**Record of Moving & Handling (M&H) demonstration / observation FOR MOBILE HOISTS / CEILING TRACK HOISTS / STANDING HOISTS**

|  |  |
| --- | --- |
| Name of client: Address of observation:  | AIS ID: |
| Name of the person who will be responsible for assisting client: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Has the client consented to the demonstration being completed | Yes  | No | N/A |
| Has a M&H risk assessment been carried out? | Yes  | No | N/A |
| Has a M&H plan been provided? | Yes  | No | N/A |
| Have you confirmed to the informal carer(s) that they should only carry out techniques as directed by the practitioner?  | Yes  | No | N/A |
| Has the informal carer(s) confirmed they are medically fit, not pregnant, and have no current musculoskeletal problems, which will prevent them from assisting client | Yes  | No | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of hoist |  | Type of sling |  |

Transfer from/to:

Information provided regarding use of hoist:

* Explanation of the 6 monthly annual service/checks for hoists and slings 🞎
* Checking hoist & slings prior to use, for wear & tear 🞎
* Discuss importance of spreader bar not touching client’s face or head 🞎
* Discuss features of the hoist: opening and closing of legs, charging battery and fitting battery, emergency stop / lower, mast locking nut, FOR ceiling track hoists – charging / docking, need to avoid twisting of spreader bar tape / strap, FOR standing hoists – adjustment of lower leg pads, cow horn spreader bar, calf strap (optional) 🞎

Discuss and demonstrate the following:

* Only move the mobile hoist for short distances, without undue pushing & pulling 🞎
* Check sling straps are securely attached to the spreader bar 🞎
* Making the environment safe, plan where the client needs to be moved from and to 🞎
* Need to ensure hoist brakes are off and wheelchair/commode/bed brakes are on 🞎
* Demonstrate how to safely apply/remove the sling, reassurance and observation during the procedure 🞎
* Which sling loops should be used for different positions if applicable 🞎
* FOR STANDING HOIST; need for client to lean back into the sling and push through legs 🞎
* FOR STANDING HOIST; need to be mindful of cow horn spreader bar metalwork (for client and carer) 🞎
* Always remove sling after transfer, unless otherwise assessed that it is safe to be left in place 🞎
* Demonstration of safe handling techniques, discussion of unsafe handling techniques and postures 🞎
* Not leaving the person unattended whilst suspended in the sling, monitor at all times 🞎
* Ensure that carer has practiced the manoeuvres until satisfied they feel safe and competent 🞎

The decision to be a carer is mine. I was shown how to use the hoist safely, and feel competent following the demonstration and feedback from the Occupational Therapist.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Carer)  |  | Date |  |
| Print name |  |  |  |

Verbal advice and demonstration, was given on hoisting. Following this I am satisfied from the observed demonstration by the carer, that he/she was competent on that occasion.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of OT |  | Date |  |
| Print name |  |  |  |
| Duration of demonstration / observation |  |  |