LOCATION	WRITTEN BY	APPROVED BY	DATE CREATED	LAST REVISION
All Schools	Lorie Carriere	Physical Therapists	August 2, 2012	April 3, 2017

PERSONAL PROTECTION EQUIPMENT (PPE) OR DEVICES	ADDITIONAL REQUIREMENTS
• Appropriate footwear must be worn. Shoe must be fully enclosed. No open toed shoes or sandals. • Long and loose hair should be tied back to prevent it from being grabbed or coming into contact with the students face. • Floor Lift & sling	• Safe Lifting • Operation of the Hoyer Lift • NVCI – managing reactive / defensive behaviors

HAZARDS PRESENT	
• If the procedure is not followed, the task has the potential for awkward postures and overexertion which can increase the risk of back or upper limb **musculoskeletal injuries. • Grabs / strikes from reactive or defensive behavior • Pinch points for fingers	**Signs and symptoms of a musculoskeletal injury (MSI) can include pain, burning, swelling, color changes, numbness/tingling, and loss of movement or strength in a body part. Workers must inform their supervisor if they experience these or other signs and symptoms so the work tasks can be re-assessed by the supervisor or physical therapist.

SUPPORTIVE INFORMATION

Purpose:

- To ensure safety of students/staff during transfers with the lift to and from a variety of surfaces including bed,
  wheelchair, toilet, commode, tub chair, tub stretcher, stretcher, etc.
- To reduce the potential for injuries to both students and staff.

Application:

- This type of lift is for use with students who are unable to weight bear reliably or consistently through upper and lower extremities or if able to bear weight may be uncooperative, agitated or confused or risk factors are present which threaten the safety of a manual transfer or use of a sit-stand lift.
- A **minimum two person team** is required for any transfers with a mechanical lift. More than 2 staff may be required when the following indicators are present:
  - Student is obese/rotund in the abdomen or overly tall
  - Low/high muscle tone
  - Behaviour that interferes with care
  - Student care equipment or devices e.g. casts on extremities, etc.
  - Recent hip or lower limb surgery to maintain alignment.

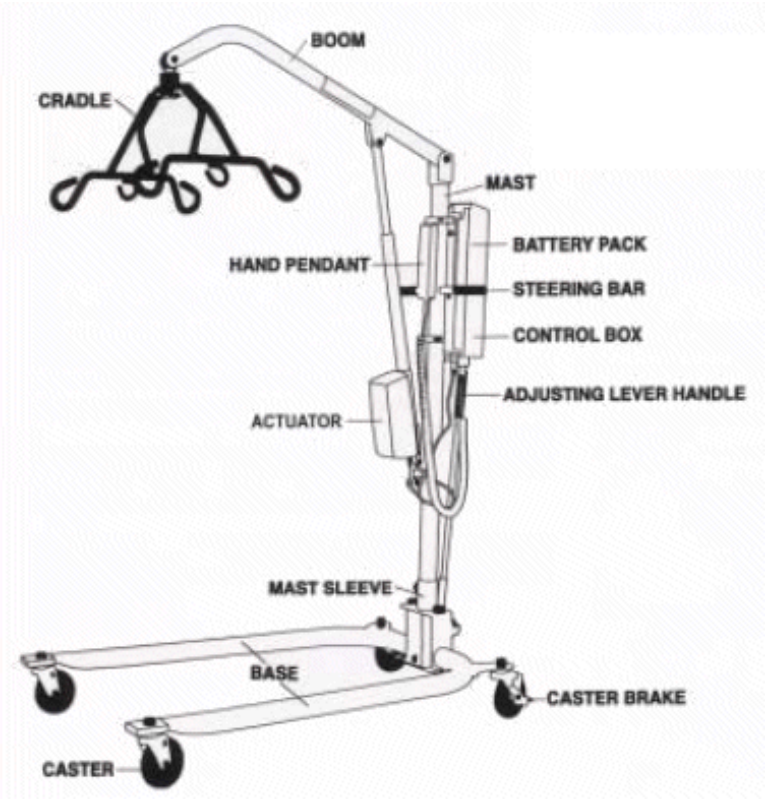
SAFE WORK PROCEDURE

SAFETY PRECAUTIONS:

