

MECHANICAL LIFTS -GUIDELINES

1.0 PURPOSE OF DOCUMENT

Define approval and ordering procedure for mechanical lifts and identify safety considerations/indications for use.

2.0 BACKGROUND

WRHA *Safe Patient Handling and Movement Program* was introduced in May 2008 with a mandate to implement the program throughout the WRHA for use with all patients, residents and clients. These guidelines promote the use of equipment when assisting clients to move to minimize staff and client injury. It outlines several key elements required to support a successful Safe Patient Handling Program (client assessment and communication, equipment selection and use, staff training and support).



The standard issue for mechanical lifts in the WRHA Home Care program is the electric Hoyer® lift. Since October 2008, all newly hired Home Care Attendants (HCAs) are trained to transfer clients with an electric Hoyer® lift. This training is also part of the Safe Client Handling and Mobility refresher session (part 2) offered through Home Care Staff Development. Training for HCAs on the use of the overhead lift has been offered in Orientation since September 2010 and in refresher part 2 since January 2011. Training for HCAs on the use of the sit-stand lift has been offered in Orientation since January 2012 and in the refresher part 2 since January 2011.

The Delegated Task Training Program provides equipment specific training or client specific training if the client has a different type of lift or a special installation such as the Tarzan strap or a repositioning sling or if the client requires special procedures including two or more person assist. The portable power lift Hoyer Advance is used infrequently; staff may require equipment specific or client specific training.

The selection of an appropriate mechanical lift takes into account many intrinsic and extrinsic factors including client's medical condition, skin condition, muscle tone, client function, weight and body distribution, weight bearing ability, upper body strength, supports available, cognitive status, environment (flooring, space), and equipment specifications including sling requirements (type and size). An Occupational Therapy (OT) assessment is required in all requests for mechanical lifts.

All requests for provision of specialty lift equipment require special approval. Additional assessment and considerations are required for clients requiring bariatric equipment.

3.0 DEFINITIONS

Bariatric equipment: Includes mechanical lifts and slings that are required for larger clients who weigh over 250 lbs. or bariatric clients who weigh over 350 lbs. or with a body mass index (BMI) over 30. Client must be assessed for suitable equipment and transfer, mobility and positioning procedures. Staff may require client specific training to assist client.

Client handling and movement: Includes assistance provided to clients by staff during repositioning, turning, transferring, transporting, ambulating or when using a mechanical lift.

Mechanical lift: Lift equipment that uses a sling to transfer and/or reposition clients. Includes electric Hoyer® lift, portable power patient lift, sit-stand lift or an overhead lift system i.e. pressure-fitted, free-standing or mounted track system (ceiling or wall mounted).

Specialty lift: For purposes of the WRHA Home Care Program, a specialty mechanical lift includes the portable power lift, sit-stand lift, or an overhead lift system i.e. pressure-fitted, free-standing or mounted track system (ceiling or wall mounted).

Overhead lift systems i.e.: pressure-fitted, free-standing or mounted track system (ceiling or wall mounted): Weight capacity: 440 lbs. May be used for clients who are non-weight bearing, who are unable to consistently weight bear, and require more than minimal assist to transfer or move from one surface to another. Client or environment has been assessed as unsuitable for a standard electric Hoyer® lift. Client may require one or two person assist. **Overhead lift systems are not provided through Materials Distribution Agency (MDA). This equipment is contracted through a designated private vendor and requires Program Consultant approval.**

Electric Hoyer® lift: Weight capacity: 400 lbs. May be used for clients who are non-weight bearing or who are unable to consistently weight bear, and require more than minimal assist to transfer or move from one surface to another. Client may require one or two person assist.

Portable power lift: Weight capacity: 340 lbs. May be used for clients who are non-weight bearing or who are unable to consistently weight bear, require more than minimal assist to transfer or move from one surface to another and may require one or two person assist. This lift may be considered instead of the electric Hoyer lift for situations where the client is tall and/or where a wider open base is needed. This lift is also used in a client situation that requires the portable feature to readily transport lift from one environment to another and where the Occupational Therapist has assessed that trained caregiver(s) are available/able to safely dismantle, transport and assemble lift as needed. Staff must not lift more than 35 lbs (16 kg) when transporting, loading and unloading the lift. Lift can be broken down into 3 parts with each part weighing less than 35 lbs (16 kg). The 3 parts vary in size and shape and may be awkward for staff to transport, load and unload in/out of certain types of vehicles. Due to the time and effort required to dismantle, transport and assemble this lift it may not be suitable for clients who require the use of a transportable lift on a daily basis. An OT assessment is required to ensure that all staff is trained and following safe body mechanics and techniques when dismantling, assembling, transporting, loading and unloading lift in/out of a vehicle.

