

POLICY AND PROCEDURE

RESIDENT LIFTING/ASSISTING TRANSFER

POLICY: (name of facility) will provide a safe work environment for employees in resident lifting and transfer assists; and will require the use of materials, equipment and training designated to prevent personal injury, and to help protect the resident and the employee.

PURPOSE: These procedures are designed to prevent employee injuries during the lifting, transferring and/or handling of facility residents. It is critical that all health professionals practice safe lifting/transfer technique and proper back care at all times. Mechanical lifts and Gait Transfer belt supports are key components in the effort to achieve these goals. Failure to utilize a resident lift or Gait/Transfer belt when the use of this equipment is indicated will result in disciplinary action, which may include termination.

GENERAL GUIDELINES:

1. (Name of facility) uses two types of authorized resident lifts; the "VANDER" Lift I or II and the "VERA Lift I or II. These lifts are available for use by trained employees for alt resident lifts/transfers that require assistance by health care professionals.

2. **NO RESIDENT LIFT/TRANSFER WILL BE ATTEMPTED WITHOUT USING EITHER A LIFT, EXCEPT AS "VANDER" OR "VERA" DETAILED BELOW.**

3. The Director of DON, DSD, or RN responsible for residents that require lift. This identification resident care plan and nurse doing the lift footboard of the follows:



Nursing Services (DON), Asst. Nursing Supervisor are identifying, on admission, those lifts and the appropriate type of will be clearly documented in the the AOL sheet. In addition, he assessment wilt insure that the residents bed is marked as

- a. For Vander Lift - A bright "Green" round stick on label or tag.
- b. For Vera Lift - A "Yellow" round stick on label or tag.

NOTE: The DON will insure that the appropriate labels/tags are purchased and supplied at each Nursing Station.

4. The DON, Asst. DON, DSD, or RN Nursing Supervisor will make changes to the type of lift' sling requirement as may be necessary due to changes in resident condition. Such changes will be documented in the resident care plan and the ADL sheet.

5. **NO EMPLOYEE WILL ATTEMPT TO LIFT/TRANSFER A RESIDENT USING EITHER "VANDER" OR "VERA" LIFT UNTIL THEY HAVE RECEIVED SPECIFIC INSTRUCTIONS FROM THE D.S.L.). OR FACTORY REPRESENTATIVE ON OPERATION OF THE LIFT.**
6. After receiving instructions by the D.S.D. or factory representative on operation of the lifts, the employee will sign an acknowledgment that they have received and fully understand the instructions. This signed statement will be maintained in the individuals personnel file.
7. Should an employee have any questions about the operation of either the "VANDER" or "VERA" lift they will immediately contact their Charge Nurse/Supervisor.



8. **The Director of Staff Development is responsible** for insuring that **all Health Care Professionals** who may be required to lift/transfer a resident are properly trained on the use of the "VANDER" and "VERA" lifts **before** they attempt such a procedure. **All appropriate new hires** will be instructed on the use of the lifts during orientation.

SPECIFIC GUIDELINES FOR VERA LIFT I. OR VERA LIFT II:



1. Resident should be alert, weight bearing, **and** able to follow simple one-step commands.
2. Resident should be able to hold onto the lift bar with at least one hand. If the resident has upper extremity paralysis, special care should be taken so that the sling is not right under the resident's arm. The paralyzed hand can be tucked into a belt around the resident's waist, or a lifting sling can be used that is made specifically for the Vera lift.
3. Resident should be able to sit without support if using the lift to/from the edge of the bed (not necessary for wheelchair to toilet transfer).

4. Resident should have moderate quadriceps strength.

- There are no specific weight restrictions or limits on the Vera Lift or the Vera Lift II. However, if a resident exceeds 400 lbs. specific consideration should be made to insure a "safe transfer".

SPECIFIC GUIDELINES FOR VANDER LIFT I, OR VANDER LIFT II:

- Resident does not have any weight bearing capability or their weight bearing ability varies from hour to hour, or day to day.



vera II



- Do not use on a resident who has just had a total hip replacement. The Director of Nursing Services and/or the Medical Director must make the decision when a lift can be used with these residents.
- Weight limit of the "Wander" lift I is 400 pound and the Vander lift II is 350 pounds.

STORAGE OF LIFTS:

The lifts are stored at specific locations on or near the nursing unit. They have been placed to provide easy access for the staff and so as not to create a hazard. Lifts will be returned to the storage area immediately after use.

EXCEPTIONS:

The following are the **only exceptions** to the use of these lifts.

- Neither lift will be used to transfer a resident from wheelchair to automobile; or from automobile to wheelchair. In these situations the nursing staff will use good body mechanics and sufficient personnel to affect that type transfer.
- When a resident is in a rehab program, which is directed at training the resident in self-transfer techniques then the Physical Therapist may obtain the assistance (if necessary) of the Restorative Aide or other highly qualified CNA to assist in this training process.

