

Golvo™ Lift

Skills Checklist

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| rainer's Signature: |
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| | Skills Checklist | ✓ | Initials |
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| 1. | Demonstrate and verbalize the available bed features to aid in transferring patients. | | |
| 2. | Verbalize weight capacity of the lift, and demonstrate use of hand controls and safety features—including emergency operations and storage recommendations. | | |
| 3. | Verbalize hospital policy for assessing and determining patient dependency and process for communicating transfer needs (equipment and slings). | | |
| 4. | Demonstrate process to apply sling. | | |
| 5. | Demonstrate use of raising the head of the bed for application of the seated sling. | | |
| 6. | Demonstrate seated sling application (Sling Application Golden Rules). | | |
| 7. | Demonstrate prelift safety check of sling straps. Straps should be secured properly in the sling bar hooks. Safety latches should be in place. Sling straps should not be twisted. | | |
| 8. | Demonstrate proper lifting height, ie, raising the patient to a minimal height to clear the bed/chair surface. | | |
| 9. | Demonstrate seated transfer from the bed to the chair/toilet/stretcher. | | |
| 10. | Demonstrate repositioning in the chair. | | |
| 11. | Demonstrate seated sling removal with minimal manual lifting or skin shear. | | |
| 12. | Demonstrate transfer from the floor. | | |
| 13. | Demonstrate repositioning the sheet application.* | | |
| 14. | Demonstrate turning the patient from side to side and boosting up in bed using the repositioning sheet.* | | |
| 15. | Demonstrate supine lateral transfer to the stretcher.* | | |
| 16. | Demonstrate ambulation with LiftPants™ or MasterVest™.* | | |
| 17. | Demonstrate the use of the MultiStrap™ for limb holding, turning in bed, and foley catheter insertion.* | | |
| 18. | Demonstrate automobile transfer from both the front and backseat (emergency department staff).* | | |
| 19. | Verbalize the reason for never leaving the patient unattended during transfers. | | |
| 20. | Verbalize the reason for plugging in the lift when not in use. | | |

*If applicable

I have read and understand the associated Lift and Sling Instruction Guidelines.

| Name: | Date: | |
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