

**POLICY:** Overhead Lifts for Community Clients

**Program Area:** Across Care Areas

**Section:** General

**Reference Number:** CLI.4110.PL.028

**Approved by:** Regional Lead – Community & Continuing Care

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Revised

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**PURPOSE:** To define the assessment, eligibility criteria, and approval/purchase process for Overhead Lifts for Community Clients. To define the process for tracking and ongoing maintenance of the equipment to ensure the safety of clients and caregivers using the overhead lifts. To define the process for discontinuation and removal of lifts from the home when client no longer requires the equipment.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-01) Global Executive Restraint & Risk Management  
Executive Limitation (EL-02) Treatment of Clients

**POLICY:**

The provision of Southern Health-Santé Sud (SH-SS) funded overhead lift systems will be determined as part of a thorough assessment by the Occupational Therapist (OT) or Physiotherapist (PT) and subject to review and prioritization of the client’s needs by leadership.

**DEFINITIONS:**

**Mechanical Lift:** Equipment that uses a sling to transfer and/or position clients. Lifts available include floor lifts, sit-stand lifts and overhead lifts.

**Overad Lift:** Overhead lifts are a motorized device that lift and transfer a client along an overhead track mounted to a ceiling or a free-standing pressure fit track system. The overhead lift will involve the use of a sling for the person being transferred.

**Client:** Refers to patients, residents, or clients who receive health care in a variety of health care settings.

**Caregiver:** A person who is providing care because of a prior relationship with a client. A caregiver may be a biological family member or “family by choice” (e.g. friends, partners, neighbors) or an individual hired by the client to provide care.

## **IMPORTANT POINTS TO CONSIDER:**

- A minimal lift environment is promoted by following the safe work procedures outlined in the Safe Client Handling and Injury Prevention Program (SCHIPP).
- When an overhead lift is required, the **pressure fitted system** is the first option. A ceiling mounted system will be considered only when a pressure fitted system is not suitable (e.g. ceiling height and type, client weight and/or lack of space for poles). Mounted systems will not be approved for cosmetic purposes.
- Clients living in a rental property must have Landlord or Property Manager sign “Overhead Lift – Consent for Installation” Form (CLI.4110.PL.028.FORM.02) prior to the approval and installation of an Overhead Lift system.
- Overhead lift availability may be limited and clients deemed appropriate may be placed on a wait list until equipment/funding becomes available. The wait list is managed in priority order based on safety of clients/caregivers. Alternate equipment and options of care including use of a mechanical floor lift, additional care providers and/or bed care may be necessary pending availability of specialty equipment. Clients also have the option of renting or purchasing a lift and sling (at client’s own expense) pending availability of SH-SS funded equipment.
- The Client is open to the Home Care program only if the client has home care services. The client is not open to Home Care (equipment) solely for an overhead lift purchase.

## **PROCEDURE:**

### **1.0 Eligibility**

#### **1.1 An Overhead Lift may be considered an option when:**

- Client requires a mechanical lift as part of their active care plan to ensure safety for client, staff and caregivers in accordance with SH-SS SCHIPP;
- Client is non-weight bearing, is unable to consistently weight bear and requires more than minimal assist to transfer or move from one surface to another;
- Client characteristics do not allow for the safe use of a floor lift (e.g. weight, behavior, pain and/or contractures);
- There is documented reason why sufficient floor space and/or a safe floor surface (e.g. flooring versus carpet) cannot be achieved to permit use of a mechanical floor lift;
- All alternatives have been explored.

#### **1.2 Clients are not eligible for SH-SS equipment if client:**

- Resides in another Regional Health Authority;
- Is a child under 18 in care of Child and Family Services;
- Is eligible for equipment through another funding organization, such as Disability Health Services Unit (DHSU - EIA, CdS, CLDS clients), Jordan’s Principal or Non Insured Health Benefits (NIHB);

- Is on a pass from a Personal Care Home;
- Requires equipment for workplace, school or a day program;
- Requests equipment for a second residence, if client already has this equipment for primary residence;
- Requests for future need or in case of a fall;
- Requests to support client and significant other to remain in the same bedroom.

