



CEILING TRACK LIFT

IMPLEMENTATION MANUAL

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1.0 CEILING TRACK LIFT TASK FORCE EXECUTIVE SUMMARY

The Ceiling Track Lift Task Force, comprised of representation across the Okanagan Similkameen Health Region (OSHR), was established in March 2001 with the mandate to prepare a ceiling lift strategy for the region. Members of this task force represented nursing management (extended care), Hospital Employees' Union (HEU), maintenance, planning, purchasing, and Workplace Health and Safety (WH&S). The committee met on four occasions to review relevant information and make recommendations.

In addition to evaluating the Okanagan Similkameen Health Region (OSHR) experience of ceiling lift installations (Brookhaven, Kelowna General Hospital Intensive Care Unit, and Ridgewood Lodge), a literature review was conducted to apprise committee members of current research findings. Visits to several sites in the lower mainland area provided valuable feedback regarding best practices. The WH&S staff to further enhance knowledge attended two seminars.

As a result of recommendations made by the above task force and further experiences of implementing ceiling track lift systems in two major facilities in the Okanagan (Cottonwoods Extended Care and Westview Lodge), Interior Health (IH) has adopted this methodology for all future installations. The following areas were given due consideration by the task force in the development of the overall strategy:

- Determining Priority Areas
- Project Management
- Administrative Issues
- Resident/Client/Patient Care
- Staff Issues
- Education
- Space
- Equipment
- Decision Making

Key points are highlighted below to further explain the need for a coordinated approach, which achieves a cost effective system while delivering high quality resident care.

Determining Priority Areas

Several factors were considered in order to prioritize installation of the ceiling track lift system in Okanagan Similkameen Health Region (OSHR) facilities. Information was compiled on the number of floor model mechanical lifts presently in use, the ratio of total lift transfers to total number of residents, direct care staff to resident ratio, the age of the floor model lifts, review of electric vs. manual

beds, resident care needs, and staff injuries and associated costs. Analysis of this information was then conducted to determine priority areas for installation. To assist in this process two forms were developed — a facility profile to be completed by site management and a prioritization-working sheet.

The outcome of this prioritization process clearly indicates the need for installation of the ceiling track lift system in OSHR extended care areas first.

Staff injuries and related WCB costs in all OSHR extended care and intermediate care facilities are primarily associated with transferring or repositioning residents.

While either floor model or ceiling track model provides the necessary assistance to transfer residents, the ceiling track lift system has the advantage of assisting with repositioning in bed. As our residents increase in acuity level, this advantage is necessary to gain efficiencies in the provision of care.

While this report has only considered ceiling track lift systems, given our present circumstances, the recommendations from the Health Services Group report and Continuing Care Renewal strategies report must be factored into the prioritization process. The priority criteria must centre on expected resident/client care needs, staffing requirements, and work related injuries/costs. Appropriateness of the site/facility to provide the level of care required will also be a priority criterion.

As the level of care increases in the intermediate care sites, and renovations are required, it would be prudent to install ceiling track lift systems at that time.

As there are some specific needs in both the large acute care settings (Kelowna General Hospital and Penticton Regional Hospital) as well as some challenging home care clients, some funding should be set aside each fiscal year to address urgent issues. It is recommended that a further review be conducted with Kelowna General Hospital and Penticton Regional Hospital administration group to determine needs and priority areas. Diagnostic imaging, emergency department, medical units, the morgue, and the operating room are departments, which would benefit from a ceiling track lift system. It is this committee's recommendation that some funding be allocated each fiscal year for installation of ceiling track lift systems in our acute care facilities, based on a needs analysis.

With regard to the increasing level of challenging home care clients, it is suggested that further review be conducted within these specific programs to determine client needs, OSHR liability, etc.

Project Management

As a result of the evaluation of the OSHR experience and site visits where ceiling lifts are currently installed several recommendations emerge.

A project coordinator must be assigned to oversee all aspects of the process. It became clear in the evaluation of OSHR facilities that the process followed to date had been quite informal and there was difficulty in determining accountability. Questions regarding process were not readily answered. While individuals took responsibility for their part, comprehensive coordination was lacking.

For all sites/services considering a ceiling track lift system, a multi-disciplinary Project Committee should advise the project coordinator. This committee should consist of nursing care staff, nursing management, rehabilitation, maintenance, planning, purchasing, and WH&S (site committee representative and regional advisor).

Committee expectations, outcomes desired, meeting minutes and process flow can be monitored. To facilitate this initiative a Process Implementation Manual is being prepared to guide the Project Committee. It will be provided to the Regional Leadership Team for reference; a copy can also be obtained from the Director WH&S.

A user committee, designated members of the project committee, should be set up which would continue post installation to address patient/resident care concerns and issues regarding slings (type, number, storage, laundering, patient assignment), maintenance issues, policy and procedure review, and staff education needs.

Members of this site user group will then be considered the lift and sling experts for the facility/ department and will continue to receive updated relevant information from the suppliers and WH&S.

Administrative Issues

Results of previous studies report changes in resident care routines following installation of ceiling lift systems. It is strongly recommended that site administrators/managers involve all levels of care in these discussions. Creative problem solving will find new and innovative ways to improve the quality of care and to maximize the benefits of ceiling track lift systems.

Those sites contemplating installing the ceiling lift system should consider including the resident and/or their family in the discussions important. Additionally, having some of the care staff visit a site where lifts are already in use is an advantage. If site administrators/managers involve staff in this process, improved outcomes and benefits will result.

A review of site/department lifting and transferring policies is required when a ceiling track lift system is installed to ensure care plans are updated. Staff must be informed and know which policies to follow.

A regional NO LIFT policy is currently being developed for approval and subsequent implementation. This will facilitate OSHRs commitment to prevention of musculoskeletal injuries (MSIs).

Resident/Client/Patient Care

There is no question that a ceiling track lift system provides many advantages to patient care. In a residential care setting, residents can be more independent; there is more spontaneity and better interaction between resident and caregiver. Residents are happier and consequently their families are more appreciative and participative in their care.

A key consideration must be a review of resident care routines by the care giving staff. While the majority of residents will require only one staff member in attendance, there are instances where more caregivers are needed. Any changes to the model of care must be communicated to all staff.

Staff Issues

Site administrators/managers must review staff scheduling, staff roles, and work distribution in conjunction with ceiling track lift system installation for maximum efficiencies. Staff involvement in these processes will be integral to success.

Our post installation survey of staff at Brookhaven indicates they feel less fatigued at the end of their shift and less physical effort is required to operate the ceiling lift compared to a floor lift.

In our review of the research and site visits, there were significant reductions of MSIs to staff (up to 58% reported) after installing the ceiling lift system. Staff reports they feel better able to deliver quality care to their patients.

Education

It is imperative with any new equipment installation that supplier education occurs regarding equipment use, care, storage, and maintenance procedures. This education should occur prior to use of the newly installed equipment; practical demonstrations where all staff participates will increase familiarity with the equipment and generate questions. It is an expectation that the supplier be available to provide ongoing follow up and instructions when unforeseen

problems occur. The supplier should be part of the overall process in delivering safe resident care rather than simply supplying a piece of equipment.

