



Standard Operating Procedure Name MECHANICAL LIFTS		SOP Number: SOP (N)
		Effective Date: November 19, 2016
Approved By: Executive Team	Next Date for Review: November, 2019	Date Revised:
Classification: Delivery of Care to Residents and Families		Page No: Page 1 of 8

PURPOSE:

Mechanical lifts have become valuable pieces of safety equipment. Appropriate and correct use of a mechanical lift will ensure the safety of Residents during transfers from various surfaces, and reduce the potential for injuries to both Residents and Staff. A mechanical lift promotes safety and efficiency when transferring a Resident who is unable to weight bear or participate in the transfer.

APPLICABILITY:

Registered Nurses (RN), Resident Attendant (RA)

STANDARD OPERATING PROCEDURE - GENERAL LIFTING:

1. There must always be two staff members present while using a mechanical lift.
2. Check the Resident's care plan to ensure you have the correct style and size of sling.
3. Make sure the Resident's weight is within the weight capacity for the sling and lift. If each piece of equipment has two different weights, the Resident must not weigh more than the lower of the two weights.
4. Inspect the lift and sling
 - a) Lift:
 - a. Check lift strap for excess wear or fraying
 - b. Check battery strength
 - c. Test the hand control, listening for unusual sounds and movement
 - d. If any defects noticed, place an out of order sign on it and request Maintenance inspect if before using.
 - b) Sling
 - a. Inspect for any rips, tears, fraying
 - b. If any defects noticed, remove from service, and give to Nursing Lead. See attached Sling Visual Inspection Guide.
 - c. Complete the Sling Inspection Form on a weekly basis.
5. Clear any clutter or hazards away, to prepare for the lift.
6. Apply the sling under the Resident. Ensure the Resident is centered on the sling, and lower edge of the sling does not go beyond the Resident's tailbone. Bring the leg straps under the Resident's thighs.



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7. Move the lift into place and adjust the lift legs as wide or as narrow as needed. Begin attaching the sling straps on to the hooks. Always hook the shoulder straps first, then the leg straps.
8. During lifting, wheels should remain unlocked so that the lift may shift to the patient's center of gravity. The wheels should, however, be locked if there is a risk for the lift moving into the Resident, for example when lifting from the floor. Locked wheels during lifting increases the risk of the lift tilting over.
9. Start raising the Resident. Stop when the sling straps are taut. Inspect all the connections to ensure they are securely inside safety latches before continuing the lift.
10. Continuing raising and moving the resident. Never push/pull on the lifter boom as this may cause the lift to tip over. If necessary, gently guide the Resident by the sling to ensure proper placement. Lower and position the Resident.
11. Continually observe the Resident's comfort and safety during the transfer. If at any time the Resident complains of pain or discomfort, immediately lower the Resident and re-adjust the sling.
12. Unhook the sling. Move the lift out of the way, and then remove the sling and make the resident comfortable.
13. Never leave a Resident unattended in the lift.

SPECIAL CONSIDERATIONS FOR LIKO GOLVO 7000

- The armrests can be folded down into a support position. The armrests have two functions: to give the patient a greater sense of security and to make it easier for the caregiver to move the lift. When moving a patient in the lift between different rooms, the armrests should be placed in the support position!
- When the lift is not being used, or when moving an empty lift, the sling bar should be placed in the parking bracket.
- **Charging the batteries:** It is recommended to charge after use or each night. If the battery needs charging a beep tone will sound and lamp is light on the hand control. There is still enough power in the lift to complete several lifts. When a plug symbol appears in the display on the control box, the battery must be re-charged immediately.

Transfer from a Bed:

1. Always make certain that the lift strap is vertical and parallel to the mast. To achieve this, Golvo should be placed correctly under the bed. Adjust the width and/or change the position of Golvo in relation to the base of the bed to achieve the correct position.
2. Check that the lift strap is vertical during the lift.



