

## Total Mechanical Lift Competency Checklist

**Staff Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Observed By:** \_\_\_\_\_

YES	NO	<b>1. Mechanical Lift Pre-Operations Check</b>
		a. Understands why resident needs this lift.
		b. Demonstrates how to charge lift/locate batteries.
		c. Demonstrates ability to lower resident after lift has failed.
		d. Locate emergency stop button and its purpose.
		e. Checks to ensure the sling is in good working condition, no torn or ripped areas, etc.
		f. Able to locate and read battery charge indicator.
YES	NO	<b>2. Mechanical Lift Operation</b>
		a. ensures two caregivers are present.
		b. Adjust bed to height that promotes good body mechanics.
		c. Visually inspects sling for signs of wear and tear. Does not use any sling that is visually damaged.
		d. Verbally prepares resident for transfer.
		e. Positions resident on the appropriate sling size and style as per resident's Care Plan.
		f. Positions lift with spreader bar always perpendicular to the resident's shoulders and hovering over the chest.
		g. Attaches the sling straps without pulling or tugging to the desired setting. Considers elevating the head of bed to facilitate ease in completion.
		h. Gently raises resident minimally from surface. Unweight resident from bed. Performs a safety check.
		i. Turn resident's legs toward the perpendicular support bar of the lift during the move.
		j. Gently lowers resident into chair in proper position.
		k. Removes sling from under resident. Only leaves sling on resident if Care Planned.

\_\_\_\_\_  
**Employee Signature** **Date**

### Sit/Stand Mechanical Lift Competency Checklist

YES	NO	<b>1. Sit/Stand Lift Pre-Operations Check</b>
		a. Understands why resident needs this lift.
		b. Demonstrates how and when to charge lift/locate batteries.
		c. Demonstrates ability to lower resident after lift has failed.
		d. Locate emergency stop button and its purpose.
		e. Checks to ensure the sling is in good working condition, no torn or ripped areas, etc.
		f. Able to locate and read battery charge indicator.
YES	NO	<b>2. Mechanical Lift Operation</b>
		a. Ensures two caregivers are present. Prior to use washes the surface area where resident's hands grasp the lift.
		b. Adjust bed to a height that promotes good body mechanics.
		c. Visually inspects sling for signs of wear and tear. Does not use any sling that is visibly damaged.
		d. Verbally prepares resident for transfer.
		e. Applies proper sling so the bulk of the sling rests in the resident's lower back region.
		f. Applies the calf strap if indicated on resident Care Plan.
		g. Demonstrates proper attachment of sling and adjustment of sling.
		h. Attaches the sling straps without pulling or tugging to the desired setting. Considers elevating head of bed to facilitate ease in completion.
		i. Cues resident for highest resident participation in transfer.
		j. Gently lowers resident into chair in proper position.
		k. Removes sling and places it back with the lift.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

## Transfer/Gait Belt Competency

Staff Name : \_\_\_\_\_ Date: \_\_\_\_\_ Observed By: \_\_\_\_\_

YES	NO	1. Procedure for use of Gait Belt
		a. Understands reason for Gait Belt use.
		b. Ensures adequate staff available to assist as per Care Plan.
		c. Explains purpose of Gait Belt and procedure for use with resident.
		d. Puts the Gait Belt on over the resident's clothing and around the waist.
		e. Makes sure the belt is snugly in place.
		f. Is able to place two fingers between the belt and the resident's clothing.
		g. Assists the resident to a standing position by grasping the handles on the Gait Belt.
		h. Re-tightens gait belt if needed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Non-Friction Device Competency Checklist