- Never exceed the maximum lifting capacity of the lift – 342 lbs.
- Never exceed the maximum lifting capacity of the sling.
- Always plan the lift before starting.
- Always carry out the daily safety checks before using the lift.
- Do not use a sling unless it is recommended for use with the lift or unless recommended by the physical therapist
- Do not disconnect or bypass a control or safety feature.
- Do not lift a patient with the castor brakes on.
- Do not push a loaded lift at speeds which exceed a slow walking pace
- Do not push the lift on uneven or rough ground, especially when loaded.
- Do not lift students unless you are trained and competent to do so.
- Do not part / stop a loaded lift on any sloping surface.
- Never run the batteries completely flat.
- Always ensure the main power to the charger is switched off before connecting or disconnecting the charger to or from the lift.
- Always place the lift on the charger whenever it is not in use.

PRE-USE DAILY INSPECTION:

- ✓ Ensure the lift moves freely on its castors.
- ✓ Ensure the spreader bar is free to rotate and swing. Check the spreader bar is firmly attached to the boom.
- ✓ Examine the sling hooks on the spreader bar and side suspenders for excessive wear. If in doubt - do not use.
- ✓ Examine slings for fraying or other damage. DO NOT use any sling if damaged.
- ✓ Ensure the legs open and close correctly.
- ✓ Operate the hand control or the hydraulic unit to confirm the boom raises and lowers satisfactorily.
- ✓ Confirm the lift is not giving a low battery alarm when the hand control is operated (electric lifts only). If the alarm sounds DO NOT use and place on charge immediately.
- ✓ On electric powered lifts check the operation of the emergency stop button.
- ✓ On hydraulically operated lifts check for hydraulic fluid leakage. Any leakage should be reported to a supervisor immediately and the lift should not be used until it has been repaired.



PROCEDURE:

1. Ensure the mechanical lift is in proper working order, the battery is sufficiently charged and all attachments are available.

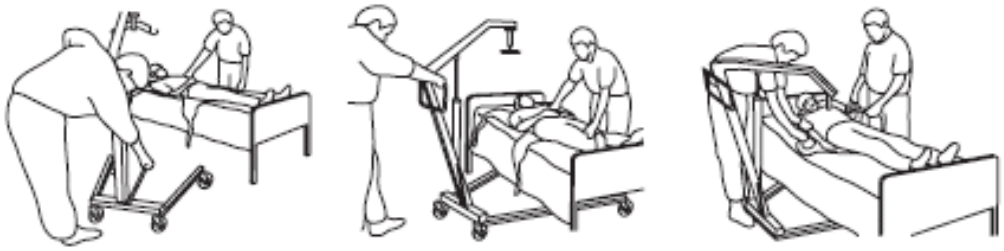
2. Ensure that there is adequate space to maneuver the patient/resident in the area, i.e. check for cords on floor, move chairs/bed tables, etc.

3. Communicate to the student and other staff the planned movements in a clear, non-rushed, respectful manner.

4. Choose the appropriate sling according to the logo or the one provided by the physical therapist. Inspect the sling for signs of wear and tear prior to use.

5. **Apply the Sling: Refer to sling instructions.**

6. **Position Lift & Attach Sling:**



Positioning the Lift for Use

a. One staff member assumes responsibility for operating lift – while the other staff member assumes responsibility for supervising the student.