Consistent with the research findings, there are a high number of work related MSIs reported by OSHR employees, particularly long-term care aides and home support workers. Risk analysis has been conducted and consistently identified 'forceful exertions' and 'awkward postures' as causes of injuries. Caregivers are involved in frequent activities over the course of their shift using the same muscle group leading to muscle fatigue and subsequent injury (e.g. bathing, toileting and dressing residents).

Education/training is a mandatory requirement for successful implementation of the ceiling lift strategy and every effort must be made by managers to ensure staff receives the necessary training. During the trial and installation periods training may consist primarily of an orientation to the functions of the hand control and specifics of the lift system e. g. charging, emergency features etc. Additionally, an introduction to the types and application methods of the slings will be necessary at this time.

All staff providing direct care will also need MSI education and training as in the past — (review of body mechanics, stretching/strengthening exercises, obstacles to safe patient handling, and review of applicable transferring procedures), as well as hands-on practice on using the ceiling lift for repositioning and transferring residents. This training component may take place shortly after installation of the lifts, in conjunction with more in-depth review of the sling choices and configurations available to the staff when dealing with complex transfer and moving issues. On-site clinical teaching and expertise from the Supplier should be utilized at this time to ensure staff and residents are obtaining maximum benefit from the system.

Space

One of the most significant advantages of a ceiling lift system is the space saving feature. Because storage only includes slings and portable lift power units (motors), this is a very attractive feature to facilities/hospitals where storage space is at a premium.

Storage of slings, which are readily accessible, is extremely important to efficient use of the system. A unit-designated committee to address this concern (previously mentioned) is highly recommended.

Equipment

Ceiling lift systems are available with a fixed mount or portable motor. The choice of which to install must be made by the facility Project Committee taking

into consideration resident/patient care needs, staffing complement, size of facility, etc. It may be more cost effective in an acute care setting to have ceiling tracks mounted in most rooms and just a few portable units that can be taken where needed. In a residential setting where the lift may be used several times/shift, it may be more expedient to have a fixed unit which has a heavy-battery and less maintenance.

With the installation of ceiling lifts, a balance must be struck with the number of mechanical floor lifts in the department. Floor models are still required but the number will be significantly reduced in sites where ceiling lifts are installed. Feedback from sites in OSHR with ceiling lifts indicates that a total floor lift will be required in each physically separate location e.g. a wing or unit of a facility. This will result in approximately one total lift per 25 residents. The number of sit/ stand lifts will also be reduced but the number required will depend on the number of residents assessed as suitable for a manual transfer. This will vary with the facility and over time, as resident care needs change.

There are various configurations of ceiling track that can be installed, e.g. gantry (or "X-Y" or "H") system, single track straight or curved ("J-track), as well as special arrangements for single, two, and four bedrooms. The track itself is reasonably inexpensive (approximately 15% of overall cost) to install and in every situation, all placement options should be explored to determine which one most meets the functional needs of the resident and the tasks required of the staff. Feedback from OSHR staff influenced the decision that the region purchase a "Power-power" system i.e. powered lift and powered movement along the tracks. Consistent speed of movement and predictable direction during transfers was seen as an important feature of the system for the residents. A "Power-manual" system is also available. This option uses power to lift the resident and then requires the staff to gently push the sling and resident along the track for the transfer. Consideration must also be given to the potential increased costs of renovations required to install the ceiling track in existing facilities. Without fail, all sites visited by WH&S staff, as well as feedback from post installation at Brookhaven and Ridgewood Lodge, report that the tracking should also be placed in resident bathrooms, tub rooms, and shower areas. Brookhaven and Ridgewood Lodge site management, for maximum efficiency of the presently installed lift system, is revisiting this consideration. This feature is of paramount importance in future installations.

At the present time there are two different suppliers to OSHR of ceiling lift equipment. While their features are similar, the notable exception is a "Return to Charge" feature offered by one supplier. The staff at Brookhaven preferred this feature during the equipment trial to actively returning the power unit to the charging station. Maintenance issues around this feature have proved problematic, as reported in the six-month follow up staff survey. Additionally, there is some question whether this feature contravenes a CSA standard.

As a result of information from WCB and the Medical Devices branch of Health Canada it was decided that OSHR would not purchase the return-to-charge feature from any manufacturer.

The issues of ceiling lift equipment required for Home Care use must be explored more fully. As more resources are moved into the community health area to manage the increased acuity of clients being cared for at home, discussion must take place regarding safe provision of care by OSHR staff.

Finally, across the region, the issue of beds must be addressed as an injury prevention initiative. Currently, some IH beds do not facilitate easy access for the floor model mechanical lifts. Staff are unable to provide safe patient care with beds that are defective or which can no longer be maintained in a good state of repair due to age/wear and tear. This contributes to MSIs for staff. Site administrators must factor in bed replacement on an ongoing annual basis. A further advantage of the ceiling track lift system is that bed design becomes less problematic for the caregiver.

Decision Making

Purchasing a ceiling track lift system is more than purchasing equipment. All parties should be involved in the process including the contribution expected of the supplier. Once the Project Committee has analyzed all options and resultant impacts, a recommendation for purchase is put forth to Purchasing and the Site Administrator.

Any change from the decision(s) put forward by the Project Committee must be communicated back to that group with an explanation. The approval process must include the Site Administrator, Purchasing, WH&S, and the Chief Financial Officer. It is recognized that extended care areas are the highest priority and much of this task force's efforts were on addressing these needs. Because there are differences for acute care and home care, it is suggested that a smaller task force be established in these areas to further define their needs and to determine priorities.

In conclusion, implementation of a ceiling track lift system is a major undertaking, which involves participation from many departments across the organization. Research and the knowledge from our site visits indicate that MSIs for staff are greatly reduced post installation while the quality of patient/resident care is improved. Assigning a project coordinator and Project Committee to oversee the process is paramount to its success. Equally important is the user group, which is necessary to problem-solve the ongoing concerns once the system is implemented. Through involvement of the care staff in these activities, expertise develops and commitment to improving patient/resident care becomes a reality.

2.0 NO LIFT RESIDENT HANDLING AND MOVING POLICY

Purpose: This policy is formulated to decrease resident handling and movement injuries to staff and to improve quality of resident care. The policy outlines methods, which will ensure that Interior Health employees use safe resident handling and movement techniques in residential facilities. The No-Lift policy applies to all Interior Health resident care facilities with ceiling track lift systems.

Policy: The Interior Health Authority places a high priority on resident safety, while maintaining a safe work environment for employees. To accomplish this, the musculoskeletal injury prevention (MSIP) program will be expanded to ensure the required infrastructure is in place to comply with the components of this No Lift Policy. This infrastructure includes management commitment and support, resident handling and movement equipment, equipment maintenance, employee training, advanced training for MSIP resource staff and a culture of safety approach. A culture of safety approach refers to the collective attitude of employees (including supervisors, care staff and management) taking shared responsibility for safety in a work environment and by doing so, providing a safe environment for themselves as well as the residents. Care staff in resident care areas must assess high-risk resident handling tasks in advance to determine the safest way to accomplish the task. (See attached Resident Transfer Assessment form) The assessment must then be clearly communicated to all staff involved. Tasks deemed to be high-risk will require use of the recommended lift and transfer equipment, approved resident handling aids (including resident clothing modifications) and other approved techniques except in exceptional resident care circumstances.

