

Safe Patient Handling Fact Sheet

Safe Patient Handling refers to the safe transfer, lifting and repositioning of patients/residents. These tasks are completed with the use of lift equipment and other devices rather than manually.

Today we will discuss three areas of interest to staff:

- safe use of slings
- infection control in relationship to lift equipment and accessories
- care of the batteries and equipment.

Safe Use of Slings

According to HRC policy, the licensed nurse (RN, LPN) must determine, not only the type of lift and number of assist(s) to be used, but also determine the size and style of sling to use for each individual. All of this information must be included in the individual's plan of care, kardex, and on the nurse assistant's assignment sheet.

It is of the utmost importance that the CNA follow the plan of care and his/her assignment sheet. If the patient/resident requires different equipment or a different size or style sling, the CNA must communicate this information to the licensed nurse. The information on the plan of care, kardex, and the nurse assistant assignment sheet must match the actions of the CNA. If for some reason a DPH investigation is completed, DPH may compare the actions of the CNA to the care plan, kardex, and nurse assistant assignment sheet.

Slings are available in various sizes and styles depending on the needs and capabilities of the resident/patient. Slings are available in standard sizes ranging from extra small to XXlarge and in bariatric sizes ranging from medium to large. The binding on the edge of the sling will indicate the size of the sling regardless of the style.

Determination of Sling Size and Style

In determining the appropriate sling size for a resident/patient the nurse will consider the individual's height, weight and body shape. Each resident must be properly fitted to his or her own sling. As with the purchase of a pair of shoes, each resident may need to try on several sizes of slings before finally discovering the correct size

In determining the style of sling for the resident, the nurse first must determine the type of lift that will be used for transfer. A sit-to-stand lift such as the Sara lift will require a standing sling. A total lift, such as the Maximove, Tempo and Tenor lifts, will require a seated sling.

Next, the nurse needs to consider the physical characteristics of the resident. To use a Sara (standing) sling, the resident must have head, neck and trunk control, be able to hold onto the Sara lift with two hands and bear weight on at least one leg.

Sara Slings

Sara slings are available in sizes small, medium, large and Xlarge. This sling is also available in a special design called a “transfer sling” which permits the resident to remain in a semi-standing position during the transfer process. The standing sling should appropriately fit the circumference/waist of the resident; the edges of the sling should overlap and the buckles should clip into place.

Seated Slings

Seated slings, used with the Tempo, Maximove and Tenor lifts, are available in sizes extra small, small, medium, large, large plus, Xlarge, and XX large. The Tempo and Maximove lifts use a seated sling with clips. The Tenor lift uses a seated sling with loops.

The seated slings are available in several styles depending on the physical characteristics or attributes of the resident. Here at HRC we use the following types of seated slings:

- Full body sling
- Patient Specific Slings (Flites)
- Hygienic (toileting) sling
- Bathing (mesh) sling
- Amputee sling (bilateral amputee, right amputee, left amputee)

A full body sling, Patient Specific Sling (Flite), bathing sling and amputee sling may be used with a totally dependent resident that may be conscious or unconscious. The resident may or may not have head, neck or trunk control; may or may not be able to hold onto the lift and may or may not be weight bearing. In addition, this sling is used for residents that are combative and for those who are unable to follow simple directions regardless of their weight bearing status.

Full Body Sling, Patient Specific Sling (Flite), Bathing (Mesh) Slings

When fitting a resident to a full body, Patient Specific Sling (Flite), or bathing (mesh) sling, the nurse needs to ensure that the sling fits from two inches above the resident’s head to the coccyx area, that the legs of the sling extend to 2 inches below the knee and that the resident is “hammocked” or “cocooned” in the sling when lifted.

Amputee Slings

When fitting the resident to an amputee sling, the nurse needs to ensure that the sling sits from two inches above the resident’s head, that the resident is appropriately seated in the seated area of the sling, that the legs of the sling extend to the area below the knee and/or stump(s), and that the resident is “hammocked” or “cocooned” in the sling when lifted.

Hygienic Slings

To use a hygienic sling the resident must have head, neck and trunk control, be able to sit up with minimal assistance, be able to hold on with two hands, and have sufficient ROM in their lower extremities so that their legs can be brought into a 90 degree angle for sitting.

When fitting a resident to a hygienic sling, the nurse needs to ensure that the top of the sling fits even with the resident's head and extends to below the resident's waist, that the legs of the sling extend to at least 2 inches below the knee and that the resident is securely seated in the sling when lifted.

