Ceiling Lift
Program Guide

The Occupational Health & Safety Agency for Healthcare in BC

OHSAH

About OHSAH

The Occupational Health and Safety Agency for Healthcare in BC (OHSAH), initiated in an Accord between healthcare employers and union representatives, was incorporated on July 5, 1999. OHSAH's board of directors consists of representatives from union and employer organizations.

OHSAH's mission is to:

- work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return to work
- promote pilot programs and facilitate the sharing of best practices
- develop new measures to assess the effectiveness of health and safety programs and innovations in healthcare

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Introduction

Who should use this guide

The Ceiling Lift Program Guide is designed for long-term care affiliate facilities and joint ceiling lift steering teams that are interested in implementing a ceiling lift program.

What is the purpose of this guide

Installing ceiling lifts is more than just installing equipment; it requires a comprehensive program designed to reduce the risk of musculoskeletal injuries (MSI) to workers and involvement of expertise across the organization to make the program a success.

The purpose of this guide is to assist joint ceiling lift steering teams at affiliate facilities with planning and implementing such a program. It includes reference materials and tools to assist the steering team through a step-by-step process. It also provides resources for developing key program components, such as policies and procedures, adaptive clothing, and MSI awareness education and training, and information on how to access other industry resources.

How to use the guide

The process for program implementation is divided into nine phases, organized as follows:

Phase 1: Set up a joint ceiling lift steering team
Increase general knowledge
Develop communication strategies
Phase 2: Complete a facility injury and needs profile
Estimate a budget
Write a request for proposal
Conduct resident risk assessments
Phase 3: Develop an education and training plan
Phase 4: Revise and create policies and procedures
Phase 5: Develop an evaluation plan
Phase 6: Establish a user group
Trial equipment
Phase 7: Prepare for installation
Phase 8: Install the ceiling lift system
Phase 9: Maintain the program

Each phase is subdivided into four sections: background information, things to consider, action items, and suggested reading. Checklists, worksheets, and forms are provided throughout the guide and in the Appendix.

Use the guide as a workbook and resource during the implementation process. Various publicly available resources are referred to throughout the guide. It is suggested that the Arjo Guidebook for Architects and

Planners (www.arjo.com) and Angel Accessibility Solutions' Products and Services book (www.angelsolutions.com) be obtained before starting work with this guide.

Other resources, such as those from the six Health Authorities in British Columbia and the OHSAH website (www.ohsah.bc.ca), are not meant to be read from cover to cover, although you can certainly do so if you wish. It may be more useful to pick and choose the material that is most relevant to you.

Timeline for Program Implementation

Below is a general timeline for completing each of the nine phases. It is a guideline only and may be modified as needed.

		Estimated Timeline								
		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8	Phase 9
Phase 1:	Set up a Joint Ceiling Lift Steering Team									
	Increase General Knowledge									
	Develop Communication Strategies									
Phase 2:	Complete a Facility Injury and Needs Profile									
	Estimate a Budget									
	Write a Request for Proposal									
	Conduct Resident Risk Assessments									
Phase 3:	Develop an Education and Training Plan									
Phase 4:	Create and Revise Policies and Procedures									
Phase 5:	Develop an Evaluation Plan									
Phase 6:	Establish a User Group									
	Trial Equipment									
Phase 7:	Prepare for Installation									
Phase 8:	Install the Ceiling Lift System									
Phase 9:	Maintain the Program									

Glossary of Terms

Adaptive Clothing
Adaptive clothing refers to clothing that has been modified to make dressing residents easier. For residents, this minimizes awkward joint movements, pain and discomfort. For workers, this minimizes awkward postures and forceful exertions when moving residents to complete dressing tasks.

Affiliate Long-term Care Facilities
Defined by the Occupational Health and Safety Agency for Healthcare in BC (OHSAH) as a private or publicly funded healthcare employer with unionized staff (as per the Association of Unions), excluding the six large Health Authorities.

British Columbia Occupational Health and Safety Regulation
The Occupational Health and Safety Regulation (OHSR) contains legal requirements that apply to all workplaces in BC under the inspection jurisdiction of WorkSafeBC. Many sections of the Regulation have associated guidelines and policies.

Ceiling Lift System
A ceiling lift system consists of an overhead track (freestanding or ceiling mounted), an electric motor, and a resident sling. The equipment applies mechanical force to assist with transferring or repositioning a resident; and as a result it reduces the physical demands on the worker who provides care to residents.

Commissioning
The process a supplier uses to verify equipment installation and that all system components are operating in a correct and safe manner.

Health Authorities
The majority of healthcare services in BC are managed and delivered by five regional Health Authorities and one Provincial Health Services Authority:

- Fraser Health (FH)
- Interior Health (IH)
- Northern Health (NH)
- Provincial Health Services Authority (PHSA)
- Vancouver Coastal Health (VCH)
- Vancouver Island Health Authority (VIHA)

Joint Occupational Health and Safety Committee (JOHSC)
A committee composed of employer and worker representatives, working together to identify and resolve health and safety issues in the workplace. JOHSCs are a requirement for organizations that regularly employ 20 or more workers.

Musculoskeletal Injuries
WorkSafeBC' OHS Regulation defines musculoskeletal injuries (MSIs) as an injury or disorder of the muscles, tendons ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain and inflammation, that may be caused or aggravated by work. MSI is sometimes also referred to as

work-related musculoskeletal disorder, cumulative trauma disorder, repetitive strain injury, or activity-related soft tissue disorder.

Resident

In this guide, a resident refers to any residents, patients, clients, elders, or seniors who are living in a long term care facility.

Phase 1

❑ Set Up a Joint Ceiling Lift Steering Team

- □ Recruit members
- □ Coordinate the first meeting
- □ Appoint co-chairs
- □ Develop roles and responsibilities for all members
- □ Develop a terms of reference
- □ Appoint a full-time project lead
- □ Complete the membership form

❑ Increase General Knowledge

- □ Review the facility policy and procedure manual
- □ Know the phases for implementation
- □ Understand potential practice changes
- □ Understand the benefits of ceiling lift technology
- □ Be familiar with ceiling lift technology
- □ Recognize installation needs related to building structures
- □ Learn about adaptive clothing
- □ Be familiar with relevant WorkSafeBC regulations and guidelines
- □ Be aware of infection control guidelines and procedures

❑ Develop Communication Strategies

- □ Brainstorm communication strategies
- □ Establish key contacts
- □ Ensure contact information is updated regularly
- □ Establish a regular communication time and method
- □ Identify all incoming and outgoing information required

Set Up a Joint Ceiling Lift Steering Team

What:
Set up a joint ceiling lift steering team.

Background:
The joint ceiling lift steering team (steering team) oversees the full ceiling lift implementation process. The team provides overall guidance and resources to ensure the needs of everyone in the organization, including residents, are being met and the program is operating successfully.

Include a representative sample of staff from across the facility on the team to ensure a broad range of knowledge and experience in the tasks or jobs that ceiling lift use will impact. Ensure the team is formed through a joint process (bipartite), with members representing both labour and management perspectives. Team members could include caregivers, finance and purchasing staff, housekeeping staff, joint occupational health & safety committee (JOHSC) members, maintenance staff, occupational therapists (OT), physiotherapists (PT) etc. Typical responsibilities of the steering team are to:

- Oversee program operations
- Provide strategic direction
- Participate in decision-making and finalize decisions
- Assume a leadership role and recommend ongoing resources
- Communicate the progress of the program to all staff
- Review documents and provide input and recommendations about program elements.

It is recommended that the steering team appoint a full-time program lead to carry out project management [1]. Typical responsibilities of the project lead include:

- Coordinating meetings
- Managing project timelines, resources and the budget
- Assisting in the development of facility specific resources, such as a survey
- Distributing and collecting surveys and maintaining a database
- Coordinating and implementing all aspects of the project such as organizational communication, working with suppliers, liaising with members of the steering team, evaluating the program etc.

Things to Consider:

- Consider creating the steering team as a subcommittee of the JOHSC to benefit from and build on their health and safety expertise, and knowledge of OH&S processes at the facility.
- Provide the steering team with initial education and training to:
  - Be familiar with their role
  - Be knowledgeable in the steps involved in implementing a successful ceiling lift program
  - Know the basics of facilitating meetings, reaching consensus, analyzing data, and making recommendations

[1] IH Ceiling Track Lift Implementation Manual: Project Committee Roles and Responsibilities (Section 4.0, p. 17-18)

Resources in this guide:

- ♦ Guidelines for Developing a Terms of Reference, p. 11
- ♦ Sample Terms of Reference, p. B-2
- ♦ Membership Form p. 12

Actions:

Complete the following to set up the steering team:

- Coordinate the first meeting.
- Appoint co-chairs.
- Develop roles and responsibilities for all members.
- Develop a terms of reference.
- Appoint a full-time project lead.
- Complete the membership form.

Suggested Reading:

Resources	Title/Topic	
OHSAH MSIP Guide: "It doesn't have to hurt"	MSIP working groups	Section 1.5, p. 13-14
	Terms of reference for MSIP working groups	Section 2.3.3, p. 25

Guidelines for Developing a Terms of Reference

One of the first tasks as a steering team is to develop a terms of reference (TOR). The TOR clearly states the team's goals and purpose, its membership, meeting frequency, the parameters for its work, and how it will proceed. It defines reporting structures and provides a formal process for monitoring progress and determining accountability. The TOR is unique to the organization and the steering team. Below is a list of the key components that typically appear in a TOR.. Provide space for everyone on the team to sign the TOR, once the content has been agreed to. Remember, with consensus, the TOR can be updated or modified as required.

Key components for a TOR include:

- What the goals and objectives are
  - The program scope
  - The team's mandate
  - Key milestones of the program
- Who will participate
  - Team members
  - Roles & responsibilities (including co-chairs)
  - Reporting relationships (organizational structure)
- How the work will be accomplished
  - Meetings (frequency, quorum, attendance, rules and processes)
  - Reporting (accountability)
  - Resources (financial, time from work)
- When it will be accomplished
  - Overall timeline

Resources in this guide:

♦ Sample Terms of Reference, p. B-2

Membership Form

Name (print)	Occupation	Contact No.	Email	Signature

Contact Information Sheet

Name (print)	Contact No.	Email

Increase General Knowledge

What:
Increasing general knowledge to ensure all steering team members have:

- a general working knowledge of the phases for implementation
- a basic understanding of ceiling lift technology
- an understanding of process changes (eg. adaptive clothing, policies & procedures).

Background:
The goal of increasing general knowledge is to keep each member of the steering team engaged in the process. It is more than just understanding the ceiling lift technology and its benefits; it is also important to understand other elements such as changes in practice, communication strategies, education, time commitments, and requirements for ongoing support. The list below identifies some of the things to be aware of before program planning begins.

