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[FACILITY]

LIFT PROGRAM

POLICY AND GUIDE

APPENDIX A

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Introduction to the [Facility Name] Lift Program

In a continuing effort to improve the quality of care for our residents and to provide more enjoyable working conditions for our associates, _____ is implementing the policy and procedures related to lift, transfer and repositioning tasks as described in the following materials.

This guide is designed to contain all relevant materials specific to your facility and to serve as a reference for facility management charged with the responsibility for implementation.

This guide and materials have been developed to facilitate training, management controls and communication efforts; and to ensure both management and staff are clear on objectives and expectations. Copies of the guide will be maintained by the designated facility manager and will be kept at each nurses' station.

[Facility Name] Lift, Transfer & Repositioning Policy

1. **Purpose:** This policy is intended to demonstrate and advance the goal of [FACILITY NAME] of providing appropriate, high-quality care for each of its residents and maintaining a safe and enjoyable work environment for its associates.
2. **Policy:** All resident care will be provided in a safe, appropriate and timely manner in accordance with the individual resident's Care Plan. All residents will be assessed by the facility Care Plan team with regard to the need for assistance with transfer activities, mobility or repositioning in accordance with MDS procedures and requirements. Subject to Care Plan team determinations regarding rehabilitation, restoration or maintenance of functional abilities, or medical contraindication, or emergencies, or other exceptional circumstances:
 - Manual lifting of all residents who are unable to bear weight will be minimized;
 - The Care Plan team will use the [Facility Name] Lift Program Guide and the recommended examples in Summary Grid and Preferred Methods materials in determining and identifying the means for providing transfer and mobility assistance for residents;
 - Residents identified as Totally Dependent or Extensive Assistance, for example, will be transferred by means of lift equipment and/or other resident assist devices instead of by manual lift;
 - Gait/Transfer belts, including two-handed gait/transfer belts where deemed appropriate, will be used where manual assistance is required for ambulation and transfer activities;
 - Friction reducing devices, such as the Maxi Slide, will be used when repositioning in bed residents who are unable to assist with that activity.

Physical plant barriers to the use of resident handling equipment will be evaluated and minimized to the extent practical.

3. **Procedures:**
 - A. **Compliance:** A designated facility manager will be assigned responsibility for ensuring compliance with this policy. All personnel are responsible for implementing this policy and for taking reasonable care of

their own health and safety, as well as that of their co-workers and their residents during resident handling activities by following this policy. Non-compliance will result in discipline and may indicate a need for retraining.

B. Resident Handling and Movement Requirements:

1. Transfer assistance, mobility assistance and other resident handling and movement tasks are to be carried out in accordance with the MDS, Care Plan and written implementing instructions pertaining to the individual resident. If a variance from the MDS and Care Plan is necessary, the supervisor will be contacted.
2. Lifting equipment and other resident assist devices will be operated in accordance with instructions and training.

C. Training:

Staff will complete and document training initially, annually and as required to correct improper use/understanding of safe resident handling and movement. Training will be done using the video, *Give Yourself a Lift*, the [Facility Name] Lift Program Guide, pertinent instructional materials from lift equipment manufacturers, and will include “hands on” practice and the opportunity for trainees to ask questions.

D. Mechanical lifting devices and other equipment/aids:

1. Supervisors will ensure that mechanical lifting devices and other equipment/aids are accessible to staff.
2. Supervisors will ensure that mechanical lifting devices and other equipment/aids are maintained regularly and kept in proper working order.
3. Supervisors and staff will ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely.

E. Reporting of Injury Claims:

1. Nursing staff will report to their supervisors all injury claims involving patient handling and movement.
2. Supervisors will complete Accident Reports for the above reported injury claims. The Supervisor’s Accident Investigation Report – Associate Accidents Only (BE122) will be used.
3. Facility management will review all injury claims and provide statistical information to the facility Safety Committee for review and recommendation.

4. **Program Components:**

- A. The MDS, Section G, will be the primary nursing tool to assist in the assessment and determination of each resident's need for assistance with transfer activities, mobility or repositioning. The Care Plan team will determine and identify the proper and appropriate means of transfer and mobility assistance for each resident in accordance with this policy and these will be noted in the care plan and communicated to staff.
- B. In determining and identifying the means for providing transfer and mobility assistance for residents, the Care Plan Team will use the [Facility Name] Lift Program Guide and the recommended examples in Summary Grid and Preferred Methods materials, subject to Care Plan Team determinations regarding rehabilitation, restoration or maintenance of functional abilities, or medical contraindications. Lifting, transferring or repositioning assistance will be provided in accordance with resident care plans absent emergencies or exceptional circumstances.

5. **Delegation of Authority and Responsibility:**

A. Facility Executive Director will be responsible to:

- 1. Support the implementation of this policy.
- 2. Assign a designated facility manager responsibility for ensuring compliance with this policy, including responsibility for identifying suitable storage locations for lifting equipment/aids.
- 3. Furnish sufficient number of lifting equipment/aids to allow staff to use them when needed for safe resident handling and movement.
- 4. Provide staffing levels in compliance with state requirements.

B. Supervisors will be responsible to:

- 1. Ensure resident handling tasks are assessed and are completed safely, using mechanical lifting devices and other approved resident handling aids and appropriate techniques.
- 2. Ensure mechanical lifting devices and other equipment/aids are available, maintained in proper working order, stored conveniently and safely.
- 3. Ensure associates complete initial and annual training, and training as required if associates show non-compliance with this policy. Maintain training records for a period of three (3) years.
- 4. Refer all staff reporting injury claims to the appropriate medical treatment provider as outlined in the facility's workers compensation program.
- 5. Complete Accident Reports for reported incidents/injury claims.

