



ELECTRONIC STAND ASSIST LIFT COMPETENCY

Name _____

Date _____

| STEPS | COMPLETED | COMMENTS |
|--|-----------|----------|
| 1. Turns lift "ON" by rotating the red button clockwise until it pops up. Ensures that battery indicator shows at least one full bar. Four full bars indicate a fully charged battery. Verbalizes not to use lift if there are no full bars. | | |
| 2. Positions the base of the lift around or under the chair. | | |
| 3. Widens the base and applies the brakes in both rear casters. | | |
| 4. Positions patient's feet on the foot platform and knees against the knee pad. | | |
| 5. Positions the sling behind the back with the two red pads under the arms and the single red lumbar pad against the small of the back. | | |
| 6. Attaches hook-and-loop strap and plastic clip in front of the chest. | | |
| 7. Attaches sling to lift using same color strap on both sides. | | |
| 8. Instructs patient to grip both handles and have feet securely on platform with knees against knee pad. Note: Stand Assist Patient Lifts require some level of upper body strength to maintain grip on the handles. | | |
| 9. Presses the "UP" button on the hand control. | | |
| 10. Ensures the sling is secured and patient's knees are against the knee pad. | | |
| 11. Presses the "UP" button until the patient's body has completely left the chair. | | |
| 12. Releases the brakes, closes the base, and pulls the lift away from the bed. | | |
| 13. Locks the brakes on the lift and locks any brakes on the object the patient is being lowered onto (i.e., wheelchair) before lowering. Lowers the patient to the intended object. | | |
| 14. Turns the lift "OFF" by pressing the red button. | | |

| SELF-ASSESSMENT | EVALUATION/ VALIDATION METHODS | LEVELS | TYPE OF VALIDATION | COMMENTS |
|---|---|--|---|----------|
| <input type="checkbox"/> Experienced <input type="checkbox"/> Need practice <input type="checkbox"/> Never done <input type="checkbox"/> Not applicable (based on scope of practice) | <input type="checkbox"/> Verbal <input type="checkbox"/> Demonstration/ observation <input type="checkbox"/> Practical exercise <input type="checkbox"/> Interactive class | <input type="checkbox"/> 1=Needs Assistance <input type="checkbox"/> 2=Minimal Assist. Req. <input type="checkbox"/> 3=Performs Independ. <input type="checkbox"/> 4=Able to Teach with Resources | <input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ _____ | |

Employee signature _____

Observer signature _____