Actions:

- Review existing policies and procedures such as those related to resident handling, resident risk assessments, adaptive clothing, and the musculoskeletal injury prevention (MSIP) program.
- Know the phases for ceiling lift implementation.
- Be knowledgeable about practice changes that will need to occur during ceiling lift implementation, such as new transfer protocols, new assessment procedures, changes in care routines, and adaptive clothing, etc.
- Understand the benefits of ceiling lift technology.
- Be familiar with the basics of ceiling lift technology – search the internet, talk to suppliers, visit sites with ceiling lifts.
- Recognize installation needs related to building structures including room layouts, support structures, HVAC, sprinkler systems, smoke detectors, lighting, electrical capacities and outlets, asbestos, etc. Conduct a joint inspection!
- Learn about adaptive clothing and understand its benefits.
- Be familiar with relevant WorkSafeBC standards, guidelines and regulatory requirements for ceiling lift installation and operation.
- Be aware of infection control guidelines to decrease the risk of construction related infections in residents (especially for installations in ICUs or isolation rooms).

Suggested Reading:

Resources	Title/Topic	
Angel Accessibility Solutions	Phases for ceiling lift implementation	p. 16-18
	The components of a ceiling lift system	p. 4-5
	The various track configurations, transition systems and mounting options	p. 10-13 p. 35-38 p. 43-53
	The basic components of a ceiling lift	p. 22-24 p. 45 p. 50
	The types and advantages/disadvantages of ceiling lifts	p. 9
	Motor options and features	p. 24-25
	The types of slings	p. 27-33
	Installation needs related to building structures	p. 8, 54
Arjo Guidebook for Architects and Planners	Motor options and features	p. 149, 164
	The difference between ceiling lifts and floor lifts	p. 35
OHSAH Adaptive Clothing Guide		
OSACH Planning Guide: Implementation of Client Mechanical Lifts	Assessing your program needs	Section 1.2 p. 4-5
	Organization culture – staff perception tool	Appendix I p. 47
	Considering equipment features and other issues unique to ceiling lifts	Section 2.9 p. 22-30
Public Health Agency of Canada	Construction-related Nosocomial Infections in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella and Other Infections	
WorkSafeBC	Standards, guidelines, and regulatory requirements	

Develop Communication Strategies

What:
As a steering team, develop communication strategies to effectively gather information from and keep people (staff, resident, and family) informed throughout the ceiling lift planning and implementation process.

Background:
Communication is key to creating buy-in to the program, across the organization. It builds a foundation of trust that is critical to the success of the program. Effective communication can have many benefits [2], such as:

- providing decision makers with essential information to propose changes and implement recommendations for the program
- increasing staff and resident knowledge of the program and proposed changes
- increasing motivation; everyone understands what needs to be accomplished and how they contribute to the process
- identifying issues for the steering team to address
- enhancing information sharing
- encouraging worker participation and ensuring their concerns and suggestions are incorporated.

Things to Consider:

- Collaborate with the JOHSC.
- Administer surveys or questionnaires anonymously.
- Focus on the positive aspects of the program.
- Keep information meaningful.
- Maintain confidentiality of personal information.
- When gathering feedback, set realistic timelines to maintain involvement and enthusiasm.
- Schedule work-time for staff to participate in the feedback process.
- Increase motivation to participate with incentives, prizes, draws or competitions for staff, residents and family.
- Be aware of the significant time and resources required to facilitate the transition to new practices.
- Do not overload people with information. Too much communication can have a negative impact.

[2] OHSAH MSIP Guide: "It doesn't have to hurt" (Part 3 Consultation, p. 30)

Actions:

• Brainstorm communication strategies for the facility. Different strategies will be required depending on the information that needs to be shared or the feedback that needs to be gathered. Examples include:

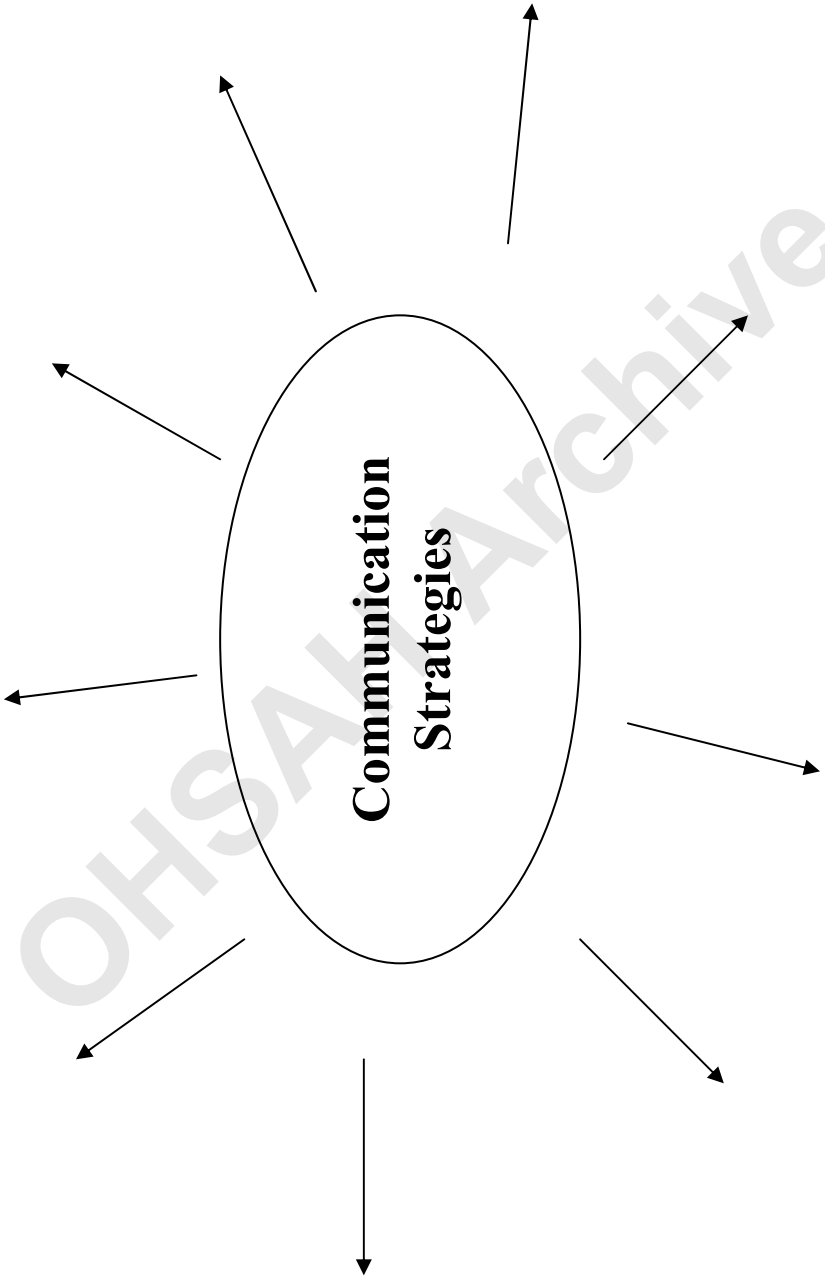
Verbal	*Written*	*Visual*
• Informal discussions (personal contact with peer leaders, steering com mittee members, JOHSC members, union stewards, and leadership) • Staff or family meetings, an open house, informa tion booths • Safety huddles or safety circles (toolbox talks) • Theme information days • Focus groups	• Email • Written letters and memos • Articles and internal news letters • Whiteboards, bulletin boards, chalk boards • Questionnaires • Suggestion boxes	• Videos, pictures • Posters, pamphlets, flyers, leaflets • Banners • Promotional items (pens, buttons, lanyards, candy, mugs, notepads, stickers) • Equipment demonstrations

- Identify key people that staff and family can contact with questions, concerns, and feedback. Make their contact information readily accessible.
- Ensure that resident family contact information is kept updated.
- Establish a consistent communication time and method among steering team members, as well as between committee members, the project lead and the suppliers, as required.
- As a steering team, identify all incoming and outgoing information required. Develop the message, choose the communication methods, create the action plan and implement it. Examples of information to deliver:
    - o program benefits
    - o goals and objectives
    - o preliminary project timelines and timeline updates
    - o upcoming changes in practice, resident care routines, and revised or new policies and procedures
    - o schedules for education and training sessions, trialing equipment, installation, commissioning, and resident relocation
    - o ongoing program updates and next steps in the program
    - o the importance of everyone's commitment to the program
    - o expectations for involvement during program implementation.

Resources in this guide:

- ♦ Communication Strategies Brain storm Sheet, p. 18
- ♦ Communication Strategies Summary, p. 19
- ♦ Contact Information Sheet, p. 13
- ♦ Sample Notice to Residents, p. B-4
- ♦ Risk Identification Feedback Form, p. B-5

Communication Strategies Brainstorm Sheet



Communication Strategies Summary

Message:

Who is the message for?

Methods of communication:

Action plans:

Timelines

Phase 2

❑ Complete a Facility Injury and Needs Profile

- □ Develop a facility injury and needs profile
- □ Gather feedback from staff and family
- □ Review collected information to identify high risk areas
- □ Make recommendations on ceiling lift installation locations

❑ Estimate a Budget

- □ Determine factors that influence installation cost
- □ Create a preliminary budget
- □ Include a budget component in the RFP

❑ Write a Request For Proposal (RFP)

- □ Prepare and develop the documents
- □ Define the evaluation criteria and scoring process
- □ Determine what the timelines are
- □ Finalize and submit the RFP
- □ Review received proposals and evaluate them against criteria
- □ Prepare a written recommendation
- □ Make an offer to the chosen supplier
- □ Finalize the details of the contract

❑ Conduct Resident Risk Assessments

- □ Develop or adapt a resident assessment tool
- □ Determine who will complete assessments
- □ Establish a procedure to use new tool
- □ Communicate to residents and families about the process and adaptive clothing
- □ Start assessments
- □ Communicate results
- □ Provide follow-up as needed

Complete a Facility Injury And Needs Profile

What:
Complete a facility injury and needs profile to determine priorities for ceiling lift installation.

Background:
With the goal of installing lifts in any area where there is a risk of MSI from resident handling, the steering team needs to identify the locations where ceiling lifts are required, and then prioritize those locations for ceiling lift coverage. If complete coverage is not immediately feasible, develop a phase-in plan based on the priority list.

Consider the following factors when determining priority locations:

- existing resident handling equipment – ceiling lifts, floor lifts, electric beds, etc.
- the number of high risk resident handling activities – toileting, total lifts, two-person transfers, etc.
- current and projected resident care needs (eg. anticipated changes in the resident population)
- current resident handling injury rates and associated costs, and
- other factors or conditions that impact the provision of care (e.g. the physical environment, staffing levels, and the ability to relocate a resident).