**Staff Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Observed By:** \_\_\_\_\_

YES	NO	<b>1. Procedures of Bed Repositioning</b>
		a. Understands reason for Non-Friction Device.
		b. Ensures adequate staff available to assist as per Care Plan.
		c. Explains purpose of Non-Friction Device and procedure for use with resident.
		d. Adjust bed to appropriate height and position.
		e. Rolls resident to one side and places sheet/pad and Non-Friction Device under resident.
		f. Positions Non-Friction Device with closed ends at the resident's head and feet.
		g. Correctly grasps sheet with palms down and maintains flat wrist.
		h. Utilizes proper body mechanics and shifts body weight to slide resident into proper position.
		i. Removes Non-Friction Device from under resident.
YES	NO	<b>2. Procedures of Lateral Transfer</b>
		a. Understands reason for Non-Friction Device.
		b. Ensures adequate staff available to assist as per Care Plan.
		c. Explains purpose of Non-Friction Device and procedure for use with resident.
		d. Rolls resident to one side and places sheet/pad and Non-Friction Device under resident.
		e. Adjust bed to same height at stretcher and correctly positions.
		f. Ensures staff members are located on each side of supporting surface.
		g. Correctly grasps sheet with palms down and maintains flat wrist.
		h. Uses proper body mechanics, positions self to push resident towards stretcher or receives resident on stretcher.
		i. Removes Non-Friction Device from under resident.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

## Slide Board/ Beasy Board Competency Checklist

Staff Name : \_\_\_\_\_ Date: \_\_\_\_\_ Observed By: \_\_\_\_\_

YES	NO	1. Slide Board/Beusy Board Check
		a. Does NAC know when to use the Slide Board?
		b. Was Gait Belt used?
		c. Is surface transferring to lower than surface resident was on?
		d. Arm rest removed?
		e. Did resident assist with transfer?
		f. Removed board from resident?
		g. Chair at an angle to the bed?

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Guldmann Ceiling Lift Competency Checklist

Staff Name : \_\_\_\_\_ Date: \_\_\_\_\_ Observed By: \_\_\_\_\_

YES	NO	1. Tub Room Transfers
		a. Demonstrates knowledge of how lifts function.
		b. Motor Malfunction: Demonstrates competency in operating lift device manually if there was a motor malfunction.
		c. Selects proper sling size per Care Plan.
		d. Explains equipment to resident: provides an overview of the equipment operations to the resident both prior to and during use.
		e. Safe resident handling: Demonstrates proper body mechanic practices when positioning sling and operating lift. For Example: Raises bed to appropriate height, minimizes reaching by working close to resident and devices and avoids bending and twisting.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## New York State Veterans Home at Batavia Zero Lift Compliance Audit Tool

**Date:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Auditor:** \_\_\_\_\_

<b>A. PATIENT ASSESSMENT AND DOCUMENTATION</b>	<b>COMPLIANCE</b>	<b>COMMENTS</b>
1. Safe Patient Handling Assessment completed upon Admission and on resident Care Plan.	# Reviewed _____ # Compliant _____	
2. The designated method is Appropriate for the physical Status of the resident.	# Reviewed _____ # Compliant _____	
3. Method of lifting, transferring, Repositioning and style/size of sling documented on the Care Plan.	# Reviewed _____ # Compliant _____	
4. The lift is being done according to Care Plan.	# Reviewed _____ # Compliant _____	
<b>B. CARE OF EQUIPMENT</b>	<b>COMPLIANCE</b>	<b>COMMENTS</b>
1. Lifts, transfer belts and non-friction devices available to staff On unit at all times.	# Reviewed _____ # Compliant _____	
2. Staff knows where to find equipment.	# Reviewed _____ # Compliant _____	
3. Lifts placed on one side of resident hall-Way and plugged in to be charged or batteries are placed on chargers.	# Reviewed _____ # Compliant _____	
4. Lift brakes locked when not in use.	# Reviewed _____ # Compliant _____	

<b>B. CARE OF EQUIPMENT (CONTINUED)</b>	<b>COMPLIANCE</b>	<b>COMMENTS</b>
5. Slings immediately available on unit.	# Reviewed _____ # Compliant _____	
6. Sling Size Guide posted and staff understand the Guide.	# Reviewed _____ # Compliant _____	
7. Slings have no evidence of wear and tear, loose stitching or fraying straps.  * Date Legible * Number Legible	# Reviewed _____ # Compliant _____	
8. Verbalize proper cleaning required for:  * Non-Friction Device * Transfer Gait Belt * Slings	# Reviewed _____ # Compliant _____	
9. Identifies designated laundry hamper for soiled slings.	# Reviewed _____ # Compliant _____	
<i>10. Removes sling from under resident. Only Leaves sling on resident if Care Planned.</i>	#Reviewed _____ # Compliant _____	