Important Sling Safety Concerns

Each and every time a staff person uses a sling; the staff person must take the time to examine the sling for several important safety items. These are as follows:

- First, the staff must make sure that the sling is clean, free from body fluids, food, and other substances. If not, the sling needs to be set aside as per unit's protocol for laundering and another sling obtained for the transfer. Please note that spot cleaning of small areas on the sling may be done using germicidal wipes.
- Second if using a Sara Sling, the staff must ensure that there are two clips on the sling. If any of the clips are missing, the sling cannot be used. The staff are NEVER to tie the straps of the sling together to hold the sling in place. This is unsafe. In addition, when the two clips on the Sara sling are hooked together, the staff person must hear a clicking sound. If no sound is heard, the sling cannot be used. In either instance, the staff person is to bring the sling to the nurse on the unit. The nurse is to then notify Biomed. Biomed will complete the needed repairs. If the sling cannot be repaired, a new sling will be ordered/issued.
- Next, if using a full body sling or specialty sling (such as a hygienic sling, bariatric sling, or amputee sling), the sling must have two or more (for bariatric slings) plastic headstays in place at all times during the transfer process. According to the manufacturer this is required for the safety of the resident. If the headstays are missing from the sling, the staff person is to bring the sling to the nurse and use a different sling. The nurse is to procure headstays from materials management. If necessary, the headstays will be ordered from the manufacturer.
- For all slings, the staff person must inspect the sling for the following before each and every use:
 - For rips, tears, holes, and so on in the sling
 - For cracks or splits in the clips of the sling
 - For the sling label

If the sling is not free from all rips, tears, holes, and so on; if the clips are not free of cracks and splits; if the clips do not click into place when attached to the lift; if the label is not attached to the sling; or if the label cannot be read, the staff person is to bring the sling to the nurse and use a different sling. The nurse is to remove the headstays from the worn sling, clean the headstays with germicidal wipes and set the headstays aside in a designated area on the unit for future use, then dispose of the worn sling. The nurse should then contact materials management for a replacement sling.

Infection Control in Relationship to Lift Equipment and Accessories

Laundering of Slings

All cloth slings are now laundered in house in the laundry facilities in the Berenson building in warm water using the approved laundry detergent from Central Stores. The plastic headstays in the seated slings are removed before laundering, cleaned with germicidal wipes, then replaced in the sling when laundering completed. Cloth slings are then air dried **ONLY**. Using hot water for laundering or drying the slings in the dryer will damage the slings.

Use of Patient Specific Slings (Flites)

Patient specific slings (Flites) are being used in two fashions. On 2 East, 2 West and all five of the units in the Berger building patient specific slings are being used for all residents requiring a full body sling. On the remaining units in the Berenson building Patient Specific Slings (Flites) are being used only for residents on Precautions. Each resident is provided with his or her own personal sling. Once the resident is properly fitted to the sling, the resident's name and room number is written on the sling. When these slings become contaminated or are worn out, these slings are **discarded** according to facility policy.

Disinfection and Cleaning of Equipment

Environmental Services will be cleaning the lift equipment daily; first dusting the equipment then wiping the equipment down with a cloth sprayed with a germicidal disinfectant.

Before and after each resident use, staff will wipe down all areas touched by staff and resident with germicidal wipes. For equipment being removed from a room where the resident is on Precautions, the equipment will be completely and thoroughly wiped down with germicidal wipes.

Care of the Batteries and Equipment

Care of the Batteries

To extend the life of our batteries, all batteries need to be rotated every eight hours- every day on every shift. The Unit Manager is to assign a CNA on each shift to rotate the batteries. The Charge Nurse on each shift is responsible for ensuring that the batteries are rotated as per policy. The staff persons rotating the batteries need to sign the Battery Care Log in the designated area indicating that all of the batteries were rotated.

The LED lights on the lifts should remain in the first one to two green bars at all times. At no time should the light enter the yellow or red zone on the LED readout.

When changing the batteries staff should make sure that the batteries are securely held to ensure that the batteries are not dropped. If a battery is dropped, staff is to bring the battery to the Charge Nurse. The Charge Nurse is to notify Biomed who will inspect the battery before it is used again.

Prevention of Damage to the equipment

To prevent damage to the lifts, staff take the following precautions:

- Ensure that the tower on the Maximove/Tempo lift is below the top of the doorway before entering or exiting a room
- Ensure that the legs of the lift are closed before moving the lift about a room
- Never place objects, such as slings, towels and so on between the handle of the lift and its tower on the key board
- Never replace a possibly damaged battery into a charger or lift – Has Biomed inspect the battery first.
- Never store the lift equipment in a congested area or room.

Important Points

- Residents/patients are not to be manually lifted from the floor. Should a resident/patient fall; the nurse will assess that the resident/patient may be lifted from the floor; and the resident/patient be unable to independently rise from his position from the floor, the staff are to use the Tempo, Maximove, or Tenor lift with the appropriate sling to lift the resident/patient from the floor to the designated area.