In the facilities with ceiling track lifts, the first choice for transferring or repositioning a resident will be use of the ceiling track lift for all care activities *unless* the resident has demonstrated consistent ability to move and transfer in a less supported manner.

MSIP Program

The program will consist of the following elements:

1. Ergonomic workplace assessments of resident care areas
2. Resident risk assessment and care planning for safe resident handling and movement
3. Equipment selection, storage and maintenance
4. No Lift Policy and accompanying safe work procedures
5. Training
6. Supervision
7. Accident / incident investigations and follow-up
8. Evaluation and statistical review

Compliance

It is the duty of employees to take reasonable care for their own health and safety, as well as that of their co-workers and residents during resident handling activities by following this policy.

Definitions

The following definitions are included to more fully explain the scope of this policy.

- 1. High-risk resident handling tasks:** Resident handling tasks that have a high risk of musculo-skeletal injury for staff performing the tasks. These include but are not limited to moving and repositioning residents, bathing residents and assisting with hygiene, making occupied beds, dressing residents, and tasks with long durations.
- 2. Exceptional resident care circumstances:** Fire, other evacuation situations, and occasionally, clinical contraindications may require use of non-standard procedures to ensure comfort and safety of the resident and staff. The safest possible work method must be determined when clinical contraindications exist and this must be clearly communicated to all involved staff, including the unit manager.
- 3. Total lift / transfer:** Using equipment to assist those residents who are unable to bear sufficient weight or cooperate during any transfer, lift or repositioning procedure. Equipment to be used includes ceiling track lifts, floor model lifts, and mechanized lateral transfer aids. This is the method of choice in most resident transfers and when repositioning in bed. Sit / stand lifts will only be considered suitable as a transfer method after a thorough assessment is performed and documented.
- 4. Manual transfers:** Helping a resident to stand, move or transfer using a caregiver's assistance and a transfer belt. A weight bearing assessment has indicated that the resident can bear full weight on at least one leg, can stand erect, effectively step, can follow instruction, and is cooperative.

Alternately, a weight bearing assessment has indicated that the resident may be transferred using other assistive equipment (e.g. a sliding board or standing pole) and this method has been clearly communicated to all involved staff, and the staff have been trained in the use of this equipment with this resident.

- 5. Manual repositioning in bed:** Assisting a resident to move up in bed or to be turned in bed using approved assistive equipment such as a low-friction slider sheet, and the body strength of two caregivers following safe work procedures. A transfer assessment has indicated that this procedure is appropriate, this method has been clearly communicated to all care staff involved and staff have been trained in the use of this equipment with this resident.

Alternately, a transfer assessment has indicated that the resident is capable of a manual transfer and therefore has the physical and cognitive ability to assist with manual repositioning in bed.

- 6. Manual repositioning in a chair:** Assisting a resident with adequate upper body strength to reposition in a chair. An assessment has indicated that the resident can lift their hips off the seat to assist one caregiver in performing this task.

Alternately, a transfer assessment indicates the resident can safely lean forward in the chair and cooperate sufficiently to assist two caregivers who are trained in the use of a low-friction slider sheet, when performing this task, with this resident.

- 7. Peer Leader:** employee who has participated in advanced training to assist colleagues and the facility to assess resident transfer and repositioning needs. The Peer Leaders are drawn from the care-giving staff and including Long term Care Aides, R.N.'s, Rehabilitation staff, and Nurse Educators.

Procedures:

A. Resident Handling and Movement Requirements:

1. All transferring, moving and repositioning of the resident are considered high-risk activities. Use of the Resident Transfer Assessment form to conduct a thorough assessment, outlining the safest way to complete the task is required. Results of this assessment must be documented and clearly communicated to all resident handling staff involved with the resident. Sling choices must be included in the assessment.
2. Total lifts/ transfers using the ceiling track lifts (or floor model lifts if too far from the track location) must be used for all resident transfer and repositioning tasks unless it is clearly assessed and documented that the resident requires less supportive transferring/ repositioning assistance.

The most suitable sling for each resident must also be clearly documented and used.

Sit /stand lifts will not be substituted for total lifts and are only acceptable on those residents who meet the criteria set out in the Resident Transfer Assessment form.

3. Manual transferring will only be acceptable as a means to assist a resident who can weight bear on at least one leg, can stand erect, effectively step, can follow instruction and is cooperative. Manual repositioning in bed or chair using a low-friction slider repositioning device will only be acceptable for those residents also assessed as being suitable for a manual transfer.
4. All resident moving and repositioning procedures must be assessed, documented and communicated clearly to all staff. If the resident shows signs of no longer meeting the criteria for the designated transfer method or sling type, a re-assessment should be initiated promptly. Consultation with a unit Peer Leader or member of the Rehab staff is required prior to any change in the methods or sling used. If the Peer leaders or Rehab team are unavailable, the resident will be transferred and repositioned using the ceiling track lift and the most appropriate sling until the assessment is completed.
5. Lifting equipment and other approved resident handling aids must be used in accordance with instructions and training.

B Training:

1. All care staff will complete and document training initially, annually, and as required to correct improper use/understanding of safe resident handling and movement. Supervisors will maintain training records for three (3) years.
2. Members of the MSIP Peer Leaders group will complete advanced training initially and annually. To sustain the MSIP Peer Leader group ideally two to three care staff per 50 residents should be involved. Supervisors will maintain training records for three (3) years.
3. Members of the facility maintenance department will complete and document equipment maintenance procedures training initially and as required to adequately maintain equipment.

Responsibilities:**Managers/ Supervisors shall:**

- Convey and actively promote the Interior Health Authority's commitment to injury prevention by supporting the implementation of this policy.
- Ensure all employees and new hires participate in initial and annual training in safe resident handling and equipment use. (New hires to participate within 3 months of start date)
- Ensure all employees comply with the safe work procedures and practices established by this policy. Document appropriate action if non-compliance is determined.
- Ensure high-risk resident handling activities are assessed according to this policy.
- Establish a method of communication to inform employees of the resident handling risks identified and the control methods specified.
- Ensure that mechanical lifting devices (including slings) and other equipment/aids are available to staff.
- Ensure that mechanical lifting devices are maintained regularly and kept in proper working order. Supervisors must have access to updated equipment maintenance logs for the equipment on their unit.
- Ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely.
- Complete any accident/incident investigation forms related to a resident handling incident. Assistance from a member of the MSIP Advisors or Peer Leader group or Rehab staff may be incorporated. The supervisor will be responsible to ensure the recommendations from the investigation are carried out
- Maintain staff MSIP training records for 3 years

Peer Leaders shall:

- Develop advanced knowledge and skills in MSIP
- Provide on going staff MSIP training
- Act as a resource to ensure safe resident handling and movement
- Assist in assessing high-risk resident handling activities.
- Assist in orientation of all staff and new hires in resident handling activities.
- Assist in establishing a method of communication to inform employees of the resident handling risks identified and the control methods specified.
- Participate in ongoing education to enhance their own knowledge and **skills of MSIP**
- Liaise, as required, with the Interior Health MSIP Advisors as well as other members of the Workplace Health and Safety Department, equipment suppliers, outside resources, rehabilitation staff and the facility management.
- Assist Supervisors with any accident/incident investigations as required.