**1.3 Number of Lifts:**

- Clients may be eligible for one mechanical lift including tracking for one room.
- Additional lifts or tracking may be purchased or rented by clients, however an OT or PT assessment must be completed to determine whether Home Care staff can assist with the lift (may require client specific training).

**2.0 Roles and Responsibilities:**

**2.1 Homecare Case Coordinator (if applicable):**

- Reviews client's transfer status during all assessments, including annual reviews;
- Receives and reviews concerns from client/family/staff regarding transfers;
- Completes and submits Community Based Rehabilitation Referral (CLI.6310.SG.007.FORM.01) when changes are identified in client's ability to transfer that cannot be resolved at the Case Coordinator/SCHIPP Peer level;
- Updates the client care plan as appropriate (including documenting the purchase of a SH-SS owned overhead lift);
- Communicates with the Rehabilitation Administrative Assistant if family or client indicates that equipment requires repairs or is no longer required and is to be removed.

**2.2 Occupational Therapist (OT) or Physiotherapist (PT):**

- Receives and prioritizes the Community Based Rehabilitation Referral (CLI.6310.SG.007.FORM.01);
- Completes an in-home assessment and recommends the appropriate mechanical lift; This assessment considers factors including client’s medical condition, skin condition, muscle tone, weight and body distribution, weight bearing ability, strength, supports available, cognitive status, behaviours, environment (flooring, space), and equipment specifications including sling requirements (type and size). The capability of a family/caregiver to provide safe assistance with transfers must be assessed.
- If the client does not meet the eligibility criteria, OT/PT reviews the outcome with the client and advises the client and the Case Coordinator (if applicable) of their recommendations.
- **If an overhead lift is recommended, the OT/PT:**
  - Works with the contracted vendor to determine suitable/feasible equipment particular to the home environment/client situation and obtains vendor quote;

- Completes the Overhead Lift Request Form (CLI.4110.PL.028.FORM.01), documenting alternatives explored and rationale as to why they are not suitable for the client’s transfer;
- Confirms with Vendor and Rehabilitation Services Administration Staff to determine if an appropriate overhead lift is available from the SH-SS equipment pool;
- Submits Overhead Lift Request form and vendor quote to the Manager, Health Services - Rehabilitation for review and approval;
- Reviews the approval process outcome with the client and advises the client and the Case Coordinator (if applicable) of the decision and discusses alternatives for safe transfers;
- If approved, obtains and documents consent from client to the installation of the overhead lift or obtains the Overhead Lift – Consent for Installation (CLI.4100.PL.028.FORM.02) from the building owner/property manager for clients in rental homes prior to installation of a mounted track system.
- Provides client and caregiver education on the transfer method;
- Provides Overhead Lift Client and Family Information Brochure (CLI.4110.PL.028.FORM.05) to client and/or family ensuring that HCCC name and contact number is provided as appropriate.

**2.3 The Manager/ Director, Health Services, Rehabilitation:**

- Reviews the Overhead Lift Request form and vendor quote;
- Ensures that all other options have been explored and exhausted;
- Confirms client meets the clinical eligibility criteria and approves or denies request;
- If the request is denied, reviews the decision with OT/PT;
  - If the request is approved, prioritizes it using the Overhead Lift Prioritization Criteria – Level of Risk (CLI.4110.PL.028.FORM.03).

**2.4 The Director Health Services, Rehabilitation:**

- Reviews the request, and confirms if funding or SH-SS-owned equipment is available to proceed with purchase;
- Places the individual on the waitlist as indicated by priority of need;
- If funding available, completes Specialized Equipment Request form indicating “Community Client Installation” in the title and submits form, SBAR and quote to Regional Lead Community and Continuing Care and Chief Financial Officer for review and approval of capital purchase;
- If SH-SS equipment is available in the equipment pool, and the approval of Senior Leadership Team is provided, communicates with Rehabilitation Administrative Assistant to make necessary arrangements with the vendor for the lift to be installed;

## **2.5 The Contracted Vendor:**

- Completes a feasibility assessment of client's home environment for overhead lift and provides quote to the therapist;
- Consults with OT submitting request for an overhead lift to determine feasibility and lift placement;
- Once approved by SH-SS and/or a lift becomes available:
  - Contacts OT to inform of planned installation/delivery.
  - Installs overhead lift and recommended lift slings.
  - Provides client/caregiver education on the transfer equipment provided (Note: OT completes client/caregiver training on transfer method).
  - Provides any authorized battery replacement, repair and maintenance.
  - Schedules and completes annual inspections and required repairs.
  - Removes equipment when no longer required and complete necessary cleaning and maintenance.

