service users own sling type or availability in training room setting; Discussion and advice re fitment where person is in-between sizes – advised to compare with size up or down; Company reps may be used to assess for less common or specialist sling fitment; Information provided on different fitment criteria and sizing dependent on sling manufacturer and design of slings.

**Group 1: Inserting and removing a sling in sitting**

**Key similarities in foundation training content:** Most demonstrate and practice inserting a sling in sitting by inserting down the person’s back then asking or assisting person to lean from side to side to insert round hips and under legs.

**Key differences or variations in foundation training:** Number of staff required to insert sling. Some organisations routinely demonstrate and practice with two and some with one.

Methods of raising person’s leg if unable to do so themselves. Some would place leg on thigh others not. Some show positioning themselves in front of person to fit leg pieces other organisations would never position themselves in front and always demonstrate this from the side. For others it would depend on individual risk assessment.

**Group 2: Use of electric stand aid chair to chair**

**Key similarities in foundation training content:** Hoist suitability criteria for person; Safety checks of hoist and slings including LOLER; compatibility of loops and clips; sling size; attachment; refer to handling plan; demonstrate and practice use.

**Key differences or variations in foundation training:** NHS 2 handlers usually required for use; in social care number of handlers will vary dependent on assessment;

Variations to advice on the following: brakes on or off; semi stand versus full stand – dependent on person comfort; can person with shoulder injury be hoisted; can client hold on with one hand?.

**Group 3: Use of mobile passive hoist bed to chair**

**Key similarities in foundation training content:** Safety checks of hoist & slings; safety check of hoist service & LOLER; compatibility; prepare receiving surface; minimise distance of transfer; communicate with all involved; roll to insert sling; if using EPB raise knee and back slightly prior to attachment; control of spreader bar; attach loops; raise and lower with brakes off; take up slack - carry out checks for comfort/safety/attachment prior to hoisting off surfaces; slide sheet under heels if required; lower bed then raise hoist to clear surface;

**Key differences or variations in foundation training:**

Discussion on whether there is a legal requirement for slings to have their LOLER actually marked on the sling or not. (There is a legal requirement for the LOLER)

Variations to advice given re adjustment of bed height: Adjust to suit smaller carer; piano hands position; knee under bed with bed height waist to hip; position bed higher or lower for ease of sling attachment.

Variations to advice re profiling EPB prior to hoisting: Based on individual risk assessment; only profile head of bed; don’t profile

Variation to sequence of loop placement on attachment point: some attach shoulder first and some legs first; others vary this dependent on type of sling/ hoist;

Variation to whether to attach only one loop (peel the banana) or attach all the loops

Variation on hoist leg position during transfer (e.g. open or closed)

**Group 4: Use of overhead hoist floor to chair**

**Key similarities in foundation training content:** Safety checks of hoist & slings; safety check of hoist service & LOLER; compatibility; suitability for user; prepare receiving surface; minimise distance of transfer; communicate with all involved; roll to insert sling; hoist spreader bar vertical over chest; maintain control of bar; lifting strap straight; raise slightly - take up slack; carry out checks for comfort/safety/attachment prior to hoisting off surface; support person in sling to move hoist (or support person in sling and use hand control to move)

**Key differences or variations in foundation training:** use of slide sheet under legs optional based on risk assessment; in Education setting sling may be inserted & removed with child or young person sitting on the floor if able to maintain own balance; In NHS staff are taught to risk assess re method of sling application, in social care training usually states refer to handling plan;