C. Associates will be responsible to:

1. Comply with all parameters of this policy.
2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of resident handling tasks.
3. Notify supervisor of any injury sustained while performing resident handling tasks.
4. Notify supervisor of need for re-training in use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Notify supervisor whenever mechanical lifting devices are in need of repair or inoperable.
6. Supply feedback to Supervisors on residents' need for transfer, mobility or repositioning assistance, and on implementation of this policy.

D. Facility Maintenance will be responsible to maintain mechanical lifting devices in proper working order.

Equipment Description

Maxi/Marisa – lifting/transfer device for the totally dependent individual. Able to lift resident/patient from floor, bed, chair, toilet/bathing area and other areas. According to the manufacturer, the lifts are safe when used as a transportation device to transfer resident/patient throughout the facility. With use of a scale, able to double-task procedures and weigh resident during lifting and transfer activities. The MaxiMove/Marisa comes with a selection of standard slings in sizes from extra small to extra-extra large and various specialty slings. Specialty slings include toileting, amputee and mesh slings for bathing.

Sara/Sarita – standing and rehabilitation aid for the extensive assistance individual. The resident/patient needs to demonstrate some weight-bearing ability or upper-body strength in order to pivot with the use of Sara/Sarita. Can be used to stand resident/patient in resident/patient room, toilet area, bathing area and common areas. The Sara/Sarita is an excellent aid in the dressing/undressing and toileting of the resident/patient. Optional with the Sara/Sarita is a commode attachment for toileting activities; and also for serving as a seat for transporting with maximum resident/patient comfort.

Lift Walker – combination transfer and ambulation training aid. The Lift Walker can be used to facilitate direct transfers from chair, bed or wheelchair. The Lift Walker is self-activating to allow for resident/patient ambulation training.

Friction-reducing device - is device used in the form of a specialized sheet (Maxislide), drawsheet or bed sheet used for repositioning, turning and moving up in bed.

Gait/Transfer Belt – a belt device to be placed around the resident’s waist to aid the caregiver in repositioning in chair, assisting in standing, transferring from one location to another and to provide steady assistance for the resident during ambulation.

List of Equipment:

Model	Serial Number	Location

Equipment Brochures (insert here)

THE ROLE OF FACILITY PERSONNEL

DESIGNATED FACILITY MANAGER

The designated facility manager will be assigned responsibility for ensuring compliance with the [Facility Name] Lift, Transfer, and Repositioning Policy. This person will ensure that all residents, including new residents and residents with a change in condition, are assessed for the appropriate lift and transfer assistance. This person will facilitate the inservices and ensure that necessary and appropriate training is provided to all new associates, as well as annual refresher training and any remedial training as needed. They will monitor the placement of the parking signs and stickers.

For this facility, the Designated Facility Manager is:

Name: _____.

Title: _____.

THE KEY OPERATORS:

This title is given to several associates in the facility, preferably by shift and unit. The key operator will be available to answer questions on the floor, and may play a key role in assisting new associates with their first transfers of residents. The key operator is similar to the “buddy” role some of our more seasoned CNAs fulfill. (Another example is that the key operator can be compared to a similar role fulfilled by someone in the facility that is knowledgeable about the copier machine. Most people after an inservice know how to operate the copier, but only a few people have the knowledge and confidence to change the toner!)

SUPERVISORS:

In most facilities, it is the CNAs who most frequently use the lift and become the most comfortable using it. All nursing supervisors should know how to operate the lifts and be able to assist when necessary. Most importantly, the supervisors should support and enforce the lift program. Concerns about slings, assessment of residents, etc. may be brought to the supervisors and they should be able to assist nursing management and the designated facility manager in the details about the lift program.

STAFF:

Once the staff has been inserviced, the use of the lifts on assessed residents becomes mandatory. The staff should assist you in reporting changes of conditions, which may necessitate a reevaluation of the resident and the lift. However, the staff should clearly understand that prior to changing a transfer procedure on a resident, the supervisor must be consulted.

[Facility Name] Lift Program – Training Requirements

All staff will receive training in the [Facility Name] Lift Program to include an explanation of the policy, preferred methods, communication tools, storage location, and use of all assistive equipment, including power lifts, lift walkers, gait/transfer belts, maxi-slides and other assistive aids.

Staff will complete and document training initially, annually and as required to correct improper use/understanding of safe resident handling and movement. Training will be done using the following:

1. ***Give Yourself a Lift*** video.
2. The [Facility Name] Lift Program Guide.
3. Pertinent instructional materials from the lift manufacturer. (videos, brochures, etc.).
4. “Hands on” practice and opportunity for trainees to ask questions.
5. Use of gait belt and transfer belts, friction-reducing devices.
6. Skills check lists.

In addition to the lift manufacturer personnel, the facility trainers for this program will be:

Key operators will be provided with additional training as outlined in the implementation schedule.

The [Facility Name] Lift Program guide will be used as an integral part of the training and a copy will be kept at each nurses’ station so that it is accessible to the key operators, supervisors and all associates. The designated facility manager will also have a copy.

Documentation of all training will be maintained for a period of three (3) years.