Actions:
To determine priorities for ceiling lift installation, gather information on resident handling injuries, resident care needs, equipment currently available and staff perceptions.

- Develop a Facility Injury and Needs Profile. Instructions on how to complete the profile are provided on p. 22.
- Gather feedback from staff and family. Examples include:
    - Pain and discomfort
    - Perceptions of risks and priorities for changes
    - Residents' care needs
- Review all information collected to identify the high risk areas. Resident transfer and reposition risk assessments may be required to clearly identify priority locations
- Recommend locations for initial ceiling lift installation, and a phase-in plan for the remaining areas.

Resources in this guide:

- Physical Demands Risk Assessment, p. B-7
- Environmental Assessment Tool, p. B-9
- Risk Identification Feedback Form, p. B-5
- Signs and Symptoms Survey, p. B-10
- Staff Questionnaire, p. B-12
- Resident/Family Survey, p. B-13

Instructions for Completing Facility Injury and Needs Profile

Completing the profile is one step in determining priorities for ceiling lift installation. Filling out the template form provided (p. 23-24) will help to identify areas with high injury risks. Modify the form if needed.

To complete the Facility Injury and Needs Profile, either:
1) Assign a steering team member to complete the form (p. 23-24) for the whole facility, or
2) Ask someone from each department to complete the Department Injury and Needs Profile Form (p. 25) for their area and submit it to the steering team for input into the Facility Injury and Needs Profile Form

Be specific about timelines for completion and provide support as required.

Facility Injury and Needs Profile Form

Facility: _____ Date completed: _____

Total # employees			
Total payroll			
			Departments or Areas
	A	**B**	**…**
Facility Injury Profile (Year Prior)			
# MSI WCB claims			
Total WCB costs for MSI			
# resident handling claims			
WCB cost for resident handling injuries			
WCB days lost for resident handling injuries			
Activity at time of resident handling injury:			
# transferring (eg. bed to chair)			
# reposition (eg. in bed)			
# bathing			
# toileting			
# using mechanical floor lift			
MSI costs as % of payroll			
Resident handling costs as % payroll			
% of MSI per # employees			
Facility Needs Profile			
# direct care staff			
# beds			
# electric beds			
# sit/stand lifts			
# floor lifts			
# beds with ceiling lifts			
# residents			
# bariatric residents			
# *residents assessed as:*			
total lift or total care			
dementia or behavior difficulty			
Manual transfer			
2+ person reposition			
require assistance toileting			
require assistance to bathe or shower			
Ratio of # direct care staff to # residents			

Facility Needs Profile (Contd.)			
Ratio of total lift residents to total # residents			
Ratio of # residents to # floor lifts			
Ratio of # electric beds to total # beds			
# beds with ceiling lifts			
Other:			
Degree of flexibility in reassigning or moving residents to different beds or rooms			
Indicate any major staff, program, or facility changes planned for the next 2 years			
Indicate any environmental factors (eg. available space, clutter, noise, etc.) that impact care provision			

Department Injury and Needs Profile Form

Department / Areas: _____ Manager Name: _____Date:_____

Department Injury Profile (Year Prior)	Answer	Comments
# MSI WCB claims		
Total WCB costs for MSI		
Total WCB days lost for MSI		
# resident handling claims		
Total WCB costs for resident handling claims		
Total WCB days lost for resident handling claims		
Activity at time of resident handling injury:		
# transferring (eg. Bed to chair)		
# reposition (eg. in bed)		
# bathing		
# toileting		
# using mechanical floor lift		
Department Needs Profile	**Answer**	**Comments**
# direct care staff		
# beds		
# electric beds		
# sit/stand lifts		
# floor lifts		
# beds with ceiling lifts		
# residents		
# bariatric residents		
# *residents assessed as*: total lift or total care		
dementia or behaviour difficulty		
Manual transfer		
2+ person reposition		
require assistance toileting		
require assistance to bathe or shower		
Other:		
Indicate the degree of flexibility in reassigning / moving residents to different beds or rooms	High or Low	
Indicate any major staff, program, or facility changes planned for the next 2 years		
Indicate any environmental factors (eg. available space, clutter, noise, etc.) that impact care provision		

Estimate a Budget

What:
Estimate a budget.

Background:
This section outlines the information the steering team needs to estimate installation costs and develop a Request for Proposal (RFP). The installation costs will vary depending on several factors, including:

- the number of rooms where ceiling lifts are required (based on priority areas)
- the number of slings required (based on the ratio of 1.8 slings per bed)
- sling replacement costs
- the type of ceiling lift system (configurations such as straight track, gantry style, fixed or self-standing four post track system, and motor selection such as fixed or portable)
- the number of bariatric lifts required
- renovation costs, including:
    - electrical supply (lighting, power supply for battery charger)
    - HVAC and plumbing (fire sprinklers)
    - structural support in the ceiling
    - privacy curtain modifications
    - bathroom door frames modifications
    - track modifications for varied ceiling heights
    - ceiling tile surface modifications
    - asbestos containment
    - seismic upgrades (as a result of any seismic certification requirement)
- initial staff training
- costs associated with program development, ongoing training and orientation, ongoing maintenance
- annual load testing of the tracks to make sure deflections are within specified limits

Things to Consider:

- In addition to the ceiling lifts, have 1 floor lift available for every 25 beds (depending on the layout of the facility and staffing) and 1 weigh scale (maybe in every tub room) for every 50 rooms.
- If estimated costs for ceiling lift installation, including bathroom extensions and associated renovations, exceed your budget, reassess and prioritize needs further.
- Because a ceiling lift can be installed in an existing building, then taken out and re-installed in a new building, anticipated relocation should not delay efforts to install ceiling lift systems.

Actions:

- Determine the factors that will influence your installation costs (see above).
- Estimate costs for each factor to create a budget.
- Include a budget component in the RFP.

Write a Request for Proposal

What:
Write a Request for Proposal (RFP).

Background:
An RFP is a binding document that invites proposals from suppliers who believe they can fulfill a facility's ceiling lift installation needs. The RFP document provides a description of the organization's needs and requirements, as well as the scope of the implementation plan. It may also request suppliers to provide solutions for specific areas or concerns. The RFP ensures all bidders are provided with the same information and treated fairly. The RFP document is the first step in establishing a relationship with a supplier.

Things to consider:

- Involve the whole steering team in drafting the proposal and developing the evaluation criteria.
- Include staff who have experience preparing an RFP and who are knowledgeable in the purchasing process for the organization (such as a purchasing department). If necessary, consider contracting an experienced consultant.
- Treat all proponents fairly and equally.
- Maintain confidentiality.
- Declare conflicts of interest and resolve as appropriate.
- Keep notes.
    - o Comment on strengths and weaknesses and maintain a final professional record.
    - o Consider that proponents can request any documentation related to their proposal under the Freedom of Information and Protection of Privacy Act.

Actions:

- Prepare and develop documents.
- Gather supplier details.
    - o Identify posting process for RFPs.
    - o Brainstorm short and long-term facility needs regarding ceiling lift system and contract considerations, including:
        - □ equipment requirements and warranty
        - □ immediate and ongoing training
        - □ preventive maintenance, troubleshooting, repairs, and service times
        - □ follow up protocols
        - □ installation work (painting, HVAC, room alterations, and finishing)
        - □ WorkSafeBC requirements, and
        - □ pricing summaries.
    - o Be aware of the BC Occupational Health and Safety Regulation (OHSR) requirements that apply to installation and ensure suppliers are asked to address them in the RFP. Examples of these requirements include:
        - □ locating electrical, gas, and water lines, if concrete drilling is required

Resources in this guide:

- ♦ Summary Resource on Evaluating Proposals, p. B-14
- ♦ RFP Template, p. B-18
- ♦ Template Score card for Ceiling Lift RFP, p. B-33

        - containing dust and other particulates during installation [3].
- Define the evaluation criteria and scoring process
    - Decide how many points each element of the RFP is worth (points available), and what the criteria is for awarding points. For example, if it's determined that an element is worth 3 points, what would team members expect to see in an answer to award the full 3 points, 2 points, 1 point, or none at all.
        - Place weightings on scores depending on the importance of the element. For example, place a high weighting on the suppliers' ability to accommodate a worker participation model.
    - Use the scorecard template in Appendix B to track the scores for each proposal. Modify the template to match the elements of the final RFP, and the scoring established by the team.
    - Establish how to award final scores to each proposal. Two options are:
        - to meet to discuss each proponent's response to criteria and come to an agreement on the score, or
        - to have team members score the proposals independently, and the proponent's final score will be an average of the individual scores.
    - Pro-rate cost estimates, with the lowest price being awarded full points (see the template scorecard).
- Determine what the timelines are.
    - Consider the complexity of the organization's needs, and include time for site visits, feedback, and equipment trials.
- Finalize and submit the RFP.
- Review each received proposal and evaluate the extent to which they meet the evaluation criteria.
    - Know the qualifications of potential suppliers and ensure they meet the facility's needs.
        - Contact other health authorities or facilities that have worked with potential suppliers to determine attributes such as quality of work, maintenance, training, and customer service.
        - Contact Health Canada to determine if any manufacturers or suppliers have been reported for unsafe practices or equipment.
    - Evaluate each proposal element against the criteria, rather than comparing proposals to each other.
    - Total the scores; the proposal with the highest score is awarded the contract.
- Prepare a written recommendation for the organization's decision makers requesting approval.
- Make offer to the chosen supplier once approval is provided.
- If accepted finalize the details of the contract.

[3] OSACH Planning Guide: Implementation of Client Mechanical Lifts p. 34

Suggested Reading:

Resources	Title/Topic	
Angel Accessibility Solutions	Planning considerations for ceiling lift system	p. 8
	Complete Turnkey Operations	p. 16-17
Health Canada	Health Canada Medical Device Alert 109 (August 2003): Incidents involving patient lifts	
WorkSafeBC	WorkSafe Bulletin: Properly install, inspect, and load test overhead patient/resident track lifts	

Conduct Resident Risk Assessments

What:
Conduct resident risk assessments.

Background:
A resident risk assessment identifies the equipment required to safely transfer and reposition a resident, based on his or her demonstrated ability. The tool used in the assessment considers a resident's cognitive, functional and physical status, including:

- ability to cooperate
- ability to understand and follow instructions
- trunk and head control, range of motion, and pain
- ability to turn in bed
- ability to balance while sitting in an upright position
- hip and leg strength.

Clinicians and rehabilitation staff who are trained in assessment should complete the tool and update the care plan:

- on admission
- on a regular basis following admission, or if:
    - a resident's behavior or condition changes
    - staff report that transferring or repositioning a resident is physically demanding
    - staff report injuries or signs and symptoms of injuries while transferring or repositioning
    - a resident is resistive to care or displays aggressive behaviour during transfers or while being repositioned
    - the JOHSC makes a recommendation
    - an incident occurs.