## **2.6 Client/Family:**

- Contacts Homecare Case Coordinator (HCCC)/Homecare Afterhours (for Clients open to Homecare) or Rehabilitation Services/Homecare Afterhours (for Clients not open to Homecare)
  - if equipment is not operating properly
  - if equipment is no longer required or if client is moving residences. Client must not take down/remove overhead lift systems or reinstall in another location; vendor is always responsible for removal and installation;
- Ensures equipment on loan is only used with client, as intended and not abused;
- Accommodates and/or facilitates recommendations and retrieval of equipment;
- Clients living in a rental property must have a signed consent from the landlord/property manager prior to installation of a mounted overhead lift system.

## **2.7 Homecare After Hours staff:**

- Uses the Overhead Lift – Afterhours/Homecare Case Coordinator/Rehabilitation Services Troubleshooting Process (CLI.4110.PL.028.06) to obtain client information and respond to client concerns regarding Overhead Lift equipment issues.
- Respond to phone calls from clients and families after work hours, on weekends and during holidays communicating inquiries to HCCC on call manager in situations where clients require assistance with problem solving care needs;
- Communicate client overhead lift needs for repairs to the vendor in a timely manner;
- Communicate client overhead lift needs for equipment removal to the vendor and to the Rehabilitation Services Administrative Assistant.

## 2.8 Rehabilitation Services Administrative Assistant:

- Will upon receipt of Senior Leadership Team capital equipment approval, Rehabilitation Services Administrative assistant to provide the client information including client name, address and phone number to the Vendor in a password protected document.
- Receives and logs all requests for overhead lifts on the Overhead Lift Tracking Tool (CLI.64111.PL.028.FORM.04);
- Communicates with OT/PT, rehabilitation manager and HCCC (if applicable) if equipment is approved and whether the application is wait listed or when it is to be purchased;
- Maintains wait list for overhead lifts on the Overhead Lift Tracking Tool (CLI.64110.PL.028.FORM.04);
- Maintains electronic/paper copies of capital equipment purchase, invoices and repair information by serial number;
- For Capital Equipment Purchase, forwards invoice for payment to Finance – Capital Accounting Officer;
- For Non-capital Equipment purchase, forwards invoice for payment to Finance – Accounts Payable;
- Records requests for repair and maintenance of overhead lifts and/or replacement slings through appropriate vendor and communicates these to the vendor;
- Communicates with contracted vendor to pick-up equipment when no longer required;
- Responds to and communicates product recalls or equipment issues;
- Maintains tracking tool information to document overhead lift purchases including
  - purchase date
  - client name and contact information
  - homecare office involved
  - equipment description
  - invoices and serial numbers
  - preventative maintenance dates and invoices
  - equipment removal dates
  - equipment repair invoices and history by serial number.

## 3.0 Wait List Process

- Clients approved for an overhead lift will be placed on a wait list if equipment or funding is not available or the request is not a high priority.
- Request for overhead lifts are submitted to the Rehabilitation Services Administrative Assistant who is responsible to maintain the overhead lift wait list and tracking of clients with overhead lifts.
- Decision as to the next client to receive the overhead lift is managed in priority order based on safety of clients/caregivers. If the client's safety is of grave concern and alternative transfer methods have been explored and are unsuccessful, the Director/Manager involved will review the situation with the Regional Lead Community and Continuing care to determine if special funding approval is required.

#### **4.0 Purchase Process**

- Finance request and approval will follow the Capital Equipment purchase process (ORG.1313.PL.001.SD.01).
- Purchase of overhead lift systems will be coordinated by the Regional Manager – Supply Chain Services.
- Upon receipt of Senior Leadership Team capital equipment approval, Rehabilitation Services Administrative assistant will provide the client information including client name, address and phone number to the Vendor in a password protected document.
- An open Purchase Order (PO) system is established with the contracted Vendor. Regional Manager – Supply Chain Services will update the open PO annually and communicate the information to the contracted Vendor.
- An open PO is established for the preventative maintenance and ongoing repairs and equipment provisions.
- Invoices are sent to the Director – Rehabilitation for review and then forwarded to Finance – Capital Accounting Officer for processing.