Lift Program Skills Check-off Sheet

Mechanical Lifts

Facility _____ Associate Name _____
 Date _____

Arjo Lifter/Patient classification:

- MaxiMove/Marisa is for totally dependent partial non-weight bearing individuals.
- Sara 2000/Sarita is used for extensive assist partial weight bearing individuals.
- Sara 2000/Sarita takes someone from a sitting position (chair, bed) to a standing position to accomplish pivot transfers or to help out with activities such as: toileting, changing clothes, changing incontinence pads, and repositioning.
- MaxiMove/Marisa takes someone from bed to chair, floor to bed, chair to bed, or to integrate with shower chairs and bathing systems.

Questions that need to be answered prior to utilizing the Sara 2000/Sarita:

- Can individual bear weight on at least one leg?
- Does individual have any upper body strength?
- Does individual have reasonable cognitive ability?
- Is individual combative?
- Does the individual weigh less than 400 pounds (Sara 2000)?
- Does the individual weigh less than 350 pounds (Sarita)?

Questions that need to be answered prior to using MaxiMove/Marisa:

- Is the individual totally dependent (non-weight bearing)?
- Does the individual weigh less than 420 pounds?
- Have you planned the transfer in advance, making sure you have a clear path from point A to point B?

Sara 2000/Sarita Lift	Completed
1. Note the correct sticker signifying the Sara 2000/Sarita lift to be used (black:SL).	
2. Explain lift procedure to resident.	
3. Position Sara 2000/Sarita fleece sling around the resident's back so that it is Approximately two inches above the waist line.	
4. Position the resident's arms outside of the sling.	
5. Fasten safety belt around resident's waist.	
6. Position Sara 2000/Sarita in front of resident and lock wheels.	
7. Assist the resident in placing their feet up on the platform of the lift.	
8. Fasten the clips of the sling to the lift.	
9. Using the hand control, slowly raise the resident to a standing position.	
10. Unlock wheels and transport to chair, bed or toilet.	
11. Position resident in front of chair (do not lock wheels of lift).	

12. With the backs of the resident's knees touching the chair, lower slowly into chair in an upright position. Keep control of lift to minimize movement and to ensure optimal positioning of resident.	
13. Unclasp sling from lift; remove safety belt from resident.	
14. Remove resident's feet from lift and move lift away from resident.	
MaxiMove/Marisa Lift	
1. Identify correct lift and sling for resident (ex: green sticker:large).	
2. Explain lift procedure to resident.	
3. Place sling under and around the legs of resident.	
4. Position lift near the resident and lower the four-point tilting frame to match height of chair.	
5. Connect clips to four-point tilting frame (from bed connect upper clips first).	
6. Using remote control, lift resident.	
7. Position resident over chair or bed in upright position.	
8. Lower resident while maintaining pressure on tilting frame to obtain correct positioning of individual in chair or bed.	
9. Unclasp clips from chassis.	
10. Move lift away making sure resident's feet and body are clear of lift.	
11. Remove wings of slings out from under and between legs.	
12. Grasp sling at both sides, shoulder level and, with a gentle pull, remove sling. If removing sling from a laying down position, roll the resident to remove sling.	
Transporting residents with MaxiMove/Marisa	
1. Lower resident to a lower position to allow for better visibility and mobility during transportation. Have resident place feet on base for added feeling of security.	
Maintenance of Lifts	
1. If a lift is not working, report to supervisor or maintenance. Put note on lift stating that a breakdown has been reported.	
2. Batteries must be changed every 12 hours, or as needed, based on use.	
3. Have maintenance switch hand controls to troubleshoot problem.	
Laundry	
1. All slings can be washed in normal washer.	
2. Slings must be hung dry. DO NOT PUT IN DRYER.	
3. The mesh sling can be spray disinfected for quick turn-around time.	

I have successfully completed the procedures for operating the mechanical lifts. I have demonstrated the tasks and understand that these lifts are to be used to comply with the policy and procedures for the [Facility Name] program.

SIGNED: _____

DATE: _____

Lift Program Skills Check-off Sheet

Lift Walker

Facility _____

Associate Name _____

Date _____

Arjo Lifter/Patient Classification:

Lift Walker is intended for transfer of patient from bed, chair or wheelchair directly to ambulation training without heavy lifting, under the supervision of skilled personnel.

Questions that need to be answered prior to utilizing the *Lift Walker*:

- Can individual bear weight on at least one leg?
- Does individual have any upper body strength?
- Does individual have reasonable cognitive ability?
- Is individual combative?
- Does the individual weigh less than 330 pounds?

Lift Walker Skills Check List

<i>Lift Walker with Spade Seat</i>	Completed
1. Attach the spade seat and safety straps to the Walker	
2. Make sure brakes are engaged on wheelchair or bed	
3. Move the Walker so that the spade seat is next to the wheelchair seat/bedside.	
4. Adjust spade seat height so it is level with the wheelchair seat/bedside.	
5. When possible: Move the spade seat in over the wheelchair/bedside to position in between patients legs while lowering spade seat into bed or chair.	
6. Brake the front wheel castors	
7. Let the patient grip the hand grips. When necessary, adjust them.	
8. Move the patient over onto the spade seat. When possible: Let the patient move over the spade seat.	
9. Attach and adjust the back strap	
10. Raise the patient to a suitable height.	
11. Release the wheel brakes and pull the Walker out from the wheelchair/bedside.	
12. Brake the Walker's front wheels.	
13. Attach the suspension straps.	
14. Lower Walker slightly to be able to loosen and remove the spade seat.	
15. Adjust the height of the Walker for comfortable position of arms while on the arm rest platform. The height adjustment permits variable body weight reduction. Readjust the hand grips and suspension straps.	
16. Release the wheel brakes. The ambulation training can begin. If desired: Apply straight steering.	