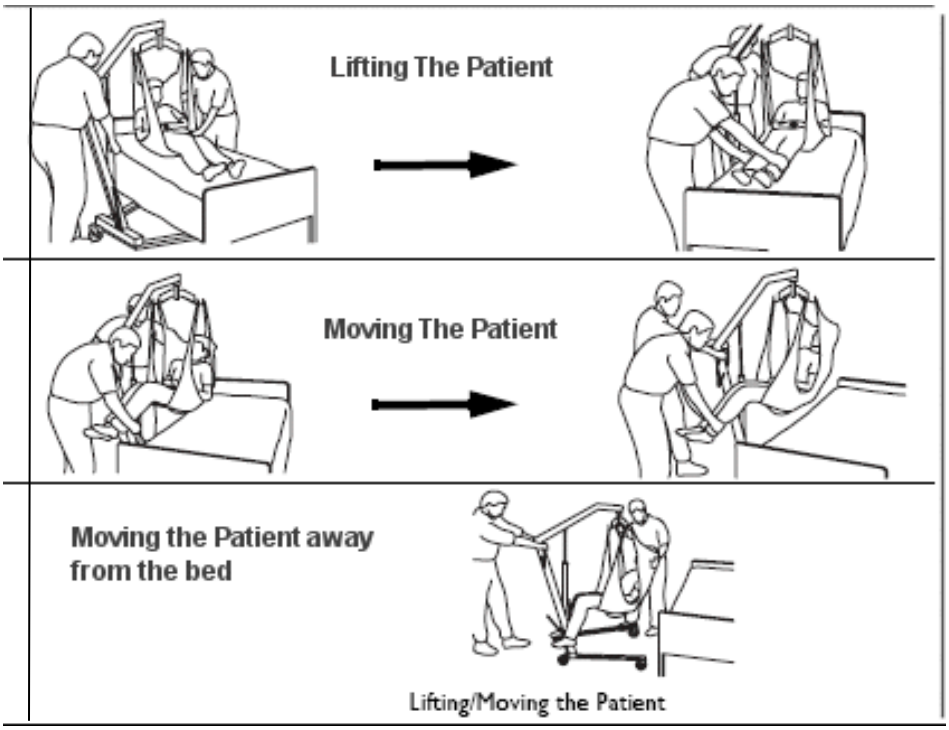
b. Widen the lift's base to ensure stability while lifting. Widen the base by pressing down on the adjuster pedal to open the legs **or** lift up on the adjuster pedal to close the legs.

c. Ensure the breaks are off. The caster locks should **NOT** be on when lifting the student. Let the lift move a little with the weight adjustment to center the load.

d. Use the steering handle to push the lift into position. Roll the base as far under the change table, exercise mat, or around the chair as possible locating the cradle over the student. Be careful not lower the frame onto the student.
   - **Side approach**: to and from the change table, exercise mat or to and from a reclining chair, etc.
   - **Front approach**: Commode, wheelchair, shower/tub chair

e. Lower the lift by pressing the down button on the hand control unit, for easy attachment of the sling.
   - Sling is attached to lift per manufacturer's instructions. Hook loops of the sling to the spreader bar ensuring that the loops of the sling are secured behind the safety clips. Make sure the straps are not wrinkled. Use shortest strap hook at shoulders and longest strap hook at legs. (Refer to care plan if special needs dictate a different sling hook up).
   - Ensure the student's elbows are inside sling by asking them to cross their arms.

7. **Lifting, Moving & Lowering the Lift:**



Lifting/Moving the Patient

a. Stand beside the student and use the remote control to raise the student in the sling just above the transfer surface. The other staff member assists by managing the student's legs such that straps are free of wrinkles & guides them into position before moving the lift.

b. Move lift away from change table, exercise mat or chair. One staff member pulls back lift while the other guides student's legs off bed / chair.

c. Position the student to face the center pole (mast) of lift. This means the student's lower legs may come in contact with the mast, therefore the best position is for each leg to be on either side of the mast. If this is not possible, both legs can be on the same side close to the mast.

The student should never be transported in the lift facing away from the mast or sideways, as this will increase the potential for tipping the lift.

d. Close the lift legs, following the manufacturer's guidelines, and guide the lift from point A to B. Mechanical lifts should only be used to transfer patients/residents from one location to another over the shortest possible distance.