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3. Do not start the lift unless the sling bar is well balanced. An unbalanced load leads to wear and tear on the lift strap. It may also cause instability of the lift during the lift motion, increasing the risk of the lift tilting over.
4. Attach the shoulder straps to the hooks first, then the leg straps. The head of the bed can be lifted to help make this easier.

Transfer from the Floor:

1. The brakes on the lift should be in the locked position when lifting from the floor to reduce the risk of the lift moving into the Resident.
2. The Resident's head should be against the lift, if possible.
3. The lift strap can be extended to reach the floor by pushing down on the Red emergency lowering handle while simultaneously pressing down on the carry bar. Repeat as many times as necessary until you achieve the needed length.
4. Attach the shoulder straps to the hooks first, then the leg straps.

SPECIAL CONSIDERATION FOR ArjoHuntleigh MAXI TWIN LIFT:

Before the resident is transferred with the *Maxi Twin*, make sure that:

- The battery pack is fully charged before use.
- A buzzer sound will go off when the battery reaches a low charge. The battery should then be recharged as soon as possible.
- When possible, approach the resident from the front.
- If necessary, open the chassis legs to go around a chair, bed or other equipment.

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Attaching Clip Sling (3 Steps)

1 Place the clip on the spreader bar lug. **(See Fig. 1)**

2 Pull the strap down. **(See Fig. 2)**

3 Make sure all lugs are locked at the top end of the clips and no straps are not squeezed in between the clip and the spreader bar. **(See Fig. 3)**

Fig. 1

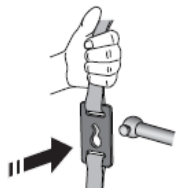


Fig. 2

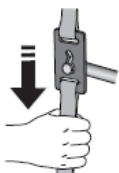


Fig. 3



Detaching Clip Sling

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1 Pull the strap up. **(See Fig. 1)**

2 Make sure the lug is unlocked at the bottom of the clip. **(See Fig. 2)**

3 Remove the clip. **(See Fig. 3)**

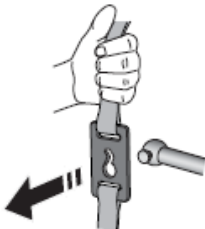
Fig. 1



Fig. 2



Fig. 3



Transfer from a Chair

1. Make sure the positioning handle on the spreader bar is facing away from the Resident. The wide part of the spreader bar should be positioned at, or just below



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shoulder level. Make sure that the Maxi Twin lift is close enough to be able to attach the sling shoulder clips to the spreader bar.

2. Once the Maxi Twin lift is in position, attach the shoulder strap clips to the lugs on the spreader bar. Pull the clip strap down for the lug to attach correctly in the clip.
3. Press down on the positioning handle of the spreader bar and attach the leg strap clip. If necessary, lower the spreader bar using the hand control, careful not to lower it on the resident.
4. Carefully lift the positioning handle until the resident is reclined in the sling with the head support. This is the most comfortable position for the transfer as it reduces pressure on the thighs from the leg pieces. The angle of the recline can be adjusted for increased Resident comfort.
5. Before moving, turn the Resident to face the caregiver at normal chair height. This provides confidence, secure feeling and improves the Maxi Twin lift's stability.

To lower the resident back into a chair - or when transferring from bed to chair.

1. To position the resident over the chair, use the lift handles, DO NOT pull the sling. The resident suspended in sling should always remain in the centre of gravity.
2. To avoid further lifting effort, push down on the positioning handle to put the resident into a good sitting position. Do not to push down too quickly, as this may jerk the resident's head forward.

To Lift from a Bed

NOTE: Before lifting a resident from a bed, make sure there is enough space underneath the bed to accommodate the *Maxi Twin* lift chassis legs.

