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RAISING THE STANDARD

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Instruction Sheet for Patient Handling Slings

Read the information in this document carefully as it has to do with the safety of the patient and the hoist operator. Persons operating hoists must be trained in the use of patient lifting slings and be familiar with the contents of this Instruction Sheet. Please retain this Instruction Sheet in an easily accessible place and use the Inspection Record Sheet included to record when inspections have been carried out and by whom. Guidelines for carrying out inspections are given to assist with inspections, in the accompanying Inspection Record Sheet.

GENERAL INFORMATION

There are several types of slings covered by this Instruction Sheet which have different systems for attachment to a hoist. All of these slings are intended to be safe and simple to use for both private and institutional patient lifting.

Loop Attachment Slings

Loop fix slings are for use with mobile hoists, stationary hoists or ceiling hoists that are fitted with a yoke type spreader bar. They utilise webbing loops to attach the sling to the lifter. Do not use loop fix slings with a pivot frame. They are designed to be used for most lifting operations: bed to chair transfers, toilet transfers, washing, floor recovery etc. They should not be used for horizontal lifting or as a standing aid.

Clip Attachment Slings

Clip attachment or 'pivot' slings are for use with mobile hoists, stationary hoists or ceiling hoists that are fitted with a pivot frame. They utilise keyhole buckles to attach the sling to the lifting frame. Do not use pivot slings with a yoke type spreader bar. They are designed to be used for most lifting operations: bed to chair transfers, toilet transfers, washing, floor recovery etc. They should not be used for horizontal lifting or as a standing aid.

Pivot slings allow the patient to be lifted in either a lying or sitting position and are ideal for lifting on and off a bed or the floor. The special pivot at the end of the boom enables the whole frame to be rocked back and forward to assist with correct positioning of the patient. The pivot frame helps to hold the patient's legs together ensuring the patient's hips are not overly flexed, avoiding the discomfort that patients may experience with a yoke type spreader bar.

Dualfix Attachment Slings

Dualfix slings are fitted with a combination of loop and clip attachments and are therefore able to be used on mobile hoists, stationary hoists or ceiling hoists that are fitted with either a yoke type spreader bar or a pivot frame. Use these slings wherever a loop or a clip attachment sling would be used.

SLING SIZING

It is very important that the sling fits the patient correctly and comfortably. To aid in easy recognition of sling size, colour coded binding or colour coded straps have been incorporated into the design.

When assessing whether a sling is the right size for a patient, the first and most important area to be correct is that the hip width of the patient matches the sling body. If the sling is too narrow, it is likely that the shoulder width will also be too narrow and the patient may sit too upright. Conversely if it is too wide, the patient will be partially reclined and it will be hard to achieve an upright lift.

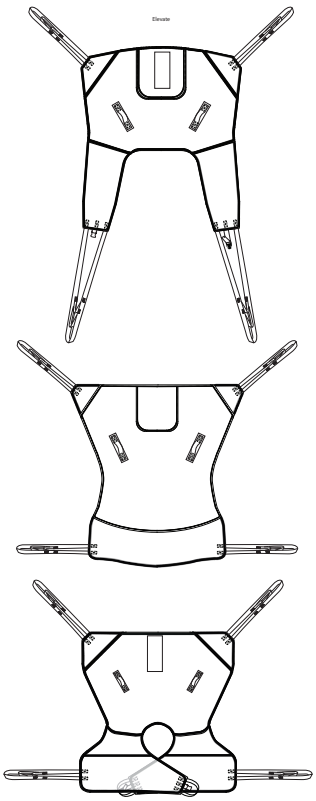
Once the correct width of the sling has been selected, check the back length. The shoulder attachment points should be positioned just above the shoulder. If the back length is too long, the patient will slump down into the sling. It may be necessary to obtain a custom-made sling for the patient to achieve the optimal lifting position.