Things to Consider:

- Inform residents and families of upcoming risk assessments.
    - As a step during program implementation, reassure the resident (and their family) that the goal is to determine the best equipment option to safely transfer and reposition him or her, based on ability.
    - Provide information and resources on adaptive clothing if required.
- The information gathered may also be required to determine priority areas for ceiling lift installation.
- Train front-line staff in the procedure to assess a resident's ability to transfer before assisting him or her, and to identify when a resident's ability has changed sufficiently (at that time) that a ceiling lift is required. It is recommended that all resident handling staff are able to conduct resident transfer assessments when clinicians or rehab staff are not available to assist[4].

[4] Interior Health Authority

Actions:

- Use or adapt the assessment tool provided.
- Identify who will complete assessments, assess their qualifications and arrange additional training as required.
- Establish assessment procedures.
- Provide information on assessment process and adaptive clothing to residents and families.
- Start assessments and update care plans and other documentation as required.
- Communicate each resident's assessment and equipment, and clothing require ments to residents, families, and staff.
- Provide follow-up as needed.

Suggested Reading:

Resources	Title/Topic	
Arjo Guidebook for Architects and Planners	The Residents	p. 15-24
Arjo Canada Inc	Arjo Canada Inc. Care Thermometer	

Resources in this guide:

♦ Resident Transfer Assessment, p. B-34

Phase 3

❑ Develop an Education and Training Plan

- □ Brainstorm general topics
- □ Recruit potential trainers
- □ Develop resources
- □ Coordinate supplier-provided training
- □ Plan milestones for delivery
- □ Coordinate sessions and logistics
- □ Evaluate the workshops
- □ Identify the requirements for orientation and on-going training

What:
Develop an education and training plan to use during implementation, and to sustain the program.

Background:
Several phases of implementation require education and training for all staff to ensure program success.

It is expected that the ceiling lift supplier will be available to provide initial training, as well as ongoing follow-up and assistance. The supplier is a key part of the overall process in delivering safe resident care. Share responsibility for content development and delivery with the supplier, and ensure training is included in the service contract.

The education strategy should identify:

- who will require education or training. Provide it to anyone who is impacted by ceiling lift use, such as caregivers, maintenance, and laundry staff
- what education and training will they require and when
- who is qualified to provide training (qualifications/experience)
- how the training will be delivered (instructional technique)
- who will coordinate the sessions
- the logistics (rooms, materials, scheduling, length, cost)
- the evaluation and documentation procedure
- the requirements for orientation of new staff and on-going training needs (e.g. peer leaders, in-services or refreshers)

Below are examples of typical education and training needs:

Provided by Organization*	Provided by Supplier
For all staff: • MSIP education, such as signs and symptoms, injury risks, prevention measures, reporting procedures • New/revised policies and procedures • Resident risk assessment procedures • How to report concerns or challenges with the system • Using adaptive clothing The user groups will require: • Specialized training with the supplier • Knowledge of how to support staff and family through the process. In addition to all of the above, peer leaders will require training in: • Advanced MSIP • Peer coaching, leadership, and provision of in-services *develop content in consultation with the JOHSC	Ceiling lift equipment: • Correct use • Emergency procedures • Battery charging • Use of hand control Slings: • Use and inspection for all applications • Custom sling requirements • Care of laundering Maintenance procedures

Things to Consider:

- Ensure that supplier training provides hands-on practice with equipment.
- Update MSIP education and training as required.
- Update education and training policies and procedures.
- Set a target of 100% attendance for permanent staff. Consider paying casual staff straight time to encourage attendance.
- Maintain training records for three years.
- Establish an MSIP and ceiling lift use train-the-trainer program for peer leaders. Consider implementing the recommendation of maintaining two to three peer leaders per 50 residents [5].

[5] IH Ceiling Track Lift Implementation Manual p. 11

Resources in this guide:

- ♦ Attendance Record, p. 35
- ♦ Training Record, p. 36
- ♦ Skills Checklist, p. 37
- ♦ Orientation Procedure, p. B-35
- ♦ Ceiling Lift Education Presentation, p. B-37
- ♦ Peer Leaders Training Modules, p. B-43

Actions:

- Brainstorm general topics and who will require education and training.
- Recruit qualified and experienced trainers (in-house and supplier).
- Develop or adapt education and training resources as required, including:
  - o content for in-house workshops
  - o an evaluation form
  - o a skills checklist
  - o an attendance record
  - o an employee education record.
- Plan milestones for delivery of education and training.
- Coordinate sessions and logistics (rooms, materials, scheduling, length, cost) for supplier provided and in-house sessions.
- Revise the workshops based on feedback from the evaluation. Identify the requirements for orientation and on-going training.

Suggested Reading:

Resources	Title/Topic	
OHSAH MSIP Guide: "It doesn't have to hurt"	Education and training	Part 7, p. 65-77
	Implementation guidelines for train-the-trainer programs	Appendix 12, p. 169-170

Education and Training Attendance Record

Department/Unit: _____
Instructor (s): _____
Type of Training: □ Peer Leader □ Supplier □ Orientation
□ Policy and Procedure □ MSIP
□ Resident risk assessment □ Other:_____
Date: _____
Time/Duration: _____

Participant Name	Signatures

Employee Education/Training Education Record

Identify the date on which each module was completed:

Participant Name	Modules					
	1	2	3	4	5	6

Skills Checklist [6] [7] [8] [9]

Training is required for all workers who are expected to transfer and reposition residents using mechanical lifting equipment. It is the supervisor's responsibility to ensure that all staff have received appropriate training prior to assigning them to tasks using the equipment. Staff should not be assigned to use devices unless they have been trained. The sample checklist provided on p.37-40 is written to assist those responsible for providing staff training on mechanical lifting equipment. Use the checklist as a guide to ensure that all the key points (including equipment features, functions, etc) are covered and that the trainee has demonstrated an understanding of the required knowledge and skills to safely use the equipment. Adapt the checklist as needed. Suppliers may have their own checklists that can also be used.

Training Components

- ❑ Review transfer and reposition procedures with the trainee. Highlight the following content:
  - o Ceiling lifts are used to transfer residents who are unable to:
    - □ fully bear weight through at least one leg
    - □ stand erect
    - □ take small steps
    - □ follow directions
    - □ be cooperative.
  - o Ceiling lifts are used to reposition or turn residents who are unable to assist with repositioning or turning and may place the caregiver at risk due to a physical characteristic such as body weight.
  - o If unsure about a resident's ability to transfer or reposition, acquire assistance.
    - □ Show the trainee where to find assistance.
  - o Floor lifts with a universal or hammock sling are used if a resident has fallen to the floor outside the reach of the ceiling lift system.
    - □ Show the trainee the location of equipment storage.
  - o The resident transfer and reposition risk assessment is documented in each chart or care plan. Instructions on the specific sling and type of lift or assistance required will also be included in the chart.
    - □ Show the trainee a chart and what information to check.
- ❑ Provide the written manual for safe resident handling.
  - o Explain the procedure for reporting concerns. Show the trainee the forms used for reporting.
  - o Provide contact information as required.

[6] IH Ceiling Track Lift Implementation Manual: Orientation checklist (Section 18.0, p. 46-47)

[7] FH Safe Client Handling Program Resource Manual: Orientation procedure to resident lift and transfer devices (Appendix G, p. XI)

[8] FH Safe Client Handling Program Resource Manual: Skills checklist for ceiling lifts (Appendix F, p. X)

[9] VIHA: Skills checklist for ceiling lifts

❑ Demonstrate the ceiling lift features

Hand control features		Motor unit features		Charging the lift	
On/Off		Emergency on/off switch		Location on the wall	
Emergency stop		Emergency lowering switch		Docking procedure	
Emergency lower		Indicator when lift is ON		Indicator when lift is charging	
Direction buttons		Indicator when lift is charging		Charging times and procedure	
Raise carry bar		Direction arrows		Low battery indicator	
Lower carry bar					
Air line connect					

❑ Explain that the maximum capacity of standard lifts is _____ lbs/kg, and that the capacity of a bariatric lift is _____ lbs/kg. Show the trainee how to identify each type.

❑ Review all sling application guides and safe work procedures.

Universal		Hygiene		Hammock		Repositioning	
Explain when to use		Explain when to use		Explain when to use		Explain when to use	
Demonstrate how to use		Demonstrate how to use		Demonstrate how to use		Demonstrate how to use	
Explain precautions		Explain precautions		Explain precautions		Explain precautions	
Show storage location		Show storage location		Show storage location		Show storage location	

❑ Explain what the sling capacity rated at _____ lbs/kg, and that it may be difficult to fit large resident. Custom slings can be ordered. (Note: ensure that the trainee knows who to contact with sling concerns.)

Training Instructions

For each of the six tasks listed on the following pages:

- ❑ Ensure that the equipment is readily available.
- ❑ Explain the steps to perform the task.
- ❑ Demonstrate the steps as explained and emphasize the key points (see the key training components listed on p.37).
- ❑ Encourage questions.
- ❑ Ask the trainee to demonstrate the task.
- ❑ Provide the trainee with feedback once the task is complete.
- ❑ Have the trainee repeat the demonstration if steps are missed.

Ensure the trainee demonstrates the following key competencies when completing each task:

- o Holds the carry bar with one hand whenever it is within reach, without over reaching.
- o Chooses the appropriate sling size – the top of the sling must cover the resident's head and the bottom mid-section should align with the coccyx.
- o Inspects the lifting strap and sling for signs of wear, fraying, etc.
- o Aligns the label of sling with the resident's spine.
- o Attaches the leg straps first to prevent the carry bar from swinging into the resident's head and face.
- o Attaches the appropriate leg and back straps for the desired inclination.
- o Ensures the resident's head is fully supported, if applicable.
- o Raises the carry bar with one hand on it until the sling supports the resident's weight.
- o Checks to ensure that all the straps are securely attached to the carry bar.
- o Checks the resident's hands and arms to ensure the sling does not trap them.
- o Adjusts the sling under the resident's thighs to ensure comfort and safety.
- o Checks the lifting strap to ensure it is not twisted.
- o Checks the airline to ensure it is not crimped.
- o Walks forward, holding the sling securely while traversing.
- o Uses a turntable to change the travel direction of the lift.
- o Safely transfers or repositions the resident using the lift.
- o Demonstrates safe positioning of the resident on completion of the transfer.
- o Detaches the head straps first to prevent the carry bar from swinging into the resident's head and face.
- o Returns the carry bar to its stored position in the lift.
- o Returns the lift to its charging position.