<i>Lift Walker without Spade Seat</i>	
1. Steps 1-7 are the same as above (except for the spade seat is not used)	
2. Apply back strap	
3. Ask patient to lean heavily onto the platform.	
4. Tighten back strap	
5. Assist patient into a standing position.	
6. Apply suspension straps	
7. Adjust the height of the Walker. The height adjustment permits variable body weight reduction. Readjust the hand grips and suspension straps.	
8. Release the wheel brakes. The ambulation training can begin. If desired: Apply straight steering.	
<i>Back to wheelchair or Bed with Spade Seat</i>	
1. Release straight steering if engaged.	
2. Replace spade seat. Back up to chair/bedside or move chair into position behind patient.	
3. Apply brakes to wheelchair/bed.	
4. Ask patient to lean heavily onto platform and release suspension straps (leave back strap in place)	
5. Ask patient to sit on spade seat, then lower patient into chair or bed.	
6. Detach back strap, lower Walker fully into bed while at the same time operating the spade seat release button and pulling the lift away from the patient. Gently lift the patient's leg and remove spade seat from under patient and insert back into lift.	
<i>Back to wheelchair or Bed</i>	
1. Release straight steering if engaged.	
2. Back up to chair/bedside or move chair into position behind patient.	
3. Apply brakes to wheelchair/bed.	
4. Ask patient to lean heavily onto platform.	
5. Lower patient into chair.	
6. Detach suspension straps, remove Walker & remove suspension straps	

- This checklist is a tool and is not meant to eliminate the need to read the operating instructions, practice with the equipment or watch the videotape.

I have successfully completed the procedures for operating the Lift Walker. I have demonstrated the tasks and understand that these lifts are to be used to comply with the policy and procedures for the [Facility Name] Lift Program.

SIGNED: _____

DATE: _____

Lift Program Skills Check-off Sheet

Friction Reducing Lateral Transfer/Repositioning Aid

Facility _____ Associate Name _____

Date _____

Friction Reducing Lateral Transfer/Repositioning Aid:

Applications:

- Lateral transfers
- Move a resident up in bed
- Reposition a resident in bed
- Roll a resident to reposition

Transfer/Repositioning Skill	Completed
1. Note and confirm application of friction reducing device is proper for resident.	
2. Explain procedure to resident.	
3. Position device under resident for lateral transfer.	
4. Properly position the transfer surfaces.	
5. Conduct lateral transfer.	
6. Remove device after transfer is complete.	
7. Position device under resident to move up in bed.	
8. Properly move resident up in bed.	
9. Remove device after move up is complete.	
10. Position device under resident to prepare for repositioning.	
11. Properly reposition resident as desired.	
12. Remove device after repositioning is complete.	
13. Position device under resident to prepare for rolling.	
14. Properly roll resident to desired position.	
15. Remove device after rolling is complete.	

I have successfully completed the procedures for using the Friction Reducing Lateral Transfer/Repositioning Aid. I have demonstrated the tasks and understand that these lifts are to be used to comply with the policy and procedures for the [Facility Name] Lift Program.

SIGNED: _____

DATE: _____

Lift Program Skills Check-off Sheet

Gait/Transfer Belt

Facility _____ Associate Name _____

Date _____

Gait/Transfer Belt:

Applications:

- When manual assist is required for General Supervision, possibly Limited Assistance or other residents
- Help a resident to get up/sit down
- Help a resident up from the floor
- Transfers between bed and wheelchair or wheelchair and toilet
- Support when walking
- Protect residents who are unstable when walking
- Help a resident maneuver when using the bathroom

Transfer Assist Skill	Completed
1. Note and confirm application of gait/transfer belt is proper for resident.	
2. Explain procedure to resident.	
3. Properly position belt low on resident waist.	
4. Properly tighten belt to comfortably tight level.	
5. Properly grasp belt and/or handles of belt for effective use.	
6. Assist resident from sit to stand position.	
7. Assist resident from floor when required and appropriate.	
8. Assist resident between bed and chair.	
9. Assist resident with toileting.	
10. Holding onto the belt and standing a few steps behind the resident, assist resident when walking.	

I have successfully completed the procedures for using the Friction Reducing Lateral Transfer/Repositioning Aid. I have demonstrated the tasks and understand that these lifts are to be used to comply with the policy and procedures for the [Facility Name] Lift Program.

SIGNED: _____

DATE: _____

PREFERRED METHODS FOR LIFTING AND TRANSFERRING

RESIDENTS

The key to your successful lift program is the correct assessment of the residents for the MaxiMove/Marisa/Maxi and Sara/Sarita; clear and consistent communications regarding the need for assistive devices for individual residents; and the skillful use and familiarity of the lift by your associates. The evaluation of the resident for the lift is to be done by nursing, in consultation with your rehabilitation department. Our goal is to allow our nursing staff to safely perform transfers. The facility should see an increase in the assessments and the number of transfers with the lifts. The use of the lifts is intended to ensure the safety of the residents so that they can continue to make progress when they are having physical therapy, etc.

The following materials are designed to provide aid in the process of selecting and using the equipment.