Employees shall:

- Comply with all the safe work procedures and practices established by this policy during performance of high risk resident handling and movement tasks.
- Participate in initial and annual MSIP training and as required to correct improper use/ understanding of safe resident handling and movement
- Ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely.
- Report all incident/injuries resulting from resident handling and movement by completing the Interior Health 'Accident/Incident Report' form.
- Notify Supervisor/Maintenance of equipment in need of repair

MSIP Advisor, Workplace Health & Safety Department shall:

- Provide initial training to Peer Leader groups
- Act as an ongoing resource for further MSIP education and problem solving when requested
- Research and introduce new resident handling equipment for trial and evaluation
- Assist with accident investigations and recommendations when requested
- Provide injury statistics to the facility on a quarterly basis; analyze these statistics and make recommendations to site management and the WH&S committee.

2.1 Resident Transfer Assessment

Observation		No	Yes
Strength	• In bed does the resident lift their hips clear off the bed to get onto a bedpan or assist with dressing / incontinence pads?		
	• In bed does the resident roll onto their side without assistance		
	• In sitting can the resident lift each foot off the ground and straighten each knee?		
Balance	• Can the resident sit upright on the side of the bed without help		
	• Can the resident sit/ lean forward in a chair without support?		
Ability to follow direction	• Does the resident follow transfer instructions appropriately?		
	• Does the resident's ability remain the same throughout the day and with different care-givers?		
No to any of the observations		Yes to all of the observations	

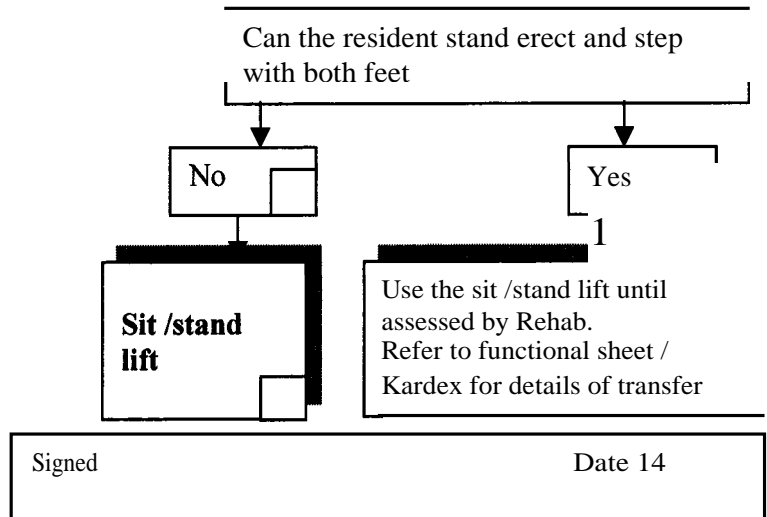
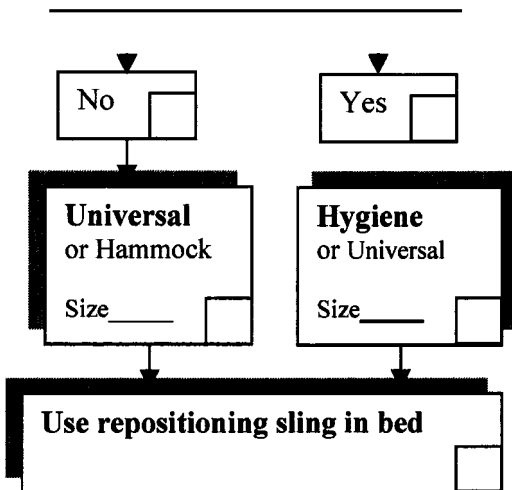
Use Ceiling Track Transfer and Consider need for adaptive clothing

No to any observations

Sit / Stand Lift Assessment	No	Yes
While sitting, can the resident actively lean forward?		
Can resident hold onto both handles of the sit / stand lift?		
Can the resident keep their feet flat on the footplate of the lift throughout the transfer?		
Can resident actively straighten their hns to assist the lift?		

Can the resident sit forwards and push down on the arm rests with **both** hands?

Yes to all observations



2.2 General Sling Guidelines

- In facilities with ceiling track lifts, the first choice for transferring or repositioning a resident will be use of the ceiling track lift *unless* the resident has demonstrated consistent ability to move and transfer in a less supported manner.
- A Resident Transfer Assessment (RTA) form *must* be completed on each resident promptly on admission, or if their condition changes, to determine which transfer method and sling best meets the resident's needs. This designated method and sling will then be used for all routine care activities for that resident.
- Generally, more dependent or unpredictable residents will require a universal or hammock sling for transfers and toileting. A repositioning sling will be required for turning or positioning in bed.
- Residents assessed, as having adequate upper body control and the ability to follow direction, may be suitable for a hygiene sling, for procedures taking a few minutes only.
- All transfer slings---Universal, Hammock and Hygiene --- can be attached to the carry- bar 3 ways, to give different leg configuration options for care activities 1) *Crossed*. 2) *Open*. 3) *Cradle*. Use of these options depends on the ability of the resident and consideration of the task.
- Adaptive clothing is required for those residents assessed as a total lift/transfer.
- Always check the loops are attached securely and the sling is comfortable before lifting the resident away from the chair or bed. Assess the resident *each time* you move them to ensure the sling in use will eliminate the risk of falling through the sling
- If a resident falls to the floor, use a universal, hammock or repositioning sling and either the ceiling track lift or a Mediman to move the resident off the floor.
- Discuss any difficulties /issues when choosing or applying a sling (or transferring a resident) with the unit Peer leader or a Rehab team member. Residents with total hip replacements or hip pinnings, morbid obesity, bilateral amputations or any other complications that require specialized transfer assessment or specialty slings must be referred to Rehab promptly.
- Residents at risk of or with skin breakdown may require protective covering over the affected area before transferring. Caution must be used if planning to leave a sling under a resident while in the chair. Consult with the wound care specialist may be required.
- Only use a sling if you have been trained in its use and an RTA is completed.

3.0 THE IMPLEMENTATION PROCESS

The process of installing a ceiling lift system, and successfully integrating into practice, involves the participation of many individuals and departments. This process has been divided into 4 phases: Planning, Trial Period, Installation and Evaluation. The actions that need to be undertaken are described in detail in the Process checklist beginning page 21. The following is a general outline of the project, including some of the issues that need to be addressed to achieve the maximum benefit for the staff and residents of the facility.

Phase 1 - Planning.

This initial phase begins once the funding has been approved to purchase ceiling track lifts for the facility. Formation of the Project Committee, determination of the building structure and its limitations, review of existing policies and an assessment of resident transferring needs, are the main activities of this early stage. The project coordinators need to be readily available for frequent meetings, to gather the information, which will assist the Project Committee in making decisions. The user group also needs to be free to participate in regular meetings to educate themselves on the benefits and changes required with the installation. Full participation of all members of the Project Committee will ensure that the configurations chosen for trial will give the staff and residents a fair and complete review of the system. This will also ensure that the decisions made at the end of the Trial Period have the full support of all stakeholders.