SLING SELECTION

The type of lift to be performed will influence the selection of the appropriate sling. Slings for toileting operations will generally require a larger aperture and a torso belt to help in retaining the patient within the sling. If the patient has poor muscle tone, a head support section may be required to support the patient's head. For yoke-type slings, a head support section is optional, however for pivot slings, the head support is mandatory to prevent the patient from sliding out the top, should the frame tip backwards.

It is recommended that a lifting plan is developed for each patient in consultation with a therapist to ensure the correct style of sling is selected and used.

Some of the different styles of slings and their recommended areas of use are given below:



General Purpose or 'Elevate' slings: These are "U" shaped slings, (see line drawing), and are recommended for general lifting. They are available with or without a head support section.

Hygiene, Toileting or 'Dignity' slings: These are also "U" shaped and are recommended for general toilet transfers as they offer an opening from the middle of the back to the middle of the thigh. Usually this style of sling is fitted with the patient's arms on the outside of the sling so that the top of the sling passes below the underarms. Underarm pads are provided for comfort. Hygiene slings have a torso belt to ensure that the patient is held securely. This may have velcro or buckle fastening or a combination of both, and should be adjusted firmly around the patient's chest (under the bust for women).

Hammock or 'Cradle' slings: These are rectangular-shaped slings with a webbing strap in each corner, (see line drawing). They are not available with clip attachments. This type of sling is recommended for lifting from a bed or from the floor as it provides good patient support with a legs-together stance. They may be supplied with a commode hole for use with toileting. The Hammock style is ideal for single or double amputees because weight is taken by the buttocks and not the thighs. Some Hammock style slings are split between the legs giving individual leg supports which also provides support for amputee patients.

Universal or 'Balance' slings: These slings are characterised by an individual leg pad that 'cups' the leg. The leg pad is shaped like a "T" with a strap at each end of the top of the "T", (see line drawing), providing excellent under-thigh support. They are recommended for general lifting and transfer operations and are available with or without head support.

SLING FITTING INSTRUCTIONS

Important: Before using, carry out a risk assessment to ensure that the size is correct, the appropriate type of sling is being used for the patient to be lifted and that there is no chance of the patient inadvertently slipping out of the sling and falling.Check the sling prior to use for any damaged buckles, webbing or fabric. Inspect stitching on any load bearing components. Do not use a damaged sling or if you are in any doubt whatsoever as to its integrity.

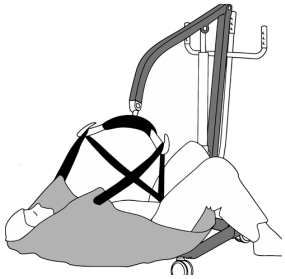
1. The first step is to fit the sling to the patient before moving the lifter into position to perform the lift.
   A. To fit the sling if the patient is in a chair:
      i. Position the sling so that the label sewn to the back of the sling is facing away from patient.
      ii. Ease the body of the sling down the patient's back until the base of the sling is level with the base of the patient's spine.
      iii. Where possible have the patient lean away from you to position the leg sections under the patient's hips and upper thigh. To assist with proper sling leg strap positioning, kneel on one knee in front of the patient then place the patient's foot onto your thigh. This enables the sling leg sections to pass freely under the patient's leg/hip reducing the risk of any rubbing or abrasion.
   B. To fit the sling if the patient is on a bed or on the floor:
      i. Sling must be positioned under the patient's back. If the patient is in bed they need to be sat up or rolled to allow the sling to be positioned correctly. Sometimes the patient is able to assist by leaning forward from the hips. If the back of the bed can be raised this can further assist.
      ii. Should the patient have to be rolled, the process is comparable to that of changing sheets while patient is in bed, i.e. roll the patient towards you and manoeuvre the sling under the patient's back and head. Then roll the patient to their other side and ease the sling underneath so that it is centrally placed under their back with the base of the sling level with the base of the spine.
      iii. Bend the patient's knees up, one at a time and pass the leg sections under each leg.