Never lift with the legs in the closed / transport position. The closed position is for storage and transport only.

e. To initiate movement or to go around corners, push lift from the side. Keep elbows in when pushing lift. When turning, step to side of lift and with staggered stance and elbows tucked in, push handle of lift sideways by stepping forward. Lift will turn easily.

f. Lift is moved to change table/exercise mat/chair & positioned over surface. Widen the base of the lift and slowly lower the student onto the transfer surface by pressing the down button so that their feet rest on the base of the lift, straddling the mast.

g. When lowering at destination, the second staff member makes sure the hanger bar does not hit the student. If lowering into a wheelchair, the chair brakes are on and chair should tilt back on its own as the student's hips slide down the back of the chair to position patient at the back of the chair.

h. To place the student in the best seated position, one staff may push on the knees from the front and the second staff may grasp the sling from behind or from the side to ensure the student is seated as far back as possible to achieve a correct position.
   - During lowering ensure that the student is not crushed by the hanger bar.
   - When lowering to chair it may tip slightly back-however this corrects when the student comes close to seat. Ensure the boom moves slowly back once the student's pelvis is in seat. If the staff member pulls the lift back too early the student will be slumped & not positioned to back of chair.

i. As student is positioned, the lift is moved back.

8. **Disengage the Student from Lift:**
   a. Unhook sling. If the student is in wheelchair, to remove the sling and try to have patient help to lift thighs or get help from the second staff member if necessary. Then cue the student to lean forward as the staff member draws leg straps toward back of chair so the rest of the sling can be slid out. Sling is removed in the opposite way as it was applied.

   b. Ensure that the student is in safe & comfortable & positioned properly. Thank the student for their efforts.

PREVENTATIVE MAINTENANCE:

1. Washing instructions for slings:
   - Machine wash in warm or cold water. Do not use bleach. Do not wash with other colors.
   - Remove bars before washing. (The bars and sear hangers of the two piece slings are not removable. It is recommended they be washed by hand.
   - Air dry or very low dryer heat.
2. Check the following regularly (monthly):
   - Check the spreader bar for freedom of rotation and swing. Check for wear on the central pivot and firm attachment to the boom
   - Check the attachment of the boom to the center pole. Ensure there is only minimal side movement and that it is free to rotate on the boom bearing
   - Check the operation of the center pole locking device. Ensure it fully engages into the socket.
   - Check the bottom actuator or hydraulic unit mounting
   - Check the function of the emergency stop button and emergency down / up
   - Check for correct operation and leakage of hydraulic fluid in the hydraulic unit.
   - Check the legs to ensure they operate in both full extensions (in and out).
   - Check all castors for firm attachment to the legs and free rotation of the castor and wheel.
   - Ensure the base is even and level (all 4 wheels on the floor)
   - Check for wear and fraying on the slings.

3. Once per year, the unit is required to be inspected by a qualified service provider for the following:
   - Actuator
   - Batteries
   - Hydraulic unit
   - Cleaning
   - Load test
   - Lubrication of pivot joints, including mast and boom connections, pedal assembly, spreader bar joint.

REGULATORY REQUIREMENTS

- WS&H Act W210,
- Mb. **Workplace Safety & Health** Regulations 217/2010,
  - Part 2, General Duties
  - Part 8, Musculoskeletal Injuries
  - Part 10, Harassment
  - Part 11, Violence in the workplace
- Safe Work Bulletin #246 Safe Lifting
- Safe Patient Handling and Movement; The Illustrated Guide, Springer Publishing Co; 2009
- Winnipeg Regional Health Authority. Safe Patient Handling and Movement Program. Winnipeg: Winnipeg Regional Health Authority, May, 2008.
- Oxford / Hoyer Advance Portable & Folding Patient Lift, User Instruction Manual. Sunrise Medical; August, 2004