Phase 2 - Trial Period

This stage involves an intensive time commitment from the Project coordinators and the User group as they discuss with the installers, and the staff, any issues regarding the track configurations and curtain modifications. Encouragement from the User group with their colleagues to complete the trial evaluations and compare the applications is vital to ensure the system is trialed adequately. Many other activities that contribute to the success of the project should be started at this time, including further discussion on the implementation of the No-lift policy, training needs of the staff, and where the slings will be kept for each resident (see page 8). This phase culminates in completion of the Summary of Trial Evaluation Results form (page 39) being signed off by the Project Committee and being communicated to Interior Health.

Phase 3 - Installation

This stage will vary in length depending on the scope of the installation. Communication with the installers and the supplier representative will require a continuing time commitment from the project coordinators (approximately one hour per day each) The Project Committee and the Nurse manager will be

required to ensure the many activities of this phase are completed and communicated to staff. This includes holding an Open House for residents and families and conducting the education sessions for all staff regarding the operation of the ceiling lift system. The commissioning of the lifts will require both coordinators and the Supplier rep. and will take up to 20 minutes per room. See page 44 for details of this important step. Deficiencies should also be dealt with at this time. Once complete, the staff should begin using the system right away and the Health Authority notified.

Phase 4 - Evaluation

This stage is an integral part of the process and requires a continuing commitment from the Nurse Manager, the WH&S department and the Peer Leader group. This group will have further training in this period to enable them to be a resource for the staff and residents. They will assist with resident assessment, sling applications, and best practice methods utilizing the features of the ceiling lift system. The No-lift and modified clothing policies will be in effect during this period. Information must be gathered during this phase that will be required for the year-end Final Report. This will include a statistical review of staff injuries; resident care issues; maintenance concerns; and recommendations.

4.0 PROJECT COMMITTEE ROLES AND RESPONSIBILITIES

The Project Committee will oversee the planning, communication, installation and evaluation of the ceiling lift system for the facility. The Committee should include:

- Project Coordinator(s)
- Responsible manager/director of the unit(s)
- Representatives from the care-giving staff, i.e. LTCAs, RNs, OT/PT (the User Group)
- Regional representatives including Purchasing, Capital Planning, Maintenance, and WH&S
- Site union representative(s)
- Site Maintenance Department representative
- Site OH&S Committee member(s)
- Resident (s) or family member (in residential facilities) (ad hoc)

Responsibilities

The Project Committee will be responsible to ensure that the ceiling lift system best meets the needs of residents and staff. Responsibilities will include:

- Appoint and consult with the project coordinators and the User Group

- Participate in purchase decisions, recommend design specifics and adaptations
- Ensure pre and post installation evaluations are completed
- Communicate plans and progress to staff and residents
- Ensure policies are updated, and new education requirements of staff resulting from the ceiling track lift installation are met
- Monitor injury trends and evaluate staff feedback
- Write Final Report at one year

Project Coordination

Due to the differing skills required, ideally it would be best to appoint two individuals to carry out the project co-ordination: a site staff member who has extensive knowledge of the physical plant, building code requirements, and project management experience. A second coordinator should have extensive clinical experience with the client population, be experienced in problem-solving client-specific transfer and moving issues and be familiar with the care-giving routines and staff responsibilities of the facility. Both these individuals will be called upon to devote significant time to this project up to, and including full days e.g. while commissioning the **lifts** and need to be available to consult with the installers frequently. The coordinators will be responsible to:

- Advise and liaise with the Project Committee
- Ensure clinical issues are given key consideration in the installation decisions
- Chair and arrange meetings
- Develop a project binder with minutes, progress notes, changes, etc.
- Ensure the Implementation checklist items are addressed
- Communicate to staff and residents re: plans and progress
- Meet with the installer frequently to discuss issues and changes
- Liaise with the Supplier's representative to discuss progress and changes
- Communicate frequently with the manager
- Meet regularly with user group members and staff to solicit feedback, encourage participation in surveys and trials and answer questions about changes and policy
- Collate (with WH&S) questionnaire results
- Discuss training schedules and set up sessions for staff
- Participate with the Supplier when commissioning the **lifts** prior to use

The User Group

This group will act in an advisory role to the Project Committee members. The user group should consist of experienced care aides, RN's and where available,

Rehab staff. This group will be particularly active during the trial period when input from the care-giving staff is essential to ensure the optimum placement of tracks, identify most appropriate transfer points, charging station and hand controls locations. Any curtain modifications need to be thoroughly tested by the staff during this time for ease of use and suitability of purpose. User Group involvement and recommendations will be pivotal to the ultimate acceptance by the staff of any changes in practice required.

The User Group should be given the opportunity to have specialized training with the supplier prior to the trial period to enable the members to assist other staff with queries or problem-solving, and help direct them to important aspects of the system. The group can begin the discussion of any changes in practice that are necessary, to ensure decreased risk to staff and improved quality of care for residents. Participation by the group in an Open House would encourage staff, residents and their families to experience the benefits of the new system. Encouragement of the staff to complete the questionnaires will also be a function of this group.

After installation is complete, this group needs to form the Peer Leader resource group to continue problem solving difficult applications and deliver the education necessary to ensure maximum benefit from the ceiling lift installation.

Completion of the following is the responsibility of the Project Committee:

- Implementation Checklist
- Facility Needs Profile Form
- Facility Injury Profile Form
- Staff Questionnaire #1 Pre-Installation
- Staff Questionnaire #2 (at 3 months)
- Staff Questionnaire #3 (at 1 year)
- Resident/Family Survey #1 Pre-installation
- Resident / Family Survey #2 (at six months)
- Staff Education Checklist Form
- Trial Period Evaluation Form
- Change Notification(s) Form, if required

6.0 CEILING LIFT SYSTEM IMPLEMENTATION PROCESS

Phase 1 – Planning

<i>Phase 1– Planning</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Complete Facility Needs Profile — Analysis	Nursing	See Page 31				
Provide copy of current blueprints to Supplier (preferably in CAD)	Plant / Maint.					
Supplier to provide CSA / ULC, and Medical Device documentation	Supplier					
Complete Facility Injury Profile -- Analyze	WH&S and Project Committee	See Page 32				
Supplier to provide BC certified P.Eng. stamped drawings for fastening methods.	Plant / Maint.					
Letter of Assurance from the Structural Engineer re: liability for design and inspection.	Plant / Maint.					
Review facility and regional policies and procedures re: transferring and repositioning and revise as necessary	Nursing Project Committee	See Pages 8-15				

j) Interior Health

<i>Phase 1– Planning</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Walk-through of facility to determine optimal transfer points and functional requirements for resident care	Supplier, Project Committee, Rehab					
Review of the facility with the engineering contractors, Supplier representative, Project Coordinators	Plant / Maint.					
Project Committee to visit site with CLS to discuss uses and other issues e.g. storage of slings curtains	Project Committee					
Provide resident handling staff in facility with the Supplier video showing potential uses of track lift system	Supplier					
Participate in walk-about on unit with supplier	PC's					
Designate rooms that will be installed with tracks for the 2 week trial period	Project Committee					
Designate training room (s) if available	Nurse manager					