Sit-stand lift: Weight capacity: 350 lbs. May be used with clients who require moderate assist and are unable to initiate the sit-stand transfer and/or have decreased standing balance. Client must be able to reliably and consistently weight bear on at least one leg, and have adequate upper body strength to hold onto the lift with at least one hand. Client must be able to sit up from lying with minimal assist or with electric bed and demonstrate adequate sitting balance with or without use of environmental supports. Client must be able to follow instructions. Client may require one or two person assist. **Sit-stand lifts are not provided through Materials Distribution Agency (MDA). This equipment is contracted through a designated private vendor and requires Program Consultant approval.**

Minimal assist: Client that requires minor physical assistance and/or equipment with or without cueing, verbal coaching or set-up. Staff must not lift more than 35 lbs (16 Kg) of a client's weight when providing physical assistance during any transfer, repositioning task or anytime during client's care. Client is able to reliably and consistently fully weight bear once standing and requires only slight physical exertion from staff when ambulating, rising to stand, lowering to sit or when being repositioned.

Moderate assist: Client that requires more than minor physical assistance and may include 1 or 2 person assist and/or equipment. Staff must not lift more than 35 lbs (16 Kg) of a client's weight when providing physical assistance during any transfer, repositioning task or anytime during client's care. Client is partially dependent for some physical support for trunk or legs during a transfer, ambulation or when being repositioned. A moderate assist generally incorporates the use of equipment.

Maximum assist: Client that may be dependent for turning, repositioning, standing, transferring and/or mobility. Client may have difficulty with key factors such as following directions, weight bearing, providing the needed level of exertion or strength required to safely perform the task and/or demonstrates uncooperative or unpredictable behaviour. Transfer or repositioning tasks should only be performed with the use of equipment.

Two (2)-person assist: Mobility, transfer and/or repositioning tasks that are assessed by a therapist as requiring two people to work together to complete the task to ensure client, caregiver and staff safety. Two (2) person assists are considered over-protocol, require Home Care Team Manager approval and all require client specific training for the Home Care Attendants. **(Note - September 2015: the requirement for client specific training for all 2 person assist tasks is currently under review by the Home Care Program and may change in the upcoming year).**

4.0 ELIGIBILITY

- Any client who is open to WRHA Home Care Program or approved by Home Care Program Consultant as an “equipment only” client, and requires a mechanical lift for staff, caregiver and/or client safety.
- If client resides in another Regional Health Authority or in a First Nations Community contact the relevant Home Care office to determine their guidelines for equipment.
- Assessed as appropriate by Occupational Therapist (OT) and includes assessment of client function and environment.

5.0 GENERAL GUIDELINES

- All lifts are supplied to clients on a loan basis and equipment remains the property of the WRHA.
- Electric Hoyer® lifts are standard issue in the WRHA Home Care Program and are available to all clients who are assessed to require this equipment.
- An OT assessment and recommendations are required for mechanical lifts and appropriate slings.
- The WRHA will fund one overhead lift including a track system for one room including the lift motor and two slings, or one sit-stand lift with sling.
- Availability of specialty lifts are limited in numbers and therefore clients deemed appropriate for a specialty lift may be required to wait until equipment becomes available. Alternate equipment and options of care including use of the electric Hoyer® lift and/or bed care may be necessary pending availability of specialty equipment. Clients also have the option of renting required lift on a monthly basis (at client's own expense) pending availability of WRHA funded equipment.
- Mechanical lifts must be used when recommended to prevent or reduce risk of client, caregiver or staff injury when transferring, repositioning or mobilizing a client.
- Alternate equipment, bed care and/or suspension of services may be necessary in situations where client/family/caregiver refuse to use recommended equipment. Consultation with Team Manager (TM) is required to determine appropriate solution.
- Any mechanical lift that is no longer required for a client and/or Home Care staff must be returned.
- Mechanical lifts must not be used to transport a client from one room to another.
- Training requirements:
 - All Home Care Direct Service Staff (DSS) must have training in the proper use of any mechanical lifts used.
 - Training on the use of the electric Hoyer® lift is included in general orientation and in the Safe Client Handling and Mobility Refresher sessions.
 - Training for HCAs on the use of the overhead lift has been offered in orientation since September 2010 and in refresher part 2 since January 2011.
 - Training for HCAs on the use of the sit-stand lift has been offered in orientation since January 2012 and in the refresher part 2 since January 2011.