Tasks

Transfers:
- ❑ Task 1: Bed to Chair
- ❑ Task 2: Bed to Toilet
- ❑ Task 3: Chair to Toilet

→

- ❑ Check the care plan.
- ❑ Place bottom seam of sling just above coccyx.
- ❑ Align label of sling with resident's spine.
- ❑ Position carry bar across width of resident.
- ❑ Attach same loops on both sides of carry bar.
- ❑ Raise resident with the lift to just clear the surface.
- ❑ Check final position at destination before removing sling.

Note:
- ❑ Push backward on the resident's knees to lower buttocks into the rear of chair resident is transferred to.
- ❑ Position leg straps to prevent soiling during bed or chair to toilet transfers.

Repositioning:
- ❑ Task 4: Bed boost (toward head)
- ❑ Task 5: Turns

→

❑ Position carry bar along length of resident

↓

Bed boost (toward head):
- ❑ Check the care plan.
- ❑ Attach at least half the number of straps on both sides.
- ❑ Raise to just clear surface before moving up bed.
- ❑ Detach and store lift.

↓

Turns:
- ❑ Have pillows or other linen prepared at bedside.
- ❑ Attach at least half the number of straps on one side only.
- ❑ Raise lift and support position with pillows or linen

Review the procedures for determining the number of staff required to complete the transfer or repositioning task safely.

Emergency Procedures

□ Demonstrate emergency procedures.

□ Show the trainee the location of the emergency numbers.

Supervisor's Signature: _____

Date: _____

Phase 4

❑ Revise and Create Policies and Procedures

- □ Review policies and procedures
- □ Review resources and suggested reading
- □ Collaborate with the user group, the JOHSC and staff
- □ Update policies and procedures
- □ Implement strategies to assist with transition to new policies and procedures

What:
Revise and/or create policies and procedures that support the ceiling lift program.

Background:
Existing policies and safe work procedures will need revision to reflect any changes in practice. In some cases, new procedures will be required. Collaborate with the user group, the JOHSC, and staff when developing or revising policies and procedures (to ensure understanding of the tasks and to promote buy-in).

Required polices and procedures include (but are not limited to):

- Resident assessment procedures for transferring, repositioning, dressing, and bathing
- Adaptive clothing requirements, use, and assessment
- General MSIP (signs and symptoms, reporting, assessment, control, follow-up)
- No-lift policy
- Resident handling (transferring from/to, repositioning) including equipment, supervision, and emergency procedures
- Sling sharing and infection control
- Sling laundering, labeling, inspection, use, storage, and replacement
- Preventative equipment maintenance [10]
- Education and training requirements, tracking, and documentation
- Incident investigation and reporting (to ensure accurate data collection)
- Documenting the supplier commissioning procedure to verify that all critical elements are in place and functioning as specified [11]
    - o WorkSafeBC requires that a qualified person perform a load test of each lift and track installation and document the test as specified.
    - o Hand controls should not be installed or provided to staff until commissioning is complete.

[10] OSACH Planning Guide: Implementation of Client Mechanical Lifts p. 32

[11] OSACH Planning Guide: Implementation of Client Mechanical Lifts p. 31

Resources in this guide:

- ♦ Example of an MSIP Policy, p. B-44
- ♦ Maintenance Procedure, p. B-47

Actions:

- Identify policies and procedures that need to be created or revised.
- Review resources and suggested reading.
- Collaborate with the user group, the JOHSC and staff as required.
- Update policies and procedures.
  - o Provide staff, residents, and families regular updates on policy and procedure changes and implementation timelines.
- Implement strategies to assist staff with the transition to new policies and procedures, such as in-services, information days, education and training, and peer leader consultation.

Suggested Reading:

Resources	Title/Topic	
IH Ceiling Track Lift Implementation Manual	Commissioning procedure	Section 17.0, p. 44
IH MSIP A Practical Guide to Resident Handling		
Nova Scotia Department of Labour and Environment. (2003) Occupational Health and Safety Division Policy and Program	A How-To Guide for an Occupational Health and Safety Policy and Program	www.gov.ns.ca
OHSAH MSIP Guide: "It doesn't have to hurt"	Written Policies and Procedures	Part 2, p. 21-27
	Writing an MSIP Policy	Appendix 4, p. 131
OSACH Planning Guide: Implementation of Client Mechanical Lifts	Developing the program components	Section 1.4, p. 7-8
	Maintaining, inspecting and servicing lifts	Section 3.1.4, p. 31-32
	Guideline for minimal lift (client handling) policy development	Appendix J, p. 48-51
WorkSafeBC	Ergonomics Regulation Section 4.46-4.53	

Phase 5

❑ Develop an Evaluation Plan

- □ Chose short and long-term indicators to measure program effectiveness
- □ Develop or adapt measurement tools
- □ Plan intervals for gathering information
- □ Implement tools
- □ Analyze the information and communicate results

What:
Develop a plan to measure the short and long-term effectiveness of the ceiling lift program.

Background:
Ongoing evaluation of the ceiling lift program is essential to identify opportunities for improvement. The measures of success for the ceiling lift program should be determined by the goals of the program, as set out by the organization and the steering team. Example measures include staff and resident satisfaction, perceptions of safety, as well as reductions in the number of resident handling related MSIs and the associated costs. Analysis of the information gathered throughout installation can be used in the steering team's reporting processes.

There is a variety of information that can be collected and analyzed for evaluation. For example:

- Staff surveys can be designed to collect information such as demographics, feelings of pain or discomfort, feelings of safety, degree of ceiling lift use, time required to do transfers, and suggestions for improvement.
- Resident surveys can be designed to collect information such as demographics, feelings of pain or discomfort, feelings of safety, accommodation of physical limitations, and suggestions for improvement.
- Resident handling incident reports, WorkSafeBC claims cost information, first aid reports and payroll information can be collected to measure injury rates and costs.
- Baseline data collected to complete the Facility Injury and Needs Profile Form and follow-up data can also be used in evaluation.

Things to consider:

- Collect baseline perception surveys from staff and residents (or family) before installation.
- Plan specific intervals for collecting follow-up surveys. For example, survey at one-month, three-months, and six-months following installation.
- Make staff and resident surveys available in a manner that allows them to be completed confidentially.
- If needed, contact OHSAH for further assistance in developing the evaluation plan.

Resources in this guide:

- ♦ Ceiling Track Lift Staff Questionnaire, p. B-12, B-48
- ♦ Ceiling Track Lift Installation Resident and Family Survey, p. B-13, B-50
- ♦ Staff Perception Tool, p. B-51
- ♦ Client Handling Program Performance Measurement Tool for Managers, p. B-52

Actions:

- Choose the short and long-term indicators to measure the effectiveness of the program.
- Develop or adapt measurement tools to gather information related to the short and long-term indicators.
- Plan intervals for gathering information.
- Implement the plan to gather information.
    - o Analyze the information, make recommendations for improvement, and communicate the results.

Suggested Reading:

Resources	Title/Topic	
OHSAH MSIP Guide: "It doesn't have to hurt"	Short-term indicators of effectiveness	Section 6.4.1, p. 63
	Long-term indicators of effectiveness	Section 6.4.2, p. 63
	Injury Tracking	Part 10, p. 108-111

Phase 6

❑ Establish a User Group

- □ Recruit members
- □ Coordinate the first meeting
  - Discuss roles and responsibilities
  - Develop a terms of reference
  - Complete the membership form and contact list
- □ Coordinate supplier-provided training for the user group
  - Develop content
  - Identify trainers
  - Schedule training sessions
- □ Establish methods of communication
- □ Coordinate with the user group during trials and installations

❑ Trial Equipment

- □ Coordinate with the supplier
  - Requirements for setting up equipment
  - Education and training needs
- □ Gather feedback
  - Track configurations
  - Slings and storage
  - Laundering of slings and other housekeeping/maintenance issues
  - Lift applications and residents' needs
- □ Communicate with staff and family
- □ Provide staff training
- □ Complete commissioning process
- □ Evaluate trial equipment
  - Collate feedback
  - Analyze results
  - Make recommendations
- □ Communicate progress

Establish a User Group

What:
Establish a user group for trial and installation.

Background:
With specialized training from the supplier, the user group will act as an experienced resource for staff during equipment testing and following installations. As a champion of the program, the user group will facilitate communication between the steering team, suppliers and the end users and provide recommendations to the steering team. The user group will provide ongoing support and resources to staff during installation and assist with adaptation to changes in practice.

Form the user group with experienced care aides, RNs, members of the JOHSC, and rehabilitation staff, as well as staff with less experience to gain a new worker perspective.

Typical responsibilities of the user group are to:

- work with staff to determine optimum placement of tracks, appropriate transfer points, charging stations, curtain modifications, ease of use, suitability, etc. and to identify necessary changes in practice
- answer questions and problem solve equipment use challenges
- assist the steering team with gathering feedback from staff and families
- facilitate communication between staff, residents, families, suppliers and the steering team
- help to educate staff, residents and their families about the benefits of ceiling lifts
- provide recommendations to the steering team.

The user group will eventually form the peer leader resource group after ceiling lift installation is complete. Provide them with ongoing education and training on advanced MSIP, ceiling lift use, and facilitation skills. They will continue to be a resource to staff on equipment use and safe resident handling. In addition, the peer leaders can assist with:

- staff training and orientation (MSIP, ceiling lifts use and resident handling activities)
- assessing resident handling activities
- communicating resident handling risks and control measures, and
- any inspections and accident/incident investigations as required.

Resources in this guide:

♦ Sample TOR, p. B-2
♦ Membership Form, p. 48

Actions:

- Recruit staff for the user group.
- Coordinate the first meeting.
- Discuss roles and responsibilities.
- Develop a terms of reference.
- Complete the membership form.
- Coordinate ceiling lift training for the user group, usually supplier provided.

- Establish methods for communication with the steering team, staff, residents and families.
- Coordinate activities with the user group during trials and installation.

Suggested Reading:

Resources	Title/Topic	
IH Ceiling Track Lift Implementation Manual	Project Committee Roles and Responsibilities	Section 4, pg.17-18

Membership Form

Name (print)	Occupation	Contact No.	Email	Signature

Trial Equipment

What:
Trial equipment from the chosen supplier to determine the best options for installation.

Background
The goal of this phase is to test equipment options from the chosen supplier. More specifically, to:

- gain experience with different equipment options and applications (lifts, configurations, tracks, and slings)
- determine what equipment works in the environment and meets resident care needs
- obtain staff feedback, and
- make recommendations for equipment purchase and installation.

Things to Consider:

- Be aware that this phase will involve an intensive time commitment from the project lead and the user group, as they will play a significant role in encouraging staff to participate and ensure the system is adequately tested.
- Other activities can start at this time, such as developing a relocation plan for residents while installation occurs in their rooms, discussing a No-lift policy, coordinating training for staff, and determining sling storage locations for each resident or room.
- When recommending equipment for purchase, keep in mind the following factors:
  - cost
  - frequency of use, ease of maintenance, durability
  - renovations of building structures (e.g. varying ceiling heights, HVAC, sprinklers, etc)
  - storage space for slings
  - staff and resident needs, as well as general preferences, and
  - flexibility to meet the needs of the facility, staff and residents in the future.