Selecting Appropriate Lifting Aids. Based on the resident's classification from the MDS reports, specific methods of transferring and lifting will be designated for each resident. Different methods may be necessary for different tasks and these will be so designated. **These designated methods will be clearly recorded and accessible to all staff who perform lifting and transferring tasks and contained in the care plan.** This information will be communicated through the means of charts or stickers located on the resident's bed, door, and/or wheelchair, at nurses' stations or offices or through other equivalent means determined by the facility.

Where a resident's mobility or ability to assist may vary throughout the course of a day or from day to day, this varied ability should be noted in the resident's care plan. Where questions remain, the caregiver should consult their supervisor. As appropriate, the caregiver will meet with the staff that conducted the initial assessment to provide any information relating to a perceived change in the resident's condition. Based on the resident assessments, the following methods of lifting and transfer are the preferred procedures to employ, subject to Care Plan team determinations regarding rehabilitation, restoration or maintenance of functional abilities, or emergencies, medical contraindication or other exceptional circumstances.

Total Dependent Residents (4) All residents classified as total dependence (Class 4) should be lifted and transferred between beds, chairs, toilets, and bathing and weighing facilities by means of a full-sling mechanical lift device. In some situations another means of transfer might be necessary, subject to Care Plan team determinations regarding rehabilitation, restoration or maintenance of functional abilities, or emergencies, medical contraindication or other exceptional circumstances.

Extensive Assistance Residents (3) All residents classified as extensive assistance (Class 3) should be lifted and transferred between beds, chairs, toilets, and bathing and weighing facilities with the aid of a mechanical lift device. A full body sling lift, such as maxi-lift, is appropriate for all transfers. However, depending upon the resident's condition and weight bearing capabilities a stand assist lift, such as Sara-lift, may be used as determined appropriate by professional staff conducting resident assessments. **The determination of which lift to use will be noted in the resident's care plan.** Use of a full sling lift may be substituted for the stand

assist lift at the discretion of the caregiver, however, the supervisor must be notified immediately as this may trigger a need for a reassessment.

Supervision/Limited Assist Residents (2) and (1). Depending on the resident's condition stand assist aids such as attachments to the bed, a walker, use of gait belts with handles or transfer belts or the use of a sliding board, may be appropriate and if so determined should be noted in the care plan. The electric height adjustment of a bed may also be used to assist these residents to a standing position. These non-powered assist devices provide safety and support to residents while allowing them to use and maintain their current abilities.

Independent Residents (0). Independent residents (Class 0) are capable of bearing their own weight and walking without assistance. They do not normally require mechanical assistance for transferring, lifting, or repositioning. However a resident's condition may vary due to any number of factors, and caregivers should be trained to be alert to a resident's changing abilities.

Lifts from Floor. A resident who has fallen to the floor will be assessed for injury prior to being lifted. In situations where a resident must be lifted from the floor by associates, a full sling mechanical lift will be required. Where a resident has fallen and can regain a standing position with minimal assistance, a transfer belt or gait belt with handles can be used as a lifting aid provided adequate number of staff members are available to provide needed assistance.

Repositioning. Where possible and consistent with resident care plans, attempts should be made to minimize the need for repositioning of residents. Bed control adjustments should also be used to minimize the need for repositioning.

A variety of friction-reducing devices, including the maxislide, are also available to assist in the repositioning process. All repositioning in beds will be performed by at least two caregivers. Where residents are capable of assisting they should be involved in the repositioning process.

Appropriate chairs and chair adjustments should be used to minimize the need for repositioning of residents in chairs. When there is a need to reposition a resident in a chair, proper use of a stand assist lift should be considered. Gait/transfer belts also may be used to facilitate the repositioning process.

Situations in Which Mechanical Lift Devices Can Not Be Used. Use of mechanical lift devices for resident assistance will be in keeping with manufacturers' recommended capacities. For residents who require a mechanical lift and whose weight exceeds the manufacturers' recommended capacity of the facility's equipment, reasonable alternative arrangements will be necessary.

Combative and Mentally Impaired Residents. It is expected that in most situations a combative or mentally impaired resident requiring a lift based on dependence needs can be lifted using the appropriate mechanical lifting aid device. Combative or uncooperative residents may require more caregivers to assist in the process. In the circumstance where a mechanical lift is deemed not appropriate for a particular resident, that determination will be made by a member of the facility's professional staff and noted in the care plan for that resident.

Summary Grids Preferred Lift/Transfer Examples

The following grids summarize the preferred lift/transfer methods.

Some residents may have special characteristic and not exactly match a typical profile. In those situations, special consideration will be required.

**Dependency Status: 4 – Total Dependent
(Example)**

TRANSFER Type	METHOD OF TRANSFER								
	Full sling lift <i>Maxi/Marisa</i>	Stand assist lift <i>Sara/Sarita</i>	Lift walkers	Stand assist aid	Gait belt with Handles	Friction Reducing aid	Unassisted	Manual assist	Other (specify)
1) Bed to Chair Chair to Bed	X								
2) Chair to Chair Wheelchair to Toilet	X								
3) Bathing, Weighing	X								
4) Lateral Bed to Stretcher						X		X	
5) To Standing Position for Ambulation									
6) Repositioning in Bed						X		X	
7) Repositioning in Chair		X							
8) Lift from Floor	X								
9)									
10)									
11)									