- The portable power lift Hoyer Advance is used infrequently; staff may require equipment specific or client specific training.
- Resource Coordinator (RC) must schedule all HCAs, Integrated Support Workers (ISW)s and Rehabilitation Assistants (RA)s for refresher training if they have not attended in the last three years.
- Home Care Nurses attend the Safe Client Handling and Mobility refreshers as part of orientation within one month of being hired. Existing home care nurses are required to attend refreshers every 3 years.
- Resource Coordinators (RC), Case Coordinators (CC), Nursing Resource Coordinators (NRC) are required to attend safe client Handling and Mobility refreshers every 3 years.
- Case Coordinator should review rehabilitation reports to determine need for Delegated Tasks Program (client or equipment specific training). Coordinator of Client Specific Service is available to consult as needed. In some instances, CTS may train family or any HCA who is present at time of assessment of initial equipment use and will document who has been trained. If it is client specific or equipment specific ongoing training requirements for HCA's will occur through the delegated task training team.
- **Delegated Task Training Team/CTS training is required for all two-person transfers or any transfer determined to be client specific. Two person transfers/lifts are over protocol and if approved, require client specific training.**
- Electric Hoyer® lifts and portable power lifts must be returned to Materials Distribution Agency (MDA) when no longer required to permit cleaning and maintenance.
- Arrangements to have specialty lifts returned to vendor must be made when equipment is no longer required by the client to permit cleaning and maintenance.
- Clients living in a rental property must have a signed consent from the building owner prior to installation of a mounted track system. The client/family is responsible for any repairs required following the removal of the lift system.

6.0 ASSESSMENT, ORDERING PROCEDURES AND RESPONSIBILITIES

Case Coordinator [Community or Hospital] (CC)

1. Review any concerns or equipment request for mechanical lifts received from client, family or other staff.
2. Determine client's ability to transfer at all assessments. A new referral for Occupational Therapy should be initiated for additional assessment if changes are noted in client's functional status to: determine safe transfer; repositioning method; need for equipment; and/or assist to problem solve any other concerns noted. Reassess safety of transfers on a regular basis to monitor changing needs and requirement for an OT reassessment.
3. Consult OT from Community Therapy Services (CTS), hospital or other WRHA program if assessment is required to determine safe transfer or repositioning method and need for equipment, or if concerns are noted. Therapist will complete forms and fax/forward information as required.
4. If request is for an **Electric Hoyer® Lift**:
 - a. Initiate referral for Occupational Therapy for a home environmental assessment to determine whether environment can accommodate, determine need, and appropriate sling(s) and size(s).
 - b. Therapist will complete the *WRHA Logistics Services Script/Order* form for required lift and sling(s) and notify the CC.
 - c. Therapist will fax *WRHA Logistics Services Script/Order* Form to Logistics at 926-6050 extension 3. CC will notify *WRHA Logistics* if lift is no longer required or requires repair by calling 926-6050 extension 3 or faxing 940-3104.

5. If request is for a **Portable Power Lift**:
 - a. An assessment by Occupational Therapy is required for a home environmental assessment to determine whether environment can accommodate, determine need of this particular lift, appropriate sling(s), suitability for transport in vehicle, and ability of caregiver to transport.
 - b. Review completed *WRHA Logistics Services Script/Order form*, *Community Therapy Services Lift Equipment Assessment Tool* and the *WRHA Hoyer Advance Portable Lift Request Form* received from OT, add CC signature and contact information. CC signature is required for portable power lift requests.
 - c. Fax copy of the *WRHA Logistics Services Script/Order Form*, *Community Therapy Services Lift Equipment Assessment Tool* and the *WRHA Hoyer Advance Portable Lift Request Form* to Home Care Program Consultant at 940-2009 for review and approval.
 - d. If approved, Program Consultant faxes *WRHA Logistics Services Script/Order Form* to Logistics for processing.
 - e. Client specific or equipment specific training will be required for HCAs, ISWs and/or RAs using the portable power lift.
 - f. CC will notify *WRHA Logistics Services* if lift is no longer required or requires repair by calling 926-6050 extension 3 or faxing 940-3104.
6. If request is for an **Overhead Lift or a Sit-Stand Lift**:
 - a. Initiate referral for Occupational Therapy for a home environmental assessment to determine whether environment can accommodate, and to determine appropriate specialty lift and sling(s) (type/size(s)).
 - b. Review completed *Community Therapy Services Lift Equipment Assessment Tool* received from OT, add CC signature and contact information on forms.
 - c. Secure all required signatures (both CC and Team Manager must sign *Community Therapy Services Lift Equipment Assessment Tool* for specialty lifts).
 - d. Request is then faxed to Home Care Program Consultant at 940-2009 for review and approval.
 - e. If request is deemed appropriate, Program Consultant will request quote from vendor. Note: provision of specialty lift is based on availability and client prioritization of need. Program Consultant will notify CC regarding approval.
 - f. Specialty lift is issued to prioritized client(s) when one becomes available; Program Consultant will notify vendor to supply and/or install.
 - g. Notify Program Consultant if repairs, maintenance and/or new/replacement slings are required.
 - h. Notify Program Consultant when client is deceased or when equipment is no longer required to arrange for pick-up.
7. Discuss back-up plan(s) with client and family in the event that Home Care is unavailable to assist with transfer and use of equipment. In addition, specific family/caregiver must be identified and trained when they are determined to be secondary person assisting with any two-person transfer. This training is provided through Delegated Task Program. Document plan and identify specific family member(s) who is/are able to complete transfer with use of equipment in TMM and request that RC also add in Procura comments.
8. Determine whether staff has received training or refresher education for proper use of recommended mechanical lift equipment. Refer client to Delegated Task Training Program if staff has not received training in client specific transfer or repositioning method and for all two-person transfers. If staff has never received standard training in use of specialty lift or if they have not used a lift for an extended period, contact Staff Development if situation is urgent or register staff for part 2 refresher through Registrar if not urgent.
9. **A referral to CTS should be initiated for follow-up for all new clients discharged from hospital if any complexities exist, e.g. require 2 person assist, Tarzan strap is used, lift is from a manufacturer other than usual BHM brand.**