2. Attach the sling to the lifter.

   Bring the lifter to the patient. If in a chair, approach from the front.

   If lifting from the floor, move the lifter around the patient's feet, not around the head. Open the base of the lifter and lift the patient's knees so that one leg of the lifter can pass under the bent knees of the patient. Should the patient have fragile skin, be careful and protect it with a towel or pillow. Be careful when positioning the lifter not to bump the patient in any way. Use pillows if needed to protect any part of the patient from being accidentally bumped by the lifter. (See diagram).

   Lower the spreader bar or pivot frame, once again taking care not to bump the patient.

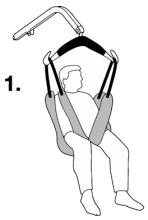


A. For yoke-type spreader bars:

i. Attach the shoulder straps first. To achieve an upright lift position use the shorter webbing loops or if a more reclined lift is wanted, use the longer webbing loops or the main strap. If the patient has broad shoulders, use the longer loops and conversely if they are narrow use the shorter loops.

ii. Attach the leg straps:

a. For "U" shaped slings there are three methods of attaching the leg straps to the spreader bar.



Method 1: Pass the leg pad straps under each thigh and return to the hook on the same side. This gives a 'legs apart' position which is suitable for washing and hygiene.

Method 3: Pass the leg straps under each thigh and onto the opposite hooks. This is the safest method, the patient is very well supported and prevented from tipping forward by the crossed over straps. This method is recommended for general lifting and transferring.

Method 2: Pass the leg pad straps under both thighs and onto opposite hooks. The seat formed with this method gives a comfortable, dignified position suitable for general lifting and transferring. However, be aware that this method offers no restraint to prevent the patient from tipping forward.

b. For Hammock type slings, attach the straps to the spreader bar hook on the same side. Be aware that there is no restraint to prevent the patient falling forward out of the sling.

c. For slings with "T" shaped leg pads, pass the inner leg webbing strap up between the patient's legs, thread the outer leg loops through the inner leg webbing loops, then up to the spreader bar hook on the same side.

There are several webbing loops provided on the leg straps. Using the longest strap will make the patient sit well down in the sling. Using the shortest strap will raise the patient up in the sling. If the patient's head is not positioned in the head support section correctly, try using a shorter or longer loop on the leg straps.

Please note that it is very important that the safety catch provided on the spreader bar is latched into place, after slipping the webbing straps over the hooks, to prevent inadvertent detachment of the straps when performing lift.

B. For pivot frames:

i. First attach the shoulder keyhole buckles to the upper spigots on the pivot frame.

ii. Attach the leg keyhold buckles:

a. For "U" shaped slings, thread the leg pads up between the patient's legs and then fasten the keyhole buckles over the lower spigots of the frame.

b. For slings with "T" shaped leg pads, the inner leg keyhole buckles are passed up between the patient's legs and the outer leg loops are threaded over these buckles. The inner leg buckles are then hooked onto the spigots of the pivot frame.

When fitting the keyhole buckles to the pivot frame, ensure that the spigots on the frame are securely in the slotted part of the keyhole to prevent inadvertent detachment.

NOTE: that a pivot frame locking strap is available that may be used to prevent the frame from rocking backwards. If this locking strap is used, the sling may only be used for lifting in a sitting position.

PERFORMING LIFT

1. Lock the brakes of the chair, bed or trolley from which the patient is being lifted. The lifter brakes must be OFF to enable the lifter to establish its own centre of gravity over the weight of the patient. The lifter may move slightly when the patient is being lifted initially.
2. Before lifting the patient, check that the sling attachments are still in place. Start lifting and as the weight is taken up, align and position the sling correctly under the patient so that the sling doesn't rub or pull on the patient's skin.
3. If the patient seems uncomfortable or unbalanced, stop the lifting immediately. Lower the patient and reposition the sling. It normally takes only a few seconds to readjust a badly positioned sling. The patient will gain confidence from your care and the lifting will be safer.