Interior Health

<i>Phase 1– Planning</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
In consultation with Supplier, determine which track configurations will be used in trial period	Project Committee					
Distribute staff Questionnaire # 1		See Page 33				
Distribute Resident Survey #1		See Page 36				
Review results of staff and resident / family surveys						
Communicate adaptive clothing resources to all units	Clinical coordinator					
Begin discussion of any needed changes in practice to conform to No-lift and adaptive clothing policies						
Discuss possible changes in practice, which take advantage of the CLS e.g. more frequent transfers, bathing etc.						
Determine laundering process for slings and communicate with all staff involved						
Consult with staff re: storage and labelling of slings						
Determine location of slings and responsibility for installation						

<i>Phase 1— Planning</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Determine communication process with staff and resident re: CTL process						
Post information message to residents and families about CLS benefits and approximate installation schedule		See Page 38				
Determine education plans for staff and User group with Supplier including timing, location, and content.	Nurse manager, PC					
Organize training sessions for User Committee with Supplier	Project coordinator					
Organize peer leader groups as resource and ongoing training for staff after installation.	Nurse Manager, WH&S					

Phase 2 - Trial Period

<i>Phase Two: Trial Period</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Inform installers, staff and managers of key contact people on each unit		See Page 20				
Send resident room preparation requirements to each unit before installation to begin		See Page 43				
Ensure whiteboard up on unit in a visible place and that installers update by 3:00 p.m. with the next days installation schedule		Vendor to provide white board				
Establish regular communication time and location for project coordinators and installers						
Copy trial room evaluation forms						
Encourage staff to complete on each shift. Gather verbal feedback from staff and residents	User Group					
Commission process to be complete in each trial room before use by staff and patients. Notify staff when lifts can be used.	PC's and Supplier					
Send general message to staff outlining CTL installation schedule						

Phase <i>Two: Trial Period</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Post a general message to residents and families to inform of CTL installation schedule						
Organize an Open House for residents and families during the early installation phase	PCs and Supplier					
Decide on best placement of sling storage hooks and who will install in each room	PCs and User group					
Collate trial evaluation results	PCs and User group					
Write trial evaluation report. Notify Purchasing of recommendations						
Determine lift breakdown/ maintenance process and communicate this to all staff						
Ensure advanced training of User group complete	PC and Supplier					
Determine space available for installers to store equipment, tools	PC and Nurse manager					
Determine Commissioning schedule	Committee and Supplier					
Notify Housekeeping of curtain modifications to be completed by Supplier.						

<i>Phase Two: Trial Period</i> ACTION	Dept/Person Responsible	Forms Process Available	Must be Completed by	Date Completed	Signed	Comments
Consult with Housekeeping/ Nursing re: bed making to include repositioning slings as required						

Phase 3 — Installation

<i>Phase Three: Installation</i> ACTION	Dept/Person Responsible	Forms Process Available	Must be Completed by	Date Completed	Signed	Comments
Obtain feedback from staff and residents re: noise, scheduling, communication etc with installers	PCs					
Ensure installers DO NOT provide hand controls on lifts UNLESS commissioned.	PCs					
Problem-solve with installers e.g. end stops for standing poles, charging locations in specific rooms,	PCs					
Discuss No-lift policy and its effect on care routines. Distribute to each staff member at orientation sessions.	Nursing					
Begin staff orientation sessions to ceiling lift system and sling applications	PC and Supplier					

<p>Conduct Open House for interested residents, families and staff.</p>	<p>Committee and Supplier</p>					
<p>Commission lifts as ready.</p>		<p>Summary available See Page 44</p>				
<p>Determine process for communication of and/or review of accident investigations</p>						

Phase 4 – Evaluation

<i>Phase Four- Evaluation</i> ACTION	Dept/Person Responsible	Forms / Process Available	Must be Completed by	Date Completed	Signed	Comments
Ensure timely investigation of all transfer related staff injuries. Preventative actions and recommendations to be communicated to staff promptly	Nurse manager Peer leader groups, WH&S					
Collaborate with WH&S regarding further training needs.	Nurse manager, Peer leader group.					
Complete and analyze Staff Questionnaire # 2 at 3 months	Peer leaders	See Page 34				
Complete and analyze Resident/ Family Questionnaire # 2 at 6 months	Peer leaders	See Page 37				
Complete Staff Questionnaire # 3 One Year Post Installation	Peer leaders	See Page 35				
Compile summary of entire process including results of all questionnaires and statistical info. for regional admin. team	WH&S					

7.0 FACILITY NEEDS PROFILE FORM

Residential Care

Site: _____ Unit: _____

Completed by: _____ Phone #: _____

	#	Comments
1. Layout		
• # Single rooms		
• # Double rooms		
• # 4 bed-rooms		
• designated storage space for floor model lifts?		
2. Existing Equipment		
• total number of beds		
• # Electric beds		
• # Sit/stand lifts		
• # Total floor lifts		
3. Resident Population –number currently assessed as:		
• Total care residents		
• Dementia residents		
4. Transfer Profile –number currently assessed as:		
1. A manual transfer		
• A sit/stand transfer		
• A total lift transfer		
5. Repositioning in bed –number currently assessed as:		
• A 2 + person assist to reposition in bed		
6. Toileting / Bathing – number currently assessed as:		
• Requires assistance with toileting routines		
• Requires assistance into the tub/shower		

7. Summarize any major physical, staffing, or program changes that are proposed in your facility in the next two-year period.

8. Describe any problems with the physical layout of the facility that impact the provision of safe care.

9. Describe where residents are typically toileted during a shift, e.g. in room, on commode, large bathroom.

7.0 FACILITY NEEDS PROFILE FORM
Acute Care

Site: _____ Unit: _____

Completed by: _____ Phone #: _____

To be completed by site management

	#	Comments
1. Existing Equipment		
• total number of beds		
• # Electric beds		
• # Sit/stand lifts		
• # Total floor lifts		
2. Patient Population		
Indicate typical number of patients assessed, on any given day as:		
• Total physical care patients		
• Dementia patients		
3. Transfer Profile		
Indicate typical number of patients assessed, on any given day as:		
• A manual transfer		
• A sit/stand transfer		
• A total lift transfer		
• A 2+ person assist to reposition in bed		
• Requiring assistance into the tub/shower		

4. Describe any problems with the physical layout which impacts the provision of safe care

5. Describe the rationale for requiring ceiling track lifts on this unit.

6. Summarize any major physical, staffing, or program changes that are upcoming in your facility in the next two-year period.

8.0 FACILITY INJURY PROFILE

Facility _____

Unit (s)

Date of Ceiling Track Lift Installation _____

	Total Number of WCB Claims	Total WCB Costs for the year	WCB Costs as % of Payroll
Pre-installation Year			
Current Year			
Year 1			

Additional information that needs to be analyzed and included with the Injury Profile:

Body part injured e.g.

- Neck
- Shoulder
- Low back

Employee activity at time of injury e.g.

