



OVERHEAD LIFT COMPETENCY

Name _____

Date _____

STEPS	COMPLETED	COMMENTS
1. Folds the sling in half underneath the patient.		
2. 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).		
3. 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.		
4. Removes hand control from charging station.		
5. Presses the UP arrow on the hand control to raise the spreader bar up enough to not come in contact with the patient or obstacles in the room.		
6. Positions the motor/track over the patient by pulling the spreader bar and rolling the motor/track into position for the transfer.		
7. Presses the DOWN arrow to lower motor.		
8. Attaches straps to spreader bar hooks. Ensures hooks are closed and sling is secure.		
9. Presses the UP arrow on the hand control to slowly raise patient.		
10. Secures the hand control on the spreader bar or carry handle and gently moves the patient to intended transfer area with one or both hands placed between the hip and shoulder area.		
11. Instructs patient to remain relaxed in the sling.		
12. Ensures the lift is properly positioned. Lowers the patient to the intended object by pressing DOWN on the hand control.		
13. Releases the sling from the spreader bar.		
14. Returns the motor to the charging area and places hand control into the charging station.		

PRE-ASSESSMENT	EVALUATION 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 _____