



ELECTRONIC TOTAL 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 under the bed.		
3. Widens the base. DOES NOT LOCK BRAKES.		
4. Folds the sling in half underneath the patient.		
5. Rolls the patient and pulls the sling through underneath the patient. Ensures the back strap on the sling is facing downward on the bed (on the outside of the patient).		
6. If using a Universal ("U-shaped") sling: Pulls both of the lower flaps between the legs. Feeds left strap through the right strap creating a criss-cross.		
7. Attaches straps to lift on first or second pair of hooks.		
8. Ensures all straps are secure.		
9. Instructs patient to remain relaxed in the sling.		
10. Presses the "UP" button on the hand control.		
11. Ensures the sling is secured and patient is positioned facing toward the lift.		
12. Presses the "UP" button until the patient's body has completely left the bed.		
13. Closes the base and pulls the lift away from the bed.		
14. Ensures the lift is properly positioned, with the base spread before lowering. Lowers the patient to the intended object.		
15. Turns the lift "OFF" by pressing down 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 _____