**Staff competency checklist option – hoist/slings** – this is taken directly from the All Wales NHS Manual Handling Passport Scheme

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| Module F – Using Hoists and Slings | | Discussed | |
| Legislation & its application to patient hoists & accessories | |  | |
| Principles of hoist use including selection, use of accessories & safety checks | |  | |
| Principles of slings use including selection & safety checks | |  | |
| Assessing functional ability & factors to consider when selecting appropriate hoist & sling | |  | |
| Unsafe practices Environmental & safety issues e.g. sufficient space, floor surfaces, under bed/chair clearance, curtain rail height etc. | |  | |
| Posture whilst inserting /removing a sling & using hoisting equipment | |  | |
| Documentation | |  | |
| Practical Skills | Discussed | Demonstrated | Practised |
| Fitting & removing a sling with the person in bed |  |  |  |
| Fitting & removing a sling with the person in a chair |  |  |  |
| Fitting & removing a sling with the person on the floor |  |  |  |
| Hoisting a person using passive hoist Hoisting a person bed using an active hoist |  |  |  |
| Hoisting a person from the floor (or include in Module E) |  |  |  |

**LOGO Manual Handling Workplace Competence Assessment –**

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| --- | --- | --- |
| Patient Handlers Name: | Employee No.: | |
| Directorate: | Ward/Dept: | Site: |
| Date of last assessment: | Date of last training: | |
| Has this employee identified additional training needs **YES / NO**  If Yes, what are these needs? Employee to be referred for training / update | | |

**Observation of Patient Handling Task 1**

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| --- | --- | --- | --- |
| **Task observed & equipment (if used):** | | | |
| Criteria (from visual observation or questioning whichever is appropriate) | Yes | No | N/A |
| Communication - communicated appropriately with patient and colleagues prior to and during manoeuvre; appropriate commands used. |  |  |  |
| Patient Risk Assessment – referred to patient risk assessment & safer handling plan; checked for any changes; noted specific risks etc. |  |  |  |
| Preparation – risk assessed task, environment and individual capability e.g. clear space, safe environment, adjusted bed height etc. |  |  |  |
| Equipment – (if required) correct equipment selected, checked and used appropriately |  |  |  |
| Technique & Posture – appropriate technique, avoided controversial techniques and/or sustained, poor or unbalanced postures. |  |  |  |
| Movement – demonstrated use of efficient movement Patient – encouraged patient to initiate movement and participate, effective manoeuvre; patient in required position; felt safe and secure. |  |  |  |
| End of Manoeuvre - safety check of area, bed rails replaced (if required), brakes on bed, equipment removed & stored etc. |  |  |  |

**Observation of Patient Handling Task 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task observed & equipment (if used):** | | | |
| Criteria (from visual observation or questioning whichever is appropriate) | Yes | No | N/A |
| Communication - communicated appropriately with patient and colleagues prior to and during manoeuvre; appropriate commands used. |  |  |  |
| Patient Risk Assessment – referred to patient risk assessment & safer handling plan; checked for any changes; noted specific risks etc. |  |  |  |
| Preparation – risk assessed task, environment and individual capability e.g. clear space, safe environment, adjusted bed height etc. |  |  |  |
| Equipment – (if required) correct equipment selected, checked and used appropriately |  |  |  |
| Technique & Posture – appropriate technique, avoided controversial techniques and/or sustained, poor or unbalanced postures. |  |  |  |
| Movement – demonstrated use of efficient movement Patient – encouraged patient to initiate movement and participate, effective manoeuvre; patient in required position; felt safe and secure. |  |  |  |
| End of Manoeuvre - safety check of area, bed rails replaced (if required), brakes on bed, equipment removed & stored etc. |  |  |  |

**Observation of Inanimate Load Handling Task**

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| --- | --- | --- | --- |
| **Task observed & equipment (if used):** | | | |
| Criteria (from visual observation or questioning whichever is appropriate) | Yes | No | N/A |
| Communication – (if relevant) communicated appropriately with colleagues prior to and during manoeuvre; appropriate commands used. |  |  |  |
| Risk Assessment – referred to risk assessment & Safe System of Work; described specific risk factors; checked for any changes. |  |  |  |
| Preparation – i.e. informal assessment of task, environment, load, individual capability etc. e.g. check weight, clear space, agreed route, safe environment etc |  |  |  |
| Equipment – (if required) correct equipment selected, checked and used appropriately |  |  |  |
| Technique & Posture – used appropriate technique, avoided sustained, poor or unbalanced postures |  |  |  |
| Movement – demonstrated use of efficient movement |  |  |  |
| End of Manoeuvre – effective manoeuvre; load in required position; stored safely, safety check of area |  |  |  |

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| **Comments:** |

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| **Theoretical Assessment**  Assessor to ask the employee 6 questions about organisational policy/procedures and their role and responsibilities.  Number of satisfactory responses: |

|  |  |
| --- | --- |
| **ASSESSMENT OUTCOME** | **Tick as appropriate** |
| Safe performance of manoeuvres at time of assessment |  |
| Minor issues - requires coaching & re-assessment |  |
| Needs further training and should only perform handling tasks with supervision |  |

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| --- | --- | --- |
| Assessor name: | Signature: | Date: |

|  |  |  |
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| Employee name: | Signature: | Date: |

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| Manager name: | Signature: | Date: |