10. Monitor closely for changing client status:
 - Reassess safety of transfers on a regular basis and requirement for OT reassessment.
 - **Advise clients that use of a sit-stand lift requires ongoing monitoring and that an OT reassessment will occur every 3-4 months to determine whether continued use of lift remains appropriate.**
 - **Clients at risk of rapid change may need to be reassessed more frequently.**
 - If equipment has been recommended by a hospital OT, a referral for CTS OT will need to be initiated for this monitoring.
11. Document
 - a. Equipment ordered in the TMM Implementations under a separate Provider called equipment and supplies.
 - b. Specifics of transfer method in *Presenting Situation*: type of mechanical lift, number of care givers required, type of sling and color sling loops at shoulder and leg straps.
 - c. Update *TMM Provider Comments* to provide specific information regarding transfer method and equipment provided, type of sling and color of sling loops at shoulder and leg straps.
12. Follow-up with any reports from Direct Service Staff (DSS), RC, NRC, client or family regarding concerns with mechanical lifts. Follow-up may include client reassessment, referral to CTS, discussion with client/family and /or consultation with Team Manager where indicated. Alternate equipment, care options including bed care and/or temporary suspension of services may be necessary pending reassessment and resolution of concerns.

Occupational Therapist (Hospital based, Community Therapy Services or other)

1. Complete client assessment including home/environmental accessibility to determine most suitable transfer and/or repositioning method and equipment needs.
2. Document recommended transfer method, number of care givers required, recommended mechanical lift and sling and color of sling loops at shoulder and leg straps recommended for optimal client safety and positioning.
3. If request is for an **Electric Hoyer® Lift and Slings**:
 - Complete *WRHA Logistics Services Script/Order* form and notify the CC.
 - Fax the *WRHA Logistics Services Script/Order* form to Logistics at 940-3104.
3. If request is for a **Portable Power Lift**:
 - Complete *CTS Lift Assessment Tool*, *WRHA Logistics Services Script/Order* form and the *WRHA Hoyer Advance Portable Lift Request Form*.
 - Forward to Community Case Coordinator/Hospital Case Coordinator for review and signature. CC will then fax to Home Care Program Consultant for review and approval process.
4. If request is for an **Overhead Lift System or Sit-Stand Lift**:
 - Complete only the *Community Therapy Services Lift Equipment Assessment Tool*.
 - Forward *Community Therapy Services Lift Equipment Assessment Tool* to Community Case Coordinator/Hospital Case Coordinator for review; CC will secure signatures (Team Manager and CC signatures are required for these lifts) and then fax to Home Care Program Consultant at 940-2009.
5. If request is deemed as appropriate, the Home Care Program Consultant will request vendor quote for an overhead lift or a sit-stand lift.
6. Vendor will contact OT to determine suitability/feasibility and particulars specific to client situation.
7. Document equipment recommendation, transfer sequence/method recommended, sling style and loop selection wherever relevant.
8. Consult with Case Coordinator regarding need for Delegated Task Training Program – equipment or client specific training.
9. Fax forms directly to Program Consultant at 204-940-2009 for any client/equipment only requests.