**Dependency Status: 3 – Extensive Assistance
(Example)**

TRANSFER Type	METHOD OF TRANSFER								
	Full sling lift <i>Maxi/Marisa</i>	Stand assist lift <i>Sara/Sarita</i>	Lift walkers	Stand assist aid	Gait belt with Handles	Friction Reducing aid	Unassisted	Manual assist	Other (specify)
1) Bed to Chair Chair to Bed		X							
2) Chair to Chair Wheelchair to Toilet		X							
3) Bathing, Weighing	X								
4) Lateral Bed to Stretcher						X		X	
5) To Standing Position for Ambulation			X						
6) Repositioning in Bed						X		X	
7) Repositioning in Chair		X							
8) Lift from Floor	X								
9)									
10)									
11)									

**Dependency Status: 2 – Limited Assistance
(Example)**

TRANSFER Type	METHOD OF TRANSFER								
	Full sling lift <i>Maxi/Marisa</i>	Stand assist lift <i>Sara/Sarita</i>	Lift walkers	Stand assist aid	Gait belt with Handles	Friction Reducing aid	Unassisted	Manual assist	Other (specify)
1) Bed to Chair Chair to Bed					X			X	
2) Chair to Chair Wheelchair to Toilet					X			X	
3) Bathing, Weighing				X				X	
4) Lateral Bed to Stretcher						X		X	
5) To Standing Position for Ambulation				X	X			X	
6) Repositioning in Bed								X	
7) Repositioning in Chair								X	
8) Lift from Floor	X								
9)									
10)									
11)									

**Dependency Status: 1 – General Supervision
(Example)**

TRANSFER Type	METHOD OF TRANSFER								
	Full sling lift <i>Maxi/Marisa</i>	Stand assist lift <i>Sara/Sarita</i>	Lift walkers	Stand assist aid	Gait belt with handles	Friction Reducing aid	Unassisted	Manual assist	Other (specify)
1) Bed to Chair Chair to Bed					X			X	
2) Chair to Chair Wheelchair to Toilet					X			X	
3) Bathing, Weighing								X	
4) Lateral Bed to Stretcher									
5) To Standing Position for Ambulation					X			X	
6) Repositioning in Bed							X		
7) Repositioning in Chair							X		
8) Lift from Floor	X								
9)									
10)									
11)									

**Dependency Status: 0 – Independent
(Example)**

TRANSFER Type	METHOD OF TRANSFER								
	Full sling lift <i>Maxi/Marisa</i>	Stand assist lift <i>Sara/Sarita</i>	Lift walkers	Stand assist aid	Gait belt with handles	Friction Reducing aid	Unassisted	Manual assist	Other (specify)
1) Bed to Chair Chair to Bed							X		
2) Chair to Chair Wheelchair to Toilet							X		
3) Bathing, Weighing							X		
4) Lateral Bed to Stretcher									
5) To Standing Position for Ambulation									
6) Repositioning in Bed									
7) Repositioning in Chair									
8) Lift from Floor	X								
9)									
10)									
11)									

Temporary Parking Signs

The Arjo lift parking signs have been designed to aid the staff in full-utilization of the lift. Select a location where the lift will be readily available for transferring. Place the parking sign on the wall. This will signify that the lift is to be returned to this location at the completion of each transfer. During heavy-care times, the lift should be constantly in motion; therefore, the CMS rule that equipment must be moved every thirty (30) minutes, will be met. During slower care times and perhaps after the residents are in bed in the evening, the lifts can be moved to a designated space out of the hallways, such as the shower rooms.

Obviously, each facility will need to carefully consider where the lifts are to be placed. Individual fire marshals or surveyors may influence this decision. The main point to remember is that the lifts are to be utilized! By having a “parking” sign, we are attempting to negate the old adage, “out of sight, out of mind.” By establishing a designated place to put the lift, you will promote the concept of utilizing and sharing the lifts.

Additional parking signs are available through your Arjo representative.

The lifts at this facility will be stored as follows:

LIFT	UNIT	PLACEMENT	STORE

Lift Icon Stickers

Once the assessment by nursing and rehab has been made that a resident is to be transferred by MaxiMove or Sara, the appropriate type and size of sling should be identified. The stickers are color-coded to coincide with the ribbing on the MaxiMove/Marisa/Maxi transfer slings. Two coordinating stickers are then chosen for placement, to assist in the notification to the staff of the correct transfer technique to be used for this resident.

The resident will have a sticker placed either on the name plate outside of the resident's room, by the name plate on the resident's bed or some other resident-identified place in, or near, the resident's room. A second sticker will be placed in the ADL notebook, cardex system, etc. By using two stickers, you are providing a visual signal of the correct transfer device and sling size.

Sling Selection

When first ordered, the MaxiMove/Marisa comes with one (1) sling. Based on the assessment of your residents, you may need additional slings.

You will need to consider the laundering procedures you have established, as you will need to allow time for laundering. Similar to the amount of linen in your facility, you will need to establish some type of “par” amount for your slings.

Amputee, toileting and bathing slings can meet the special needs of individual residents. Due to its flexibility, the bathing sling is occasionally used as a transfer sling on some residents.

Although the slings are intended to be of multi-resident use, there may be residents who will require their own designated sling due to infection-control issues, size, etc. This should be done with the approval of the DNS.

Also, although the slings are intended to be removed from the resident upon completion of the transfer, there have been occasions when, due to the physical make-up of the resident, the slings have been kept under the resident after the transfer. These examples are exceptions to the typical use of the transfer sling, and again, are only made upon the approval of the DNS.