Action:

- Coordinate with the supplier:
  - the requirements for setting up equipment (space and time for set up, commissioning procedures, documentation, room prep requirements)
  - the trial rooms for equipment configuration and curtain needs, and
  - the education and training for staff and peer leaders.
- Develop feedback forms or adapt sample forms provided in this guide to gather feedback on:
  - track configurations
  - slings and storage
  - turn around time on laundering of slings and other housekeeping/ maintenance issues

Resources in this guide:

♦ Resident/Family Survey (post installation), p. B-50
♦ Room Evaluation Form, p. B-53
♦ Request for Change Form, p. B-54
♦ Post-installation Checklists, p. B-55
♦ Commissioning Form, p. B-57

  - o lift applications and residents' needs
- Communicate with staff, residents and families.
  - o Provide information (such as progress, updates, next steps, changes in care plans, trialing schedules, room preparation requirements, resident relocation plan).
  - o Gather feedback.
- Provide education and training to staff.
- Consider changes in resident care plans.
- Ensure the commissioning process is completed by a qualified person, and notify staff that lifts can be used.
- Evaluate the equipment.
  - o Collect feedback forms.
  - o Analyze results.
  - o Make recommendations.
- Communicate progress to staff, residents and families.

Suggested Reading:

Resources	**Title/Topic**	
IH Ceiling Track Lift Implementation Manual	Trial Period	Phase 2, p. 16
	Room Preparation for CLS Installations	Section 16.0 p. 43
	Commission Procedures	Section 17.0 p. 44

Phase 7

❑ Prepare for Installation

- □ Ensure the following are complete at the end of this phase:
  - Resident risk assessments
  - Policy and procedure updates and revisions
  - Peer leader training
  - Adaptive clothing assessments
- □ Coordinate with the supplier
  - Determine installer needs
  - Determine expectations for room preparation
  - Review the installation plan to determine if it meets the RFP specifications
  - Confirm the suppliers' strategies to address WorkSafeBC regulatory requirements
  - Determine the impact of installation and strategies to address any potential issues
  - Acquire BC Professional Engineer stamped drawings for fastening methods
  - Acquire a letter of assurance from a structural engineer
  - Determine the installation schedule
  - Create a room preparation checklist
  - Develop commissioning procedures
  - Develop an action plan for sling storage
- □ Communicate with staff, residents and families

Prepare for installation

What:
Prepare staff, residents, and the facility for ceiling lift installation.

Background:
During this phase, finalize the implementation plan and ensure everything is in place for smooth installation. It is recommended that the project lead and installer complete a walk-through of the facility to finalize the plan, consulting with the steering team or user group, as required.

Things to consider:

- Ensure the following are complete at the end of this phase:
  - resident risk assessments
  - policy and procedure updates and revisions
  - peer leader training
  - adaptive clothing assessments
- Begin education and training early to ensure all staff are ready to use the equipment once it is installed.

Actions:

- Coordinate with suppliers.
  - Determine installer needs for installation (infection control procedures, provision of a staging area, storage, and safety).
  - Establish plans for room preparation and resident relocation.
  - Determine the impact of installation on day-to-day functions and develop strategies to address it.
  - Acquire BC Professional Engineer stamped drawings for fastening methods.
  - Acquire a letter of assurance from a structural engineer.
  - Confirm the suppliers' strategies to address WorkSafeBC regulatory requirements.
  - Determine a detailed installation schedule. Consider equipment delivery dates, impact on day-to-day functions, and staffing for tasks related to installation such as packing up/unpacking residents' rooms, temporarily relocating residents, installation, and commissioning.
  - Create a room preparation checklist for staff, residents and families. The checklist will provide everyone with the information required to prepare rooms for installation and for a resident's return once installation is complete.
  - Develop an action plan for sling storage.
  - Review the installation plan to ensure it meets the specifications of the RFP. If required, ensure a WorkSafeBC Notice of Project is submitted.
  - Order the equipment.
- Communicate plans and information with staff, residents and families, such as:
  - installation schedules
  - education and training schedules
  - expectations during installation (such as new care routines)
  - room preparation and packing requirements

- temporary relocation plans for residents
- staffing for extra tasks
- methods for gathering feedback and addressing concerns.

Suggested Reading:

Resources	Title/Topic	
IH Ceiling Track Lift Implementation Manual	Commission Procedures	Section 17.0 p. 44
	Room Preparation for CLS Installations	Section 16.0, p. 43
OSACH Planning Guide: Implementation of Client Mechanical Lifts	Determining implementation strategies unique to ceiling lifts	Section 3.3 p. 32-34
Public Health Agency of Canada	Construction-related Nosocomial Infections in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella and Other Infections	
WorkSafeBC	WorkSafeBC Notice of Project	

Phase 8

❑ Install the Ceiling Lift System

- □ Communicate
- □ Prepare rooms for installation
- □ Install the ceiling lift systems
  - Complete load testing
  - Document as required
- □ Commission
  - Commission with a qualified person
  - Complete commissioning form
- □ Prepare room for resident return

Install the Ceiling Lift system

What:
Install and commission the ceiling lift system.

Background:
The installation phase requires dedicated time from the project lead to ensure the installation occurs as planned and challenges are handled effectively. Staff education and training should be complete in time for commissioning. Revised policies and procedures should be ready for implementation once the ceiling lifts are installed.

Things to Consider:

- Maintain open communication with staff, residents and families. Keep them informed of progress and challenges during installation and respond to feedback.
- Complete implementation of new or revised policies and procedures.

Actions:

- Communicate with staff and family.
  - Provide installation timelines, room preparation and packing requirements, and plans for relocating residents.
  - Gather feedback.
  - Update staff and family on a regular basis.
- Relocate residents and prepare rooms for installation as per schedule.
- Coordinate with suppliers during installation.
  - Problem solve with them.
  - Ensure a qualified person completes and documents load testing.
  - Document commissioning.
- Notify staff when the ceiling lifts have been commissioned and are ready for use.
- Prepare rooms for resident return once installation is completed.
- Move residents back to their rooms.

Resources in this guide:

♦ Post-installation checklist, p. B-55
♦ Commissioning form, p. B-57

Suggested Reading:

Resources	Title/Topic	
IH Ceiling Track Lift Implementation Manual	Installation	Phase 3, p. 16
	Commissioning procedure	p. 44
OSACH Planning Guide: Implementation of Client Mechanical Lifts	Containing dust during installation	p. 34
WorkSafe Bulletin: Properly install, inspect, and load test overhead patient/resident track lifts		

Phase 9

❑ Maintain the Program

- □ Continue with the evaluation
- □ Collaborate with the JOHSC
- □ Establish strategies to maintain the program

Maintain the Program

What:
Establish strategies to sustain the ceiling lift program.

Background:
The aim of phase nine is to establish strategies that will maintain the long-term effectiveness of the ceiling lift program.

Once strategies to maintain the program are implemented, the steering team can be dissolved. Responsibility for maintaining the program and moving program initiatives forward will shift to management, the peer leaders, and the JOHSC.

Things to consider:

- Integrate the program into all departments that are affected by ceiling lift use.
- Continue initiatives that build awareness of and commitment to the program objectives.

Resources in this guide:

♦ OSACH Performance Measurement Tool for Managers, p. B-52

Actions

- Continue the evaluation started in Phase 5. Identify program successes and communicate them to staff, residents and families. Make recommendations for improvements.
- Work with the JOHSC to implement sustainable ways to identify and respond to new hazards or risks related to the ceiling lift system.
- Implement strategies for:
  - o on-going resident risk assessment
  - o providing on-going support, information, resources and education
  - o on-going communication
  - o including ceiling lifts in the orientation program
  - o maintaining and updating the policies and procedures as needed.

Suggested Reading:

Resources	Title/Topic	
OHSAH MSIP Guide: "It doesn't have to hurt"	Sustaining MSIP programs	Section 1.7 p. 19-20

Appendix A: References and Resources

The following is a list of resources recommended as reference material for the steering team.

Angel Accessibility Solutions
www.angelsolutions.com
Publications and online resources, including:
- Angel Accessibility Solutions' Products and Services

Arjo Canada Inc.
www.arjo.com
Publications and online resources, including:
- The Guidebook for Architects and Planners
- Care Thermometer – An online tool designed to assess, at high level, the present situation in care unit or facility
  www.arjohuntleigh.com/uk/Page.asp?PageNumber=1851

Fraser Health Authority of British Columbia
www.fraserhealth.ca
Resources, including:
- Comprehensive Ceiling Lift Program in Continuing Care Project
- Safe Client Handling Program Resource Manual

Health Canada
www.hc-sc.gc.ca/index_e.html
Online resources, including:
- Health Canada Medical Device Alert 109 (August 2003): Incidents involving patient lifts
  www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/alert_109_e.html

Interior Health Authority of British Columbia
www.interiorhealth.ca
Publications and online resources, including:
- Ceiling Track Lift Implementation Manual
  www.interiorhealth.ca/NR/rdonlyres/C64B1633-DC83-4926-A2B8-EF1101691980/1369/April17CeilingTrackLiftImplementationManual.pdf
- MSIP A Practical Guide to Resident Handling Manual
  www.interiorhealth.ca/Information/Reports/Documents/MSIP+Manual.htm

Northern Health Authority of British Columbia
www.northernhealth.ca/
Publications and online resources, including:
- Ceiling Lift and MSIP Program Implementation Guide

Nova Scotia Department of Environment and Labour (2003)
www.gov.ns.ca/enla
Online resources, including:

- A How-To Guide for an Occupational Health and Safety Policy and Program
  www.gov.ns.ca/enla/healthandsafety/docs/GuideOHSPolicy.pdf

Occupational Health and Safety Agency for Healthcare in BC (OHSAH)
www.ohsah.bc.ca
Publications and online resources, including:

- Adaptive Clothing Resource Guide
- Ceiling Lifts Literature Review
- Ceiling lift research studies and initiatives
- OHSAH It Doesn't Have to Hurt: A guide for implementing musculoskeletal injury prevention (MSIP) programs in healthcare

Ontario Safety Association for Community & Healthcare (OSACH)
www.hchsa.on.ca
Online resources, including:

- Planning Guide: Implementation of Client Mechanical Lifts
  http://www.hchsa.on.ca/products/catalog/Ergonomics.html#

Public Health Agency of Canada
www.phac-aspc.gc.ca/index-eng.php
Online resources, including:

- Construction-related Nosocomial Infections in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella and Other Infections
  www.phac-aspc.gc.ca/publicat/ccdr-rmtc/01pdf/27s2e.pdf

WorkSafeBC
www.worksafebc.com
Publications and online resources, including:

- Standards, Guidelines, and Regulatory Requirements
  www2.worksafebc.com/publications/OHSRegulation/Home.asp
- Handle with Care: Patient Handling and the Application of Ergonomic Requirements
  www.worksafebc.com/publications/high_resolution_publications/assets/pdf/bk79.pdf

Vancouver Island Health Authority of British Columbia
www.viha.ca
Resources, including:

- Ceiling Lift and MSIP Program Implementation Guide
- Ceiling Lift Education Power Point Presentations

Appendix B: Resources Table of Contents

The following forms and documents are obtained or adapted with permission. They are provided as samples only.

