



				SCHIPP.M5.001	
SAFE WORK PROCEDURE			SIT TO STAND LIFT		
			TN	/O MINIMUM ASSIST	
Team Name / Team Lead:	Approved By:	Dat	e Created:	Review Date:	
SCHIPP Team, Regional	Vice President - Human	Ju	ne 29 2016	December 20 2017	
Director Staff Development,	Resources			Revised date:	
Infection Prevention and Control				January 2 2018	
Potential Hazards Present:		Pe	Personal protective equipment / devices required /		
			other safety considerations:		
1) If procedure not followed, there is a risk for awkward		\succ			
postures and over exertion, which can lead to a		\succ	Sit to Stand lift and Manufacturer specific sling: in		
musculoskeletal injury.			working order, battery charged and aware of		
2) Depending on the workload, repetitive motions may			operation of buttons/manual controls.		
be a factor.		\succ			
3) Client or Caregiver may slip, trip and fall.					
4) Client may grab or strike from reactive or defensive					
behaviour.					
		-	assigned		
5) Microorganism Transmission		Ira	Training:		
		\succ		on and regular review	
Signs and symptoms of a musculoskeletal injury (MSI) can		Su	Supporting Documents:		
include pain, burning, swelling, stiffness,		\succ	 Follow Manufacturer's Instructions for equipment 		
numbness/tingling, and/or loss of movement or strength in		\succ	SCHIPP.M1.0	01 Module 1	
a body part. Report to supervisor.		\succ	Video SCHIPF	P.RES.846 Sit to Stand Lift Two	
			Minimum Assis		

Client Criteria and Supportive Information:

- Can follow instruction
- > May have moderate strength in arm to grasp handle with at least one hand.
- > Moderate trunk strength and poor to moderate leg strength.
- > Should be encouraged to lean back into sling and be capable of partial weight bearing through at least one leg.
- > Able to tolerate sling around trunk and require only minimal assist for balance when sitting on side of bed.
- > If Client resists forward movement when sitting up in bed, a mechanical lift should be used instead of a sit to stand
- > Additional Caregivers may be required based on Client needs.

Steps to perform this task safely:

	 Set Up: ➢ Position equipment (bed and/or chair) so that there is enough room to maneuver. ➢ Apply brakes on receiving surface and/or bed. Remove chair footrests.
	 Apply the Sling: Assist Client to a sitting position and move to edge of bed/chair, so Client's feet are resting on floor. Place sling snug around Client at waist level and secure straps. Client's arms are positioned on outside of sling. Follow care plan with sling loop or clip application.







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	 Attach Client to Lift Move lift so open end of base is under bed or around base of chair/commode. An empty sit to stand lift can be moved with one Caregiver, once there is a Client in the lift, two Caregivers should move the lift together. If in bed, adjust height so Client's feet rest on foot platform. Lower feet with bed onto platform to reduce lifting. From a chair, two Caregivers may need to share weight of legs to reduce load of positioning Client's feet on platform. Push lift forward until Client's shins are touching shin pad. Ensure pad is sitting below knee, secure calf straps if applicable. Connect lift straps to the lowered arms of lift, Client grasps handles/bars. If Client unable to grasp the handle with both hands the affected arm should be supported. Lift Client into Partial Standing: Open sit to stand lift so base is as wide as possible. First Caregiver stands next to Client with hand on back for security and asks Client to lean back, as second Caregiver uses remote to raise Client into partial standing. Client's knees and hips should be slightly flexed.
	 Move Lift to Destination: Both Caregivers push and guide lift together to move Client away from one surface to chair/receiving surface Face lift during movement to avoid twisting. Stand with a wide stance, elbows at sides, holding sides of lift and sling, and use legs to move. If moving through narrow space, lift legs may be closed if manufacturer's instructions allow and Caregivers position at front and back of Lift, moving it together and using legs to push the lift. Put receiving surface under Client, brakes on, so front of seat is behind Client's legs.
	 Lower Client with Lift to Sit: One Caregiver lowers Client, ensuring lift arms do not contact Client's body Second Caregiver guides Client and guiding Client at hips to sit at the back of seated surface. If Client is not properly positioned lift up and reposition again. Seated surface may tilt back as Client's back rests against back of chair, this will assist with positioning. If it is a tilt chair apply tilt to assist with positioning. Ensure lift moves back slowly once Client's buttocks on seat. If Caregiver pulls lift back too early, Client will be incorrectly positioned.
Managers/Supervisors: ensure all d	 Disengage Client from Lift: Release tension on sling and remove straps from hooks. Client asked to lean forward, hold onto front bar of lift to assist with sling removal. Crouch, release calf straps, remove Client's feet from platform and move lift away Comfort and Positioning: Ensure Client is comfortable and safely positioned.

Managers/Supervisors: ensure all duties are performed in accordance to training on the Safe Work Procedure, established health and safety regulations/guidelines, policies and procedures (e.g. following safe work procedures) to ensure the staff member, co-workers and clients are safe. **Staff performing task:** perform task in accordance to training on the Safe Work Procedure and established health and safety regulations. Notify Manager or supervisors of all occurrences, injuries, illnesses or safety and health concerns which are likely to harm themselves or others. Ensure work is completed safely for co-worker, client and personal safety.

Note: this task will be monitored periodically to ensure compliance and safety