Your ARJO representative can be consulted for the selection and use of slings on individual residents.

STORAGE OF SLINGS AND FRICTION REDUCING DEVICES

POLICY: It is the policy of _____ to provide appropriate and accessible storage areas for slings and friction reducing devices.

SLINGS: Slings and Friction Reducing devices will be labeled according to the needs of each unit.

PROCEDURE: Transfer slings and friction reducing devices, when not in use, are to be stored _____.

Bathing slings are to be stored in each shower or whirlpool room in the _____.

*UNLESS INDICATED by the DNS slings and friction reducing devices will not be stored in a resident's room, drawer, or closet. Slings are not considered to be personal belongings of the resident. This is to ensure that the slings are available when needed.

*In an instance where a resident is on Isolation Precautions, notify the _____. A decision will be made after consultation with the Infection Control nurse or Director of Nursing Services.

LAUNDERING & DISINFECTING OF MARISA SLINGS

POLICY: It is the policy of this facility to maintain Infection Control Precautions by laundering and disinfecting the slings on a routine basis.

LAUNDERING:

Slings have been distributed according to the number of lift residents on each unit. Slings should remain on the specified unit.

In order to avoid confusion, a laundering schedule has been arranged to ensure that all slings are washed on a weekly basis. Each unit will have a set day of the week to send the slings to the laundry department.

Day of the Week	Unit
_____	_____
_____	_____
_____	_____
_____	_____

* If a sling becomes soiled, it should be sent to laundry immediately. DO NOT wait until the unit's scheduled day. The above schedule is only to ensure that the slings are being washed regularly and to help each unit keep track of its own slings.

PROCEDURE: 1. Nursing associates on the 3-11 shift will gather all slings on their unit.

Plastic stays will be removed from the transfer slings and placed in a bag to be kept at the nurses station. Nursing will make sure that laundry returns the slings by _____.

2. The laundry department will then wash, air dry and return the slings to the unit by 6:30 - 7:00 a.m. the following morning.

Note: If slings are found to be labeled for another unit, they will be returned to the unit on which they belong. Any unlabeled slings will be returned to the nursing department office.

DISINFECTING: DO NOT USE BLEACH!

Bathing Slings - After showering resident, spray down sling with warm water.

Spray with disinfectant – let sit for five (5) minutes.

Rinse with warm water ensuring that disinfectant is completely off.

Wring out.

Hang on hook to dry (should only take 5-10 minutes).

- If using the bathing sling for transfer purposes only, use same method as with transfer slings.

Recommended Arjo Sling Selection /Infection Control Procedure

Sling Selection Procedure for Maxi / MaxiMove / Marisa / Trixie/Dextra Lift

- Patients that are incontinent, have open wounds, or any skin infection should have their own sling.
- Incontinent patients can be handled in the toileting sling with head support. This design has an open bottom which helps to prevent soiling of the sling and allows easy access for bowel care.
- Arjo has different slings depending on the type of patient being lifted and the type of function performed. Listed below is a description of Arjo's key hole clip designed slings for use with the MaxiMove, Marisa, Trixie, Dextra Lift.

Standard Slings: Unpadded Leg & Padded Leg

The standard sling should be used for handling normal patient transfers other than those listed below. (Remember: Unpadded slings can be dried at a maximum temperature of 176°F. The padded leg sling must be drip dried and cannot be put into a dryer. If the ability to dry a sling using a dryer is important, the unpadded sling should be recommended.)

Extended Length Leg Slings: Padded

For patients with extra large thighs, the extended length padded leg sling in the large and extra large size allows easier hook up of the leg pieces to the tilting frame. Once again, any padded leg Arjo sling must be drip dried.

Bathing: Mesh Slings

For transferring a patient from wheelchair or bed directly into a bathing system, the mesh sling is highly recommended. The sling is generally left in place around the patient and left attached to the lift during the bathing process. Using the sling in this way provides security for more passive individuals during the bathing process. The mesh sling is 100% polyester and is the same shape and style as the standard design. The mesh material allows the water to drain from the sling rapidly allowing quicker turn around time between baths.

After lifting the individual out of the tub, dry the patient as well as possible then transfer back to bed or wheelchair using a bath blanket. If the patient is transferred directly back to bed, the patient should be placed onto a bath blanket to prevent the bed sheets from getting wet and then dried completely directly in bed. The sling can then be washed or hung up to dry for the next use. It is recommended that you have separate slings for each patient being bathed for proper infection control. Mesh slings can be drip dried or dried at a maximum temperature of 176°F.

Extended Length Leg Sling: Mesh

For patients with extra large thighs, the extended length mesh sling allows easier hook up of the leg pieces to the tilting frame. In addition to bathing, this sling has the same shape as the standard sling, and can also be used for normal transfers. Once again, mesh slings can be drip dried or dried at a maximum temperature of 176°F.

Toileting: Toileting Sling

For those patients who are passive or totally dependent and cannot be toileted in a Encore/Chorus, the Arjo toileting sling offers tremendous benefits. The primary application of this sling is for those individuals who are continent and can communicate their desire to be toileted. The toileting sling allows the caregiver the ability to detach the leg attachments while leaving the upper portion of the sling attached for security and lowering the pants **after** placing individual on the toilet. The toilet sling design with the opening in the buttock area helps to prevent the sling from being soiled. The toileting sling can be applied directly at bed only if the patient is first brought up into a sitting position, or can be placed around the patient already sitting in the wheelchair. Since the sling bottom is open, as long as the sling is not contaminated, it is not necessary to launder the sling each time. If the sling becomes contaminated, it is recommended that the slings be laundered according to the instructions below. It is recommended that you have a separate toileting sling for each patient for proper infection control.