Northern Health: Ceiling Lift/MSIP Program Working Group - Sample Terms of Reference

Ceiling Lift / MSIP Program Working Group
Sample Terms of Reference

Mandate

The Working Group will oversee the planning, communication, installation, implementation, and evaluation of the ceiling lift system and MSIP program for the facility, and will provide guidance to the Site Project Coordinator as needed.

Membership

Site Project Coordinator
Manager(s) responsible for the facility/units involved
Representatives from the care-giving staff (LTCA, RN, LPN, PT, OT)
Regional representatives, such as Workplace Health and Safety, as needed
Site union representation
Site Maintenance department representation
Site Housekeeping department representation
Site OH&S committee member
Resident or family representative

Meeting Schedule

The frequency of meetings will be determined by the Working Group and the Project Coordinator. During the planning and implementation phases, frequent meetings will be required (every second week). As the project progresses through to follow up, evaluation and sustainability, meetings will be less frequent.

Reporting Relationships

The Working Group will report to site management.

Responsibilities:

The Working Group will be responsible to ensure that the ceiling lift system best meets the needs of the residents and staff, and to provide guidance and support during the implementation of the MSIP program. Responsibilities will include:
Appointment of the Site Project Coordinator
Participation in purchase decisions, design specifications and adaptations
Develop evaluation tools and ensure evaluations are carried out
Communicate plans to staff, residents, families, and management
Ensure education and training requirements resulting from the installations and adoption of

new policy guidelines are met

The Site Project Coordinator will advise and liaise with the Working Group, and act as the central communication contact for organizing and coordinating the project throughout its course. Responsibilities include:

- Ensure clinical issues are given key consideration in all decisions
- Arrange and chair meetings
- Ensure minutes are kept at all meetings, and develop a project binder with all documentation
- Ensure all checklist items are addressed (Work Plan, Implementation/Transition, and Sustainability)
- Ensure communication occurs with all involved parties (staff, management, residents, families, vendor, etc)
- Meet regularly with care-giving staff to solicit feedback and input on decisions
- Oversee questionnaire distribution, collection and collation of results
- Plan education and training sessions in conjunction with manager(s)
- Assist in initial formation and leading of the Peer Leader group

Interior Health: Notice To Residents

Interior Health

Ceiling Track Lift Implementation Manual

11.0 NOTICE TO RESIDENTS

To Residents and Families:

We have been awarded funding for installation of ceiling track lifts at our facility. We are very excited about this opportunity, as it will benefit both residents and staff. Results from other facilities, which have installed these lifts has been very positive and we look forward to completing the project here.

What is a ceiling track lift?

A ceiling lift is a mechanical device that consists of a track mounted on the ceiling and a motor that moves along this track. By using a sling around the resident, the nurse can use the motor to lift the resident. The resident can then be can be comfortably and safely moved along the track from bed to chair for example, or onto the toilet.

Why are we installing ceiling lifts?

Interior Health is committed to providing a safe, comfortable home for the residents and a safe working environment for staff. Use of the ceiling lifts will contribute to decreasing staff injuries and increasing quality of care for the residents. Residents describe the ceiling lifts as being more comfortable and predictable than the floor model lifts and consequently they feel safer during transfers.

Where will the ceiling lifts be installed?

The project will see ceiling lifts installed in as many rooms as possible in this facility. If possible, we will install the lifts in bathrooms and tub rooms to assist with care in these areas. A project team will be working closely with the manager and staff here to determine the best system for this facility. We will endeavour to minimize any disruption for the residents during the installation phase.

When will the lifts be installed?

Start date _____

Open House _____

Anticipated Completion _____

Northern Health: Residential Care - Individual Risk Identification Feedback Form

Residential Care – Individual Risk Identification Feedback

'A musculoskeletal injury (MSI) is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain and inflammation, that may be caused or aggravated by work." From WCB Regulation.

Do you ever feel at risk for musculoskeletal injury (MSI) during your shifts?_____
If yes, how many times per week?_____

Which resident moving and assisting activities make you feel at risk? (please be as specific as possible)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Are there any aspects of the layout or condition of the workplace that create difficulties during moving or assisting residents or make you feel at risk for injury? _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What characteristics of the residents you work with create risks for injury? _____

_____
_____
_____
_____

Northern Health: Residential Care - Individual Risk Identification Feedback Form

Are there any specific aspects of how your work shifts are organized that may create increased risk of injury? (example, repetitive tasks, time pressure etc.) _____

_____

_____

_____

_____

_____

What resources are available to you if you feel at risk with resident moving or assisting activities?

_____

_____

_____

_____

_____

_____

Any other comments or issues:

Do you have any suggestions on how the risks you have identified could be reduced or eliminated?

Physical Demands Risk Assessment

Procedure assessed: _____ Date: _____

Assessment completed by:_____ Unit: _____

Risk factor	Observations
Workers lift all or a significant portion of the patient's or resident's weight, or apply force vertically.	
Workers mainly use their arms or backs to apply force.	
Workers use forceful grips with wrists in an awkward posture.	
Workers exert force while in awkward postures (for example, stooped, twisted, reaching forward, or reaching overhead).	
Workers perform tasks with their backs in awkward postures (stooped, twisted, bent to the side, bent backward, or bent forward).	
Workers lift or pull patients or residents at a distance from them (for example, with bed rails up, arms on wheelchairs, furniture near the bed, or IV bag stands in the way).	
Workers conduct transfers or assists while in postures that may put them off balance.	
Workers pull with their arms in awkward postures (for example, behind the body).	
Workers support patients or residents while performing care tasks (for example, holding patients or residents away from them while cleaning them in bed).	
Workers support patients or residents while performing care tasks (for example, cleaning after toileting or removing clothing in preparation for toileting).	
Workers perform quick jerky movements.	
Workers do not use draw sheets or low friction slide sheets during transfers or repositioning.	
Workers reposition patients with only one foot on the floor.	

WorksafeBC Physical Demands Risk Assessment

Risk factor	Observations
Workers do not move their feet while twisting their torsos or turning their upper bodies to move patients or residents.	
Workers contact sharp or hard surfaces with parts of their bodies (for example, wrists or knees).	
Workers repeat the same motion throughout the work day (for example, repeatedly cranking manual adjustments for beds.	

Appendix H - Environmental Assessment Tool

Unit/department:	**Date:**		
Assessment Completed by:			
Bedroom	**Yes**	**No**	**Explanation**
Is there enough space around three sides of the bed to work?			
Can staff work from either side of the bed?			
Will mechanical lift equipment fit under the bed?			
Is the positioning of the lift clear from monitors, IVs, etc.?			
Is there an unobstructed path for the lift to travel?			
Do the floor mechanical lifts fit though bathroom doorways?			
Is ceiling track appropriately placed with respect to the bed(s)?			
Bathroom	**Yes**	**No**	**Explanation**
Can a mechanical lift be used in the bathroom?			
Is a commode used in the bathroom if a mechanical lift cannot be used?			
Is there space on either side of the toilet for a worker?			
Are the grab bars situated and designed such that they do not interfere with placement of equipment or workers?			
Tub/shower room	**Yes**	**No**	**Explanation**
Can a mechanical lift be used in the tub/shower rooms?			
Is the flooring slip resistant?			
Can mobile, independent residents transfer easily in to the tub?			
Are clients secure while they are being transported to the tub room?			
Are clients secure while in the tub?			
Equipment Storage	**Yes**	**No**	**Explanation**
Is there a designated storage place for the lifts that is not in a hallway?			
For lifts with removable, rechargable batteries, are, batteries stored in a designated, controlled area?			
For lifts being plugged in to recharge, is the recharging zone free from blocking emergency egress?			
Are slings readily accessible?			

OHSAH MSIP Guide: Signs and Symptoms Survey

Signs and symptoms survey

Symptom survey: Ergonomics program

Date _____/ _____/ _____/

Facility:	Department #	Job Name	
Shift	Hours worked/week:	Time on THIS job:	years months

Other jobs you have done in the last year (for more than 2 weeks)

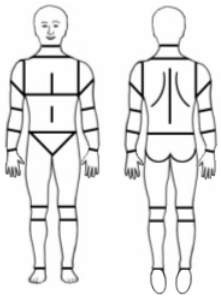
Facility:	Department #	Job Name	Time on THIS job:	years months
Facility	Department #	Job Name	Time on THIS job:	years months

(If more than 2 jobs, include those you worked on the most)

Have you had any pain or discomfort during the last year? Yes No (If NO, stop here)

If YES, carefully shade in area of the drawing which bothers you the MOST.
(Complete a separate page for each area that bothers you)

Body Maps



Circle Area:

Neck	**Shoulder**	**Elbow/Forearm**	**Hand/Wrist**
Fingers	**Upper Back**	**Low Back**	**Thigh/Knee**
Low Leg	**Ankle/Foot**		

1. Circle the word(s) that best describe your problem.

Aching	**Numbness (asleep)**	**Tingling**
Burning	**Pain**	**Weakness**
Ramping	**Swelling**	**Other**
Loss of Colour	**Stiffness**	

2. When did you first notice the problem? (month) (year)

3. How long does each episode last? (Mark an X along the line)

1 hour — 1 day — 1 week — 1 month — 6 months

4. How many separate episodes have you had in the last year?

5. What do you think caused the problem?

6. Have you had this problem in the last 7 days? **Yes** **No**

7. How would you rate this problem? (Mark and X on the line)

NOW

None _____ Unbearable

When it is the WORST

None _____ Unbearable

(Continued on next page)

OHSAH MSIP Guide: Signs and Symptoms Survey

8. Have you had medical treatment for this problem? **Yes** **No**

8a. If No, why not? _____

8b. If Yes, where did you receive treatment?