#### **5.0 Training Requirements**

- All staff and caregivers using mechanical lifts must be trained in the proper use of the mechanical lifts. Staff and caregivers may include HCAs, RAs, nurses, family members, informal supports, agency staff, group home staff and privately hired staff.
- The OT or PT provides equipment specific training or client specific training if the client requires equipment or procedure(s) that differs from standard safe work procedures.
- The Overhead Lift – Client and Family Information (CLI.4110.PL.028.FORM.05) is provided to client and family and will list contact information for reporting equipment problems or need for equipment removal.

#### **6.0 Preventative Maintenance**

- SH-SS is responsible for repairs, preventative and ongoing maintenance on overhead lift equipment purchased by the Service Delivery Organization (SDO). Clients are responsible for repairs and ongoing maintenance of mechanical lift equipment purchased independently.
- SH-SS has identified overhead lifts and slings as requiring scheduled maintenance. The scheduled maintenance program for overhead lifts and slings is a collaboration between the vendor, clients/caregivers, and Rehabilitation services administrative assistant and includes the tracking and follow up of annual preventative maintenance/service calls completed on overhead lifts.
- The Vendor and Rehabilitation Services administrative assistant will identify a yearly list of equipment that requires preventative maintenance.
- The Vendor will contact the client and schedule the preventative maintenance visit.

## 7.0 Moving Equipment to another location

- SH-SS will cover the cost of moving a SH-SS-owned overhead lift for a client. Clients should never move the SH-SS owned overhead lifts.

## 8.0 Removal of Equipment

- If lift is no longer required, the client/family informs the HCCC/HC Afterhours (if open to Homecare) or Rehabilitation Services/HC Afterhours (if not open to homecare) who will communicate the information to the vendor to coordinate the equipment removal;
- HCCC/HC Afterhours also communicate removal with the Rehabilitation Services Administrative Assistant who updates the tracking tool information;
- The vendor will make arrangements with family/client for equipment removal;
- The client/family is responsible for any repairs to their home following the removal of a mounted lift system.

## 9.0 Preventative Maintenance Performance Indicators

- Rehabilitation Services Administrative Assistant tracks and completes biannual Performance Indicator Tracking Form (CLI.4110.PL.028.FORM.07) to reflect the following:
  - Ratio of total inspections completed to total inspections due for the time period
  - % Annual maintenance inspection completion
  - Ratio of inspected devices that were found to have fault(s) during inspection to total number of devices that have been inspected
  - % Devices found faulty through scheduled maintenance

### SUPPORTING DOCUMENTS:

<a href="#">CLI.4110.PL.028.FORM.01</a>	Overhead Lift Request form
<a href="#">CLI.4110.PL.028.FORM.02</a>	Overhead Lift – Consent for Installation
<a href="#">CLI.4110.PL.028.FORM.03</a>	Overhead Lift Prioritization Criteria – Level of Risk
<a href="#">CLI.4110.PL.028.FORM.04</a>	Overhead Lift Tracking Tool
<a href="#">CLI.4110.PL.028.FORM.05</a>	Overhead Lift – Client and Family Information
<a href="#">CLI.4110.PL.028.FORM.05.F</a>	Overhead Lift – Client and Family Information
<a href="#">CLI.4110.PL.028.FORM.06</a>	Overhead Lift – Afterhours/Homecare Case Coordinator/Rehabilitation Services Troubleshooting Process
<a href="#">CLI.4110.PL.028.FORM.07</a>	Overhead Lift Performance Indicator Tracking Form

### REFERENCES:

- [CLI.6310.SG.007.FORM.01](#) Community Based Rehabilitation Referral
- WRHA Home Care Operational Directive Mechanical Lifts November 2019
- Arjo Overhead Lift User Manual (page 17-18)
  - Arjo Maxi Sky 440 – Emergency Shut Off and Lowering* [001.16000.33.EN rev. 171.pdf](#) ([arjo.com](#))