- Transferring patient bed to chair
- Repositioning in bed
- Bathing
- Using mechanical floor lift
- Toileting

Comments:

9.0 CEILING TRACK LIFT STAFF QUESTIONNAIRE

9.1 Pre-Installation

Note: "lifts" refers to any floor lift. (total or sit/stand)

Please circle an answer for each question	agree			disagree	
1. The lifts are easy for staff to use safely	1	2	3	4	5
2. The lifts are comfortable for the residents	1	2	3	4	5
3. I have been trained to use the lifts safely	1	2	3	4	5
4. I know which sling is best for the resident	1	2	3	4	5
5. There are enough slings available for care routines	1	2	3	4	5
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5
7. The lifts help me perform my care duties safely	1	2	3	4	5
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

9.2 Three Month Post Installation

Note: "lifts" refers to the ceiling lift.

Please circle an answer for each question	agree			disagree	
1. The lifts are easy for staff to use safely	1	2	3	4	5
2. The lifts are comfortable for the residents	1	2	3	4	5
3. I have been trained to use the lifts safely	1	2	3	4	5
4. I know which sling is best for the resident	1	2	3	4	5
5. There are enough slings available for care routines	1	2	3	4	5
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5
7. The lifts help me perform my care duties safely	1	2	3	4	5
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/ tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

9.3 One Year Post Installation

Note: "lifts" refers to the ceiling lift.

Please circle an answer for each question	agree					disagree				
1. The lifts are easy for staff to use safely	1	2	3	4	5					
2. The lifts are comfortable for the residents	1	2	3	4	5					
3. I have been trained to use the lifts safely	1	2	3	4	5					
4. I know which sling is best for the resident	1	2	3	4	5					
5. There are enough slings available for care routines	1	2	3	4	5					
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5					
7. The lifts help me perform my care duties safely	1	2	3	4	5					
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5					

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

10.0 CEILING TRACK LIFT INSTALLATION RESIDENT / FAMILY SURVEY

Pre-Installation

<p>How to Score: Please tick the column which best describes your feelings. 1 =Notatall 2 = Somewhat I Sometimes 3 = Usually 4 = Almost Always 5 = Always</p>					
Question					
	1	2	3	4	5
1. Do you feel (or do you think your family member feels) calm and secure while being transferred?					
2. Do you feel privacy is adequately protected during transfers					
3. Are you (or your family member) transferred in and out of bed as frequently as you would like?					

Comments:

10.0 CEILING TRACK LIFT INSTALLATION RESIDENT / FAMILY SURVEY

Six Month Post-Installation

<p>How to Score: Please tick the column which best describes your feelings. 1 = Not at all 2 = Somewhat / Sometimes 3 = Usually 4 = Almost Always 5 = Always</p>					
Question					
1. Do you feel (or do you think your family member feels) calm and secure while being transferred?	1	2	3	4	5
2. Do you feel privacy is adequately protected during transfers					
3. Are you (or your family member) transferred in and out of bed as frequently as you would like?					
4. Do you feel we clearly explained the ceiling track lift uses before you, or your family member, was first moved in it?					

Comments:

11.0 NOTICE TO RESIDENTS

To Residents and Families:

We have been awarded funding for installation of ceiling track lifts at our facility. We are very excited about this opportunity, as it will benefit both residents and staff. Results from other facilities, which have installed these lifts has been very positive and **we look forward to** completing the project here.

What is a ceiling track lift?

A ceiling lift is a mechanical device that consists of a track mounted on the ceiling and a motor that moves along this track. By using a sling around the resident, the nurse can use the motor to lift the resident. The resident can then be can be comfortably and safely moved along the track from bed to chair for example, or onto the toilet.

Why are we installing ceiling lifts?

Interior Health is committed to providing a safe, comfortable home for the residents and a safe working environment for staff. Use of the ceiling lifts will contribute to decreasing staff injuries and increasing quality of care for the residents. Residents describe the ceiling lifts as being more comfortable and predictable than the floor model lifts and consequently they feel safer during transfers.

Where will the ceiling lifts be installed?

The project **will see** ceiling lifts installed in as many rooms as possible in this facility. If possible, we will install the lifts in bathrooms and tub rooms to assist with care in these areas. A project team will be working closely with the manager and staff here to determine the best system for this facility. We will endeavour to minimize any disruption for the residents during the installation phase.

When will the lifts be installed?

Start date

Open House

Anticipated Completion

12.0 TRIAL PERIOD ROOM EVALUATION FORM

Room _____ # of beds _____ J-track Gantry

1. How does the position of the track / gantry affect your ability to perform care?

1. very negatively 2. negatively 3. not affected 4. positively 5. very positively

Suggested improvement: _____

2. How does the system (hand control, motor speed, applying slings etc) affect your ability to perform care on these residents?

1. very negatively 2. negatively 3. not affected 4. positively 5. very positively

Suggested improvement: _____

3. How well does the curtain arrangement meet your & the residents needs during care?

1. very poorly 2. poorly 3. no opinion 4. fairly well 5. very well

Positive attributes of curtain arrangement are:

Privacy between residents

Curtain joins give privacy

Other: _____

Problems associated with curtain arrangements:

Provide poor privacy

Difficult to close/open

Other: _____

4. What did you use the ceiling lift for?

Lift from bed to chair Turning in bed

To and from the toilet / chair Repositioning in bed

Other

5. Which slings did you use?

Hygiene (toileting) Universal

Repositioning sheet Hammock

6. Please comments about using the ceiling lift system?

Thanks for your time and assistance with this evaluation.

14.0 PEER LEADER RESOURCE GROUP TRAINING MODULES

This initial training provided by WH&S will be followed by annual refresher training and information updates as necessary. Each session will provide time to practice the skills required and problem solve specific resident issues, to ensure the Peer Leaders are confident in their role as a resource and teacher for their colleagues. The complete program will be approximately 18 hours long.

Module 1 No-Lift Policy

- Review of purpose and responsibilities
- Discussion of implementation process

Resident Transfer and Sling Review Form

- Rational as ceiling lift as first choice of transfer
- Practice /discussion of observation skills required

Effective Teaching Strategies

- Principles and planning of a 10 - 15 minute in-service

Module 2 Mechanical Assisted transfers

- Includes ceiling lift, total floor lift, sit/stand lift
- Potential risks and practice of skills required

Resident Slings

- Assessment and Application

Module 3 Repositioning

- Use of CLS to reposition in bed / chair
- Risks associated with manual repositioning in bed /chair

Module 4 Manual assisted transfers and mobility

- Review of the weight bearing assessment
- Principles of safe manual resident handling transfers
- Bariatric transfers
- Principles and equipment needs

Module 5 ADL assessment and intervention

- Bathing a resident—potential risks
- Dressing a resident—adaptive clothing
- Toileting a resident—risks and strategies

**Module 6 MSIP resources
Accident Investigation
Case Studies**

15.0 CEILING TRACK LIFT INSTALLATION REQUEST FOR CHANGE FORM

If there are any changes to the design of the Ceiling Track configuration after the initial decision has been communicated to all appropriate parties, this request form must be completed and authorized as noted below.