1. Company Medical Times in past year _____

2. Personal doctor Times in past year _____

3. Other Times in past year _____

8c. Did treatment help? **Yes** **No**

9. How much time have you lost in the last year because of this problem?

10. How many days in the last year were you on restricted or light duty because of this problem? days

11. Please comment on what you think would improve your symptoms

Unless the company is prepared to act on the results of a symptom survey, it should not be conducted. Analysis of the information from a symptom survey is complex. One of the major difficulties is deciding what responses on the questionnaire indicate a problem that may need further evaluation. One approach for scoring results from a survey of this type is to rank-order the number and severity of complaints by body part from the highest to the lowest in frequency and severity. Those jobs linked with the body part showing the most complaints or the highest severity ratings would become the primary candidates for follow-up efforts at analyzing job risk factors and determining needs for risk reduction measures. A second survey, using the same form, completed after ergonomics changes have been made to correct problem jobs, can indicate whether the intended benefits have been achieved. Comparisons of the worker survey data gathered before and after ergonomics changes can furnish this information. One caution here is to allow sufficient time after the intervention to permit the workers to become accustomed to the job change and allow other novelty effects to subside. The second survey should be made no less than two weeks (and preferably one month) after the changes and should be made at the same time and day of the week as the initial survey. Comparisons of Monday morning results with those obtained on Friday afternoon may give faulty results because of differences in worker motivation.

References:

US Department of Health and Human Services — National Institute for Occupational Safety and Health (NIOSH). (1997). Elements of Ergonomics Programs

Interior Health: Ceiling Track Lift Staff Questionnaire

Interior Health

Ceiling Track Lift Implementation Manual

9.0 CEILING TRACK LIFT STAFF QUESTIONNAIRE

9.1 Pre-Installation

Note: “lifts” refers to any floor lift. (total or sit/stand)

Please circle an answer for each question	agree				disagree
1. The lifts are easy for staff to use safely	1	2	3	4	5
2. The lifts are comfortable for the residents	1	2	3	4	5
3. I have been trained to use the lifts safely	1	2	3	4	5
4. I know which sling is best for the resident	1	2	3	4	5
5. There are enough slings available for care routines	1	2	3	4	5
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5
7. The lifts help me perform my care duties safely	1	2	3	4	5
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/ tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

Interior Health: Ceiling Track Lift Installation Resident/Family Survey

Interior Health

Ceiling Track Lift Implementation Manual

10.0 CEILING TRACK LIFT INSTALLATION RESIDENT / FAMILY SURVEY

Pre-Installation

How to Score: **Please tick the column which best describes your feelings.** **1 = Not at all** **2 = Somewhat / Sometimes** **3 = Usually** **4 = Almost Always** **5 = Always**					
Question					
	1	**2**	**3**	**4**	**5**
1. Do you feel (or do you think your family member feels) calm and secure while being transferred?					
2. Do you feel privacy is adequately protected during transfers					
3. Are you (or your family member) transferred in and out of bed as frequently as you would like?					

Comments:

Evaluating Proposals

Evaluating proposals

Although the evaluation committee won't be needed for evaluation of proposals until after the closing date, if the committee is involved in drafting the Request for Proposal, and particularly in preparing the evaluation criteria, evaluation tends to go more smoothly.

STRUCTURE OF THE COMMITTEE

The number of people will depend on the requirement but if the committee is too large it becomes awkward; a core group of three to six is usually comfortable. These people should all be present for the entire evaluation period and should all be involved in reviewing all proposals. It is not unusual for the evaluation committee to ask for help from other areas.

CONFLICT OF INTEREST

Committee members (and, for that matter, anyone involved in preparation of the Request for Proposal) should declare any potential conflicts of interest. This may be particularly relevant if the evaluation committee member is a contractor rather than a College employee. Conflict of interest can occur when a member of the evaluation committee:

- Has a friendship or familial relationship with one of the proponents;
- Has a strong bias for or against one of the proponents;
- Has a direct or indirect financial interest in a proponent's business;
- Has received a gift from one of the proponents.

Situations that can result in a conflict of interest are not limited to the examples provided. Should you believe that a potential conflict of interest exists, appropriate action should be taken immediately. At a minimum, the potential conflict of interest should be declared. Frequently, withdrawal from the process is the suitable option. The circumstances will help define what's appropriate.

GENERAL

During evaluation it is important to treat all proponents fairly and equally, and to evaluate their proposals in accordance with the process described in the Request for Proposal. Care must be taken throughout the process not to take any actions or make any decisions that could be construed as providing an unfair advantage to any proponent(s).

CONFIDENTIALITY

As they will be entrusted with or have access to information governed by the Freedom of Information and Protection of Privacy Act committee members must be aware of the need for confidentiality. Evaluation committee members will be expected to

a) keep the proposals, and any notes they might make relating to them, in a secure place where others will not have access to them;

b) not discuss the proposals or disclose their contents to anyone other than their fellow committee members;
c) retain copies of all notes and memoranda in accordance with the requirements of the Freedom of Information and Protection of Privacy Act;
d) keep all notes, discussions, and point ratings confidential and not disclose their substance or details to anyone;
e) evaluate the proposals strictly in accordance with the evaluation criteria stated in the Request for Proposal;
f) evaluate proposals solely on information contained therein, not on the committee's previous knowledge of the proponent or its business; and
g) score proposals strictly in accordance with the established points ratings.

The chair person often asks committee members to sign something to indicate their agreement with the foregoing.

READING PROPOSALS
Before meeting to score the proposals, each committee member will need time to read through all proposals and make notes as to the extent they meet the evaluation criteria.

KEEPING NOTES
One of the members of the evaluation committee should be assigned the responsibility for making a master record of the scores and keeping notes explaining each score. This information forms part of the permanent record and may be made available to proponents. It is important to write supporting comments for both high scores and low scores. (Even though a natural tendency is to put more emphasis on documenting the areas in which the proponent falls short, a benefit of documenting both is that when it comes to a debriefing meeting the experience is a more pleasant one for everyone if the committee is able to praise the proposal's strengths as well as point out its weaknesses.)

EVALUATION OF POINTS RATED REQUIREMENTS
The two main methods of scoring the criteria are

a) the proponent's response to each criterion is discussed and team members come to agreement on the score; or
b) team members individually score the proposals and the proponent's score is an average of the individual scores.

The committee can decide which would work better. One proposal will usually be evaluated at a time and will be compared to the stated criteria. Because the criteria reflect the organization's needs, this is a more supportable approach than that of comparing each proposal to the others. An exception to this can be the evaluation of price. When assigning points for price a formula is used whereby the lowest price gets the full points available for price, and the other proposals are pro-rated, i.e., each proponent's score for price is reached by multiplying the total number of marks available for price by the lowest priced proposal and dividing the answer by the proponent's price.

Evaluating Proposals

Formula: $S = \frac{Min \times M}{p}$

S = score Min = lowest priced proposal P = price on this proposal M = total marks available for price

Assignment of Points

QUALITY OF RESPONSE	TO TRANSLATE INTO POINTS MULTIPLY THIS NUMBER BY THE AVAILABLE POINTS
Excellent. Meets all of our requirements (100%)	1
A sound response. Fully meets most of our requirements (80%)	0.8
Acceptable at a minimum level. Meets our basic requirements (60%)	0.6
Falls short of meeting basic expectations (40%)	0.4
It's a response but doesn't address our needs (20%)	0.2
The response is completely unacceptable or the information is missing altogether (0%)	0

REFERENCE CHECKS

Where references were to be provided, they are usually checked after most of the marking is complete. If the Request for Proposal said the references were to form part of the overall mark, they will have to be checked for all proponents who meet the mandatory requirements. Only referees supplied by the proponent should be contacted. Questions asked should relate directly to the evaluation criteria and the same questions should be put to all referees. Reference questions should be objective, e.g., "How did you find the company's ability to respond to customer complaints?" Both questions and answers are to be recorded. Under the Freedom of Information and Protection of Privacy Act proponents may be entitled to know what was said about them by their referees. It is preferable that the evaluation committee provide the score, rather than having the referee do it. For example instead of asking, "Out of 15 points how would you rate the company's ability to meet deadlines?" it might be better to say, "Please describe the company's ability to meet deadlines", and then have the committee assign a score to the response. If the referee has to be prompted, the same prompt may have to be given to the next referee.

IDENTIFYING THE WINNER
The committee will complete the evaluation, add up the points and the top ranked proponent will be the winner. If the scores of two proponents are very close, the higher one is still the winner.

SIGN-OFF
At the end of the evaluation process, all evaluation committee members should sign the bottom of the summary spread sheet to indicate their agreement with the committee's conclusions.

CONTRACT AWARD
All comments, evaluation sheets, tender documents and other supporting materials are to be retained on file and form part of the record in the event a FOIPP request is made.

Those with final decision making authority for the organization should review the recommendation of the committee and issue contract documents to the successful Proponent for signing. Once the contract documents are signed the organization can begin working with the successful Proponent.

Request for Proposal Template

ATTENTION: QUOTATION DEPARTMENT

CAPITAL EQUIPMENT REQUEST FOR PROPOSAL (RFP)

A Request for Proposal call has been issued for the supply of:

<CEILING LIFT SYSTEMS>

to **<Facility Name>**. Your company has been identified as a potential supplier, and we therefore invite you to submit a bid. The attached documentation details the requirements of the RFP.

Your attention is drawn to Section 100, identified as Instruction to Bidders. This section provides you with the information you require to submit your Bid. Please ensure your submission conforms to these requirements, so that we may proceed efficiently with the award procedures.

Yours truly,

<NAME>, <Job Title>
<Facility Name>

Enclosures

Request for Proposal Template

<Facility Name>
<Department>
123 Main Street, Your Town, BC
Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx

RETURN TO <Name>
<Job Title>

RFP: **<CEILING LIFT SYSTEMS>**

CLOSES: **<closing date and time>**

Location: **<location>**

!! ATTENTION !!

WE KNOW THAT YOUR FIRM WOULD NOT WANT TO MISS THIS RFP, THEREFORE, IT IS IMPORTANT WE KNOW YOU RECEIVED THIS TRANSMISSION.

PLEASE TAKE A MOMENT TO FAX THIS SHEET TO US, THUS ACKNOWLEDGING RECEIPT OF THE MATERIAL.

Please print your Company's Name here

Representative

Phone Number Fax Number

Email address

- Yes Our company will submit a RFP response before the closing date
- No Our company will not submit a RFP response

WITH THANKS!

Request for Proposal Template

<CEILING LIFT SYSTEMS>

ATTENTION: <Name>, <Job Title>

REQUEST FOR PROPOSAL

ISSUED TO / SUBMITTED BY: _____

COMPANY: _____

DATE ISSUED: <MM/DD/YYYY>

DEADLINE FOR SUBMISSION: <0000 HOURS (00:00 AM/PM)> PST
<MM/DD/YYYY>

AUTHORIZED REPRESENTATIVE: _____ _____

SIGNATURE: _____

TITLE: _____ _____

REFERENCE #: _____

Introduction

Provide a description of your organization, the services it provides, the number of employees and residents, etc. in this space.

Request for Proposal