4. Watch the patient's head, legs and feet when lifting, so they do not come into contact with the mast or spreader bar/frame of the lifter.
5. The patient can be rotated once clear of the bed or chair to correctly position

MOVING THE PATIENT

The primary use of mobile lifters is to lift patients. The relatively small castors mean manoeuvring the patient any distance can be quite difficult. When possible, movement of patients from room to room is preferable with a ceiling hoist, in a wheelchair or on a trolley. If a patient must be moved while supported in a mobile lifter the following guidelines should be followed:

- Lower the patient so their feet are just above the floor, this makes them feel more secure and lowers the centre of gravity of the lifter.
- When manoeuvring in a smaller area, two carers can make the job easier; one carer pushes the lifter while the second carer stands with the patient and assists the patient into the desired position.
- When changing direction or steering around corners and obstacles, walk the rear of the lifter around so that it is heading in the new direction then pull or push in a straight line.

LOWERING THE PATIENT

Move the patient over the chair or bed to be lowered into. Lock the brakes of the chair or bed, leaving the lifter brakes on. Start lowering the patient ensuring that he/she remains comfortable during descent.

The carer can use the handles on the rear of the sling to pull the patient into the correct position for seating while maintaining an ergonomically sound posture.

If using a pivot frame, when lowering a patient into a chair, push down on the handle. Lifting the patient's legs will help pivot them into a reclining position for lowering onto a bed.

SLING REMOVAL

Removal of a sling is the reverse of fitting. When the load is fully released, remove the leg straps from the lifting frame first then the shoulder straps. Carefully remove the leg pads from under the patient's legs, taking care not to rub sensitive skin. To remove the sling from under their back, the patient may need to be rolled, but normally the sling can be slid out from under the patient.

CARE AND MAINTENANCE

1. **Washing Instructions**

   Important: sling must be washed prior to first use.

   Wash sling immediately with a disinfectant wash:

   - after soiling with any body fluids
   - between patients
   - if the sling comes in contact with any chemicals, oils or other substance.

   Follow the wash instructions given on the label provided with the sling. Do not dry in direct sunshine. Do not place on heaters or steam pipes to facilitate drying. Do not autoclave.

   Ensure that all velcro-type fastenings, if provided, are fastened together for washing.

2. **Storage Instructions**

   Store slings out of sunlight. Do not store on, near or under any object that may exert needless strain or pressure on the sling that may cut, abrade or otherwise damage the sling. Avoid storing in places of high humidity or excessive heat.

3. **Inspection and Repairs**

   This product is manufactured in Compliance with ISO 10535:2006 – Hoists for the transfer of disabled persons – Requirements and Test methods. This standard informs that:

   "Periodic inspection of the non-rigid body-support unit should be undertaken at the time intervals stated by the manufacturer, but at least every 6 months. More frequent inspections may be required where a non-rigid body support unit is used or cleaned more frequently than normal.

   Inspections should be performed by a person who is suitably and properly qualified and well acquainted with the design, use and care of the body support unit.

   The inspection should be to find signs of damage, wear or potential failure.

   The inspection record should be retained safely for examination in the event of an incident."

   Inspection Guidelines are provided with each sling to assist with these inspections outlining the critical components and what to look for when carrying out an inspection. The person carrying out the inspection may be anyone who is experienced in the use of slings. He/she should have an understanding of sling design features and their construction details. The accompanying Inspection Record is to be used as a record of inspections.

COMPONENT MATERIALS

Sling body, including belt if applicable:

- **'Fabric' or 'Mesh' type:** Polyester
- **Polytaf:** Nylon
- **3D Fabric:** Polyester

Padding: Polyurethane foam or polyester wadding

Non-slip Fabric: Foamed PVC coated polyester

Webbing: Polyester

Binding: Polyester

Stiffening bars: Polypropylene

Keyhole buckle: Polyketone