10. **Advise clients that use of a sit-stand lift requires ongoing monitoring and that an OT reassessment will occur every 3-4 months to determine whether continued use of lift remains appropriate.**
11. Notify Program Consultant if repairs, maintenance and/or new/replacement slings are required.

Direct Service Staff (DSS)

1. Report any damaged mechanical lift, and/or safety concerns with use of equipment, or changes in client abilities affecting transfers to Resource Coordinator (RC) or Nursing Resource Coordinator (NRC).
2. Report to RC or NRC if you are not familiar with equipment and request to attend education session.
3. Always utilize equipment as instructed.

Resource Coordinator / Nursing Resource Coordinator (RC/NRC)

1. Review service request.
2. Ensure all assigned DSS have received training in the proper use of electric Hoyer® lifts and specialty lifts and if not, arrange for training/review.
3. Document specific information regarding transfers in Procura.
4. Ensure all concerns reported by DSS are communicated to CC in a timely manner including client/family/caregiver refusing to use equipment, safety and environmental concerns and/or awareness that DSS are not using equipment. Consultation with Team Manager is required.
5. Consult with CC regarding need for Delegated Task Training – equipment specific or client specific.

Team Manager (TM)

1. Discuss recommendations for specialty lift with CC, sign *Community Therapy Services Lift Equipment Assessment Tool* form and return to CC.
2. Assist RC, NRC and/or CC problem solve safety concerns and/or situations where client/family/caregiver or DSS refuse to use recommended equipment. Alternate equipment, bed care and/or suspension of services may be necessary in situations where client/family/caregiver refuse to use recommended equipment.
3. Consultation with OESH may be required when unable to determine suitable solutions.

Home Care Program Consultant: Phone: 223-3044 Fax: 940-2009

1. Review and indicate approval/non approval for **Portable Power Lifts**.
 - Forward to Logistics for processing and arrange for delivery by MDA.
2. Review and determine approval for **Sit-Stand or Overhead Lift Systems**.
 - If deemed an appropriate request, notify CC, contact vendor to obtain quote and arrange financing.
 - Notify CC and OT if request is not approved and provide information regarding options and/or appeal process.
3. If client is on wait list for equipment, notify CC when lift becomes available.
4. Authorize and process any requests for repair and maintenance of specialty lifts and/or replacement slings through appropriate vendor.
5. Arrange for Materials Distribution Agency (MDA) to pick-up equipment (Electric Hoyer® and Portable Power Lift only) when no longer required.
5. Arrange for vendor to pick-up equipment (sit-stand or overhead lift only) when no longer required.

MDA or Contracted Vendor

1. MDA supplies Electric Hoyer® and Portable Power Lifts and is responsible for repairs and ongoing maintenance when required.
2. MDA picks up equipment when no longer required by client and completes necessary cleaning and maintenance.
3. WRHA contracted vendor supplies specialty lifts except the Portable Power Lifts.
4. WRHA contracted vendor completes feasibility assessment of client's home environment for overhead lifts and provides quote for request to Program Consultant.
4. Vendor will consult with OT submitting request for an overhead lift to determine feasibility and system placement.
5. Once approved by Program Consultant and a lift becomes available, the vendor will:
 - a. Contact OT to inform of planned installation/delivery.
 - b. Install overhead lift or deliver sit/stand lift and recommended slings for these lifts.
 - c. Provide client/caregiver orientation to transfer equipment provided. (OT completes client/caregiver training on transfer method).
 - d. Provide any authorized battery replacement, repair and maintenance.
 - e. Remove equipment when no longer required and complete necessary cleaning and maintenance.

Clients/Family

1. Contact CC if equipment is not operating properly and /or requires repairs or maintenance.
2. Contact CC if equipment is no longer required. Clients must not take down/remove overhead lift systems or reinstall in another location; vendor is always responsible for removal and installation.
3. Ensure equipment on loan is only used with client, as intended and not abused.

7.0 REFERENCES

- Application for Lift Systems, Memo from M. Gaune, Home Care Program Consultant, May 15, 2008
- Community Therapy Services Lift Equipment Assessment Tool and the Guidelines for Completion of Lift Equipment Assessment Tool, approved May 13, 2010
- Home Care Program Delegated Task Guidelines
http://home.wrha.mb.ca/prog/homecare/manual_dtg.php
- Home Care Program P9 - Transfers Best Practice Manual For Direct Service Staff October 2012
- WRHA Algorithm: Client Ceiling Track Systems Approval and Procurement System May 26, 2006 [replaced by current document]
- WRHA Hoyer Advance Portable Lift Request Form, May 2010
- Community Therapy Services Sit-Stand Lift Reassessment Tool, June 2010.
- WRHA Safe Patient Handling and Movement Program May 2008