

**PARTICIPATION RECORD  
SAFE CLIENT HANDLING AND INJURY  
PREVENTION SAFE WORK PROCEDURES SCHIPP.RES.003**

Module	Content				
<b>Module 1</b>	Principles of Injury Prevention SCHIPP.M1.001 <input type="checkbox"/> New <input type="checkbox"/> Review <input type="checkbox"/> Module I: SCHIPP Video				
Document Procedure completed with a check mark. If not completed, draw line across boxes.		Return Demo	Demo only	Video	N/A
<b>Module 2: Safe Client Handling Guidelines</b>	Safe Work Area Layout SCHIPP.M2.001				
	Preparation for Client Handling Tasks SCHIPP.M2.002				
	Fixed Bed Use SCHIPP.M2.003				
	Electric Bed Use SCHIPP.M2.004				
	Transfer Belt Use SCHIPP.M2.005				
	Slider Use SCHIPP.M2.006				
	Transfer and Mobility Assessment SCHIPP.M2.007				
	Guideline Supervisory Enforcement SCHIPP Auditing SCHIPP.M2.008				
<b>Module 3: Transfer Safe Work Procedures</b>	Transfer Independent SCHIPP.M3.001				
	Transfer Supervised SCHIPP.M3.002				
	Transfer One Minimum Assist SCHIPP.M3.003				
	Transfer Two Minimum Assist SCHIPP.M3.004				
	Sliding Board Transfer Supervised Assist SCHIPP.M3.005				
	Sliding Board Transfer One Minimum Assist SCHIPP.M3.006				
	Turning Disc Two Minimum Assist SCHIPP.M3.007				
	Walking Supervised Assist SCHIPP.M3.008				
	Walking One Minimum Assist SCHIPP.M3.009				
	Walking Two Minimum Assist SCHIPP.M3.010				
	Assisting Fallen Independent or Supervised Client SCHIPP.M3.011				
<b>Module 4: Repositioning Safe Work Procedures</b>	Lying to Sitting to Lying Independent or Supervised SCHIPP.M4.001				
	Lying to Sitting to Lying One Minimum Assist SCHIPP.M4.002				
	Lying to Sitting to Lying Two Minimum Assist SCHIPP.M4.003				
	Repositioning in Bed Independent or Supervised Assist SCHIPP.M4.004				
	Repositioning in Bed One Minimum Assist SCHIPP.M4.005				
	Repositioning In Bed With Slider Two Minimum Assist SCHIPP.M4.006				
	Repositioning In Bed Three Minimum Assist Or More SCHIPP.M4.007				
	Fold And Unfold Slider For Positioning Two Minimum Assist SCHIPP.M4.008				
	Repositioning In Bed With Breeze/Swift Sheets Two Minimum Assist SCHIPP.M4.009				
	Reposition In Bed With Lift And Repositioning Sling Two Min. Assist SCHIPP.M4.010				
	Repositioning In Bed With Lift And Turning Sling Two Min. Assist SCHIPP.M4.011				
	Lateral Transfer Three or More Minimum Assist SCHIPP.M4.012				
	Log Rolling on Bed/Stretcher Three Minimum Assist or More SCHIPP.M4.013				
	Chair Repositioning Supervised Assist SCHIPP.M4.014				
	Chair Repositioning One Minimum Assist SCHIPP.M4.015				
Chair Repositioning Two Minimum Assist SCHIPP.M4.016					

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Module	Content	Return Demo	Demo only	Video	N/A
<b>Module 5: Lift Assist Safe Work Procedures</b>	Sit to Stand Lift: Two Minimum Assist SCHIPP.M5.001				
	Mechanical Floor Lift Two Minimum Assist SCHIPP.M5.002				
	Ceiling Lift Two Minimum Assist SCHIPP.M5.003				
	Inserting Sling with Slider in Bed Two Minimum Assist SCHIPP.M5.004				
	Insertion And Removal Of Sling In Chair Two Minimum Assist SCHIPP.M5.005				
	Assisting Fallen Client From Floor: Lift Assist Two Or More Assist SCHIPP.M5.006				
	Lift With A Limb Sling One Or More Minimum Assist SCHIPP.M5.007				
	Facility Tub Chair Lift Transport And Use Two Assist SCHIPP.M5.008				
	Facility Tub Stretcher Lift Transport And Use Two Assist SCHIPP.M5.009				
<b>Module 6: Emergency Safe Work Procedures</b>	Emergency Transfer Out Of Bed: Two Assist SCHIPP.M6.002				
	Emergency Lift Downstairs With Blanket Or Scoop: Four Minimum Assist SCHIPP.M6.003				
	Emergency Descent Downstairs With Evacuation Slyde: Two or More Minimum Assist SCHIPP.M6.004				
<b>Additional Safe Work Procedures</b> _____					
<b>Training</b>	Orientation Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:			
	Review Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Retraining Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Supervisor</b>	Follow Up Action:				
	Signature: _____	Date: _____			

**NOTE: These tasks will be monitored periodically to ensure compliance and safety. If these tasks are not followed as taught you may injure yourself, your co-worker or the Client.**

<b>Acknowledgement of Training</b>	
I have reviewed and received training on the SCHIPP Safe Work Procedure Modules. I understand that these procedures are to be used to comply with SCHIPP Policy.	
<b>Participant's Name:</b> _____ / _____ <b>(Please Print Name and Sign)</b>	Date: _____
<b>Facility/Program/Position::</b> _____	
<b>Facilitator/Peer Leader</b> _____ / _____ <b>(Please Print Name and Sign)</b>	Date: _____
Please submit your signed and dated Record of Participation to the Facilitator/Peer Leader or to your Supervisor.	

**Facilitator/Peer Leader:** Please forward this form to Employee's personnel file.