Form completed by:

Date: _____

a) **Proposed change:**

b) **Rationale for Change:**

Authorization:

Site Management

Workplace Health and Safety

Maintenance

16.0 ROOM PREPARATION FOR CLS INSTALLATIONS

The installation of the tracking will begin on your unit_____

A white board will be located on the unit and will be updated by 1500 each day to inform you of the room(s) that the installers will need to work in the next day. The night staff will need to begin the following preparations as the installers will start work just after 0800 each weekday morning. (There may be occasions when the installers will negotiate with the unit to work on the weekend or later into the evening. This will be communicated to the staff). Day staff will also need to ensure all the preparations are complete and that residents and their belongings are secured during this short-lived but necessary disruption to the routine of the facility. Please ensure the following:

All rooms

- TV's, fans, lights etc are unplugged and cables secured.
- It is NOT necessary to remove pictures etc from the wall.
- All residents must be removed from the room while the installers are working in the room

Single rooms

- Installers need free access around the usual location of the bed and the entrance to the bathroom. If pushing the bed /over-bed table/ night table/ chairs/ any personal furniture etc against the back wall allows this access, they can remain in the room.
- Personal items should be secured away from accidental damage.
- The room will take approximately one working day to complete

Double rooms

- Installers need free access around the usual location of the beds and the entrance to the bathroom. Therefore both beds need to be removed from the room and stored in an agreed upon location. If pushing the over-bed tables/ night table/ chairs/ any personal furniture etc against the back wall allows this access, they can remain in the room.
- Personal items should be secured away from accidental damage.
- The room will take approximately one working day to complete

4 bedrooms

- Installers need free access around the usual location of the beds and the entrance to the bathroom. Therefore all four beds may have to be removed the installer will decide the day before—and stored in an agreed upon place. If pushing the over-bed tables/ night table/ chairs/ any personal furniture etc against the back wall allows this access, they can remain in the room.
- Personal items should be secured away from accidental damage.
- The room will take approximately two working days to complete

17.0 COMMISSIONING PROCEDURE

The complete commissioning procedure will be available from the Supplier. The Owners Representative, usually the Project Coordinator from Maintenance, will witness and sign the report for the facility. However, the Structural Engineer is responsible for verifying the safety of the system as built. All WCB regulations regarding load testing this equipment will be adhered to during the commissioning process. The clinical Project Coordinator can discuss a suitable schedule with the staff and should attend to assist with any clinical issues that arise during the moving of residents. The following is a brief outline of the process.

The Structural Engineer responsible will inspect the installation and give approval to proceed with the commissioning process.

The Supplier's Representative will complete a Commissioning Report on each lift/ system.

While load-testing any lift, all residents must be removed from the room. Empty beds or other furniture can remain in the room if it does not impede the progress of the load as it traverses the room.

On completion of the test the Owner and Supplier's representatives will sign that the procedure has been witnessed and completed.

At the end of the test, if successful, the hand-control will be left on each motor signifying to the staff that the lift is now ready for use with residents. (The installers should not provide hand-controls prior to the commissioning)

The full system checklist (available from the Supplier) and the required resident move takes approximately 20 minutes per room. A wing or unit may take most of a day to complete.

Any deficiencies noted during the commissioning process will be documented and made good by the Supplier.

LIFT SYSTEM COMMISSIONING FORM*

DATE _____ REGION _____ FACILITY _____
 ROOM # _____ WING _____ NEW INSTALLATION _____ EXISTING _____
 SYSTEM TYPE: (check applicable items) GANTRY _____ TURNTABLE _____ # _____ MONORAIL _____
 LIFT MODEL # _____ SERIAL # _____
 TRACK MOUNTING TO: WOOD _____ CONCRETE _____ STEEL _____ FLOOR MOUNT _____
 Comments: _____

SYSTEM CHECKLIST:

ALL CEILING PLATE AND GANTRY CAP SCREWS SECURE
 END STOPS ADJUSTED AND TIGHTENED
 CHARGER INSTALLED AND TESTED
 HAND CONTROL HOLDER/CLIP INSTALLED
 GANTRY WIRING SECURED
 GANTRY BOOM RUNNING TRUE
 LIFT HEAD TRAVERSING
 UPPER LIMIT CHECK
 LOWER LIMIT CHECK
 TESTED UNDER NO LOAD
 CARRY BAR PROPERLY SECURED

WEIGHT TESTED TO ALL POINTS ON TRACK TO SPECIFIED LIMITS
 SYSTEM WEIGHT LIMIT 425 lbs. + 25% = 531 lbs.
 600 lbs. + 25% = 750 lbs.

Comments: _____

INSTALLED BY:

 Print Name Signature Date

FACILITY WITNESS:
 (Weight Test only)

 Print Name Signature Date

**ANGEL
ACCESSIBILITY
SOLUTIONS:**

 Print Name Signature Date

*Acknowledgement for Lift Commissioning Procedure and Form to Angel Accessibility Solutions

18.0 ORIENTATION CHECKLIST

Resident Transfers and Repositioning Orientation Checklist

Principles
Operation of the Lifts
Types and application of slings

Principles

Maximum capacity of the lifts 4251bs (or in special cases 600lbs)
Sling capacity rated at 6001bs but may be difficult to fit large resident. Custom slings are available and can be ordered by Rehab.

The Ceiling lifts are to be used for transferring and repositioning all residents who are unable to meet all the following conditions:

- Weight bear through at least one leg and
- Stand erect and
- Follow directions and
- Are cooperative.
- Sit / stand lifts are only to be used / tried with residents who meet the following conditions:
 - Can actively lean forward without support and
 - Can hold onto the handles with both hands and
 - Can keep their feet flat on the footplates throughout and
 - Actively straighten their hips to assist the lift.

Any resident who requires assistance, after a fall to the floor outside of the reach of the ceiling lift system, must be lifted using a floor model total lift and a universal or hammock (full body) sling.

Any Rehabilitation assessment of a resident will be documented in the chart and instructions will be included as to the specific sling and type of lift/ assistance required. This documented transfer method will take precedence over the Resident Transfer and Sling Review form choices and will be used by all staff.

As part of Orientation new and existing staff should review the Safe Work procedures manual for details of the No-Lift Policy, sling types and choices, application methods and configuration options, resident characteristics and observation required as well as safe work procedures on the uses of equipment and risks involved with transferring and moving residents. The manual also contains more detailed information on the features of the lifts, trouble-shooting problems and the Maintenance procedure to be used in each facility.

Operation of the Ceiling Lift

To be completed by the new employee when reviewed by a designated staff member and demonstrated by the new employee.

Hand Control Features

On /off		Direction buttons		Raise carry bar	
Emergency stop		Single track		Lower carry bar	
Emergency lower		4 way gantry		Air line connect	

Motor Unit Features

Emergency On /Off switch		Direction arrows	
Emergency lowering switch		Single track --- blue and yellow	
Green Light---show lift is ON		4 way gantry--- blue and yellow	
Amber light--- lift is charging		black and white	

Charging the Lift

Location on the wall	
Docking procedure	
Green Light—indicates lift on charge	
Policy re: charging times / procedure	
Note: 2 hours to fully charge	
Low "eee" indicates battery low	

Slings

Review all sling application guides and safe work procedures					
Review Transfer and Sling Review form					
<i>Universal</i>		<i>Hygiene</i>		<i>Repositioning</i>	
Uses		Uses		Uses	Uses / caution
Cautions		Cautions		Cautions	Application
Application		Application		Application	<i>Bathing</i>
Practice		Practice		Practice	Uses / cautions
storage		Storage		Storage	Application

Orientation Date(s): _____

Peer Leader: _____

New Employee: _____