Amputee Sling

This sling is designed for the patient who is a double leg amputee. A patient who is a single leg amputee can be handled in a standard sling. A patient who is a high level amputee victim may have problems falling through the standard sling design. This amputee sling looks similar to the standard sling except the bottom portion of the sling has been closed off. This prevents the patient from falling through the bottom of the sling and will be much more comfortable. This sling must be applied from the bed and is designed to stay under the individual once lifted into the chair. This sling does not allow for toileting. If the patient has upper body strength the toileting sling should be considered.

Sling Laundering Instructions

Each sling must be laundered according to the label attached to each sling. Prior to washing the slings, the plastic reinforcement pieces need to be removed from the head support. It is important to launder the slings at the proper temperatures according to the information below:

Sling	Maximum Water Temperature	Can use Dryer	Fabric Composition
Standard Slings Padded	80°C (176°F)	No, (Drip dry)	100% Polyester
Standard Slings (including amputee) Unpadded	80°C (176°F)	Yes, 80°C (176°F)	100% Polyester
Mesh Slings	80°C (176°F)	Yes, 80°C (176°F)	100% Polyester
Toileting Slings	71°C (160°F)	No, (Drip Dry)	100% Polyester
Encore Slings	71°C (160°F)	Yes, 71°C (160°F)	100% Polyester
C-3 Slings	80°C (176°F)	Yes, 80°C (176°F)	100% Polyester

Procedure for Washing / Drying Slings

1. Recommended to wash all slings by themselves.
2. Remove all reinforcement stays in slings with head support and store in proper area before washing, otherwise slings will wear prematurely in head support area.
3. Wash all slings on the "light cycle", which is a non-bleach cycle.
4. Wash all slings according to the proper temperature as indicated. Washing at temperatures higher than recommended will cause premature deterioration to the sling.
5. Slings (without padding) put in drier must not be dried at temperatures above recommended washing temperatures.
6. All padded slings including toilet slings must be air dried. Do not wring dry. It is recommended slings be hung up on racks. Padded slings must not be put in dryer.
7. Slings should not be ironed.
8. Normal detergents can be used in the washing process. Sodium hypochlorite (bleach) may be added to low temperature wash at 150 to 300 ppm.
9. Slings must be inspected for wear and tear prior to storage and reuse on a daily basis. Any slings which are frayed, torn or worn, should not be used and replaced with new ones.
10. After slings are properly dried, replace head stays and store in proper location.
11. Do not use:
 - Iodine based disinfectants
 - Gas sterilization
 - Autoclave

Procedure for Handling Contaminated Slings

1. When handling contaminated slings it is recommended that disposable rubber gloves be used to prevent infection or contamination of the caregiver.
2. Slings should be checked before every use to insure the sling is clean and safe for used.
3. Slings are considered contaminated if the following occurs:
 - Any visible sign of bodily fluids contacting sling
 - Slings are used on a patient without clothing barrier - (bare skin)
 - Slings have been used for bathing patient.
4. Once the sling is contaminated, the following steps are recommended:
 - Nursing staff remove stays from head support and keep them at nursing station.
 - Slings are sent separately from other items to be specially laundered, according to the instructions on the sling.
 - Once slings are returned to nursing, the head stays need to be replaced and slings placed in their designated spot for use on floor.
5. The Sara Sling should be handled as follows:
 - Undo the tie cords at each end of the sling and open up velcro seam to remove.
 - Secure the tie cords by a knot before laundering.
 - Wash sling at low temperature in white wash.
 - The fleece may be spun dry or left to air dry.

ARJO BATTERIES

Each lift comes with two batteries. One battery should be in the lift at all times and the other battery should be in the charger. The batteries should be switched on a routine basis.

For this facility, batteries will be rotated _____.

The battery charger will be located in _____ on each unit.

<i>LIFT</i>	<i>BATTERY CHARGER LOCATION</i>

(Sample areas: Med room, nurses station, etc. An electrical receptacle will be needed to keep the battery charger.)

Lift expectancy of the batteries is approximately three years. This may vary, based on consistent charging and the amount of usage on a daily basis.

Equipment Records

All equipment will be checked periodically and kept in good operating order. Maintenance records will be kept.

All associates should notify their supervisor whenever mechanical lifting devices are in need of repair or inoperable.

Insert Equipment Record check reports for each lift after this page.

Implementation Checklist

Task	Initiated	Completed
1. Adopt policy and guide.		
2. Identify key personnel, including Designated Facility Manager, Key Operators & Trainers.		
3. Establish training schedule.		
4. Assessment of need for additional equipment.		
5. Develop equipment acquisition schedule.		
6. Equipment acquisition: <ul style="list-style-type: none"> a. Lifts b. Friction Reducing Devices c. Two handled gait/transfer belts. 		
7. Revise and complete Facility site specific guide.		
8. Establish training schedule. <ul style="list-style-type: none"> a. Training for trainers, key operators. b. All nursing associates. 		
9. Conduct training. <ul style="list-style-type: none"> a. Trainers, key operators. b. Initial training for nursing staff. c. Initial training for CNAs. d. Annual/refreshers training. 		
10. Furnish OSHA with verification on semi-annual basis.		