1. Approach the bed with the open side of the spreader bar towards the resident's chest. Using the adjustable width chassis legs, it is possible to maneuver around obstructions such as bed legs. To avoid injury, make sure there is a safe distance between the Resident and the device. Pay attention to residents with uncontrollable movements.
2. Position the *Maxi Twin* lift so that the spreader bar is just above and centrally situated over the resident. Tilt the spreader bar by using the positioning handle, until the shoulder attachment lugs can be connected to the sling shoulder strap clips.
3. You may need to lower the spreader bar a little more, using the hand control or press down on the positioning handle until the sling leg pieces reach the connections.
4. When lifting from the bed, some caregivers prefer to connect the leg pieces first. This particularly applies to Residents' with large thighs. In that case, raise the hip and knee into maximum flexion and attach the leg strap clips. Tilt the spreader bar towards the shoulders for connection. Ensure sling clips are securely attached before lifting.



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5. When returning to a bed, make sure the lift is positioned perpendicular to the bed. To position the resident over the bed, use the lift handles, do NOT pull the sling. The resident suspended in sling should always remain in the centre of gravity. Use the hand control to lower the resident.

To Lift from the Floor

1. Before starting to connect sling to lift, engage breaks. This may prevent any unwanted or accidental movement of the *Maxi Twin* lift that may cause harm or injury.
2. The Resident's head should be touching the lift. A pillow may be used under the head and shoulders to provide for comfort.
3. When lifting from the floor, some caregivers prefer to connect the leg pieces first. This in particular applies to the very large residents with large thighs. In that case, raise the hip and knee into maximum flexion and attach the leg straps first. Tilt the spreader bar towards the shoulders for connection.
4. Transfer of a resident should always be done with the chassis legs parallel (closed). Maneuverability will be easier, especially through doorways. The resident should be positioned facing the caregiver. Remember to unlock breaks before trying to move the lift.

ATTACHMENTS:

Appendix A – Sling Visual Inspection Guide

REQUIRED FORMS & EQUIPMENT:

- Appropriate Mechanical Lift
- Appropriate sling style and size for Resident and manufacturer of the Lift.
- Sling Inspection Form

APPENDIX A **Visual Sling Inspection Guidelines**

<p>Policy Name</p> <p style="text-align: center;">MECHANICAL LIFTS</p>	<p>Policy Number:</p> <p style="text-align: center;">NEW DRAFT</p>
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1. Lay sling out on a flat surface so that all areas of the sling are visible. Note whether the sling model requires plastic “stays” and if so that they are present. If the stays are missing they can be purchased separately.
2. Check all loops/clips at their connection/stress points. Twist and pull these with your fingers and look for any signs of weakness. This would include but is not exclusive to fraying, loose stitching, and clip cracking. Depending on the sling model there may be up to 12 loop/clip points in total. If there is any question concerning the safety of the attachment points remove the sling from service.
3. Check the body of the sling for any rips or holes. If there are any rips or holes present remove the sling from service.
1. Check the sling for worn or missing labels. Blank or missing labels indicate frequent use and laundering and may also indicate exposure to bleach. If the label is not legible, but there are no other issues with the sling, the sling may still be used. The Nursing Lead will arrange for the sling to be labelled with the following information, using an indelible marker:
 - Sling Manufacture;
 - Sling Maximum Weight Capacity;
 - Sling Size
4. Check stitching of the entire sling, look for any fraying or loose stitching. If there is any question concerning the safe condition of the sling, remove from service.
5. Check the sling for heat damage. This may be detected as an over all shrinking of the sling or may be noticed on the padded leg section and can be identified by a shrinking or scrunching of the leg portion. Additionally, heat damage may be found on other areas by noticing a brittle or ridged/stiff feel to the fabric. If there is any question concerning the safe condition of the sling, remove from service.
6. Check the sling for excessive staining. While some staining may occur through use by an incontinent patient other staining may indicate exposure to chemicals. If there is any suspicion that staining is not a result of use with an incontinent client, then remove the sling from service.