SLINGS AND BELTS: Each "VANIDER" and "VERA" lift is equipped with resident slings or belts of (various sizes) that are used when a lift/transfer is made. Occasionally, these may become soiled. When this occurs they will immediately be sent to the laundry for cleaning.

The **LAUNDRY SUPERVISOR** will inspect the straps and Velcro fastenings of each sling/belt on a *scheduled basis at least* **once each month** to insure that the "sling/belt straps" are still serviceable **and in good condition**. This inspection will be documented on an appropriate form developed by the facility. The record of these inspections will be retained for at least one year.

If the Laundry Supervisor finds sling/belt straps and/or Velcro fastenings that are badly damaged or frayed, they will be ***taken out of service immediately*** and the Administrator will be notified. The Administrator will send the damaged slings to Emerald Distributing Company for repair or replacement.

The ADMINISTRATOR will insure that **all laundry personal** understand that these lift slings/belts **cannot be washed with any bleach and must be air-dried**. Some detergents used by institutional businesses have bleach already added to them. The Administrator/Laundry Supervisor must determine if products currently being used have bleach and if they do then obtain a specific product that does not have any bleach for use when washing the slings/belts.

LAUNDRY:

When the slings/belts are delivered to the laundry, they will immediately be washing in **mild detergent**, and **NO BLEACH**. The slings/belts will be hung up to air dry. **THEY WILL NOT BE PLACED IN THE DRYER!!** When dry, the slings/belts will **IMMEDIATELY** be returned to the Nursing Unit by the Laundry person.

BATTERY CHARGING:

The basic Vander Lift and the Vera Lift have internal batteries. The Lift must be plugged into a wall outlet to recharge the batteries. ***This will always be done on the NOC shift.*** The charge nurse on that shift will insure that each such lift is plugged into a wall outlet at the start of the shift, and only disconnected when the lift is actually being used by one of the NOC shift staff.

The Vander Lift II and the Vera Lift II have removal batteries. The second battery should always be in the wall charger unit located at or near the Nurses Station. When the installed battery indicates low charge the battery will be exchanged with the already charged battery. The Charge Nurse should periodically check the lift to insure it has a charged battery.

NOTES:

1. As noted previously these lifts **will be used** in all resident lifts except as noted above.



vanderlift II



2. Should a resident refuse to allow the Nursing Assistant to use the lift when such is needed, the Nursing Assistant should, carefully and tactfully, try to convince the resident of the safety and necessity for the use of the lift. Should this prove unsuccessful, the nurse assistant should immediately refer the problem to their Supervisor or the Charge Nurse. If the Supervisory personnel cannot convince the resident to use the lift, the problem will be referred to the Director of Nursing Services who will schedule a Resident Care Conference with the resident and family in an effort to resolve the resident's refusal to utilize the lift.

3. **VERY IMPORTANT:** The lifts **cannot be allowed to get wet**. This is especially true of the Vander and Vera lift I where the batteries are in the base along with all the electronics. **The Administrator must insure** that all staff understands this requirement. **For daily cleaning the Housekeeping Department will**

wipe down the lifts with a damp cloth.

EMPLOYEE ACKNOWLEDGMENT

ACCEPTANCE OF RESPONSIBILITY:

1. I HAVE BEEN INSTRUCTED IN THE USE OF THE MECHANICAL LIFTS (VANDER ANDVERA) AND UNDERSTAND THAT ALL RESIDENT LIFTS/TRANSFERS WILL BE MADE WITH THESE LIFTS WITHIN THIS FACILITY, EXCEPT AS NOTED IN THE POLICY & PROCEDURE WHICH HAS BEEN PROVIDED TO ME.
2. I HAVE BEEN INSTRUCTED IN THE USE OF THE GAIT/TRANSFER BELT AND AGREE TO USE THE BELT APPROPRIATELY WHILE ON DUTY.
3. I UNDERSTAND AND WILL USE PROPER BODY MECHANICS WHEN LIFTING, MOVING, PUSHING OR PULLING RESIDENTS OR EQUIPMENT.
4. THE SAME PRINCIPALS APPLY IF YOU USE ANY OTHER TYPE OF MECHANICAL LIFT SYSTEM SUCH AS A HOYER LIFT. FOLLOW THE MANUFACTURERS INSTRUCTIONS.

**I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THE ABOVE WILL
RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF
EMPLOYMENT.**

EMPLOYEE SIGNATURE

**DIRECTOR OF STAFF DEVELOPMENT
SIGNATURE**

DATE

**PLEASE PHOTOCOPY THIS FORM AFTER SIGNATURES. ONE COPY TO
EMPLOYEE, ORIGINAL TO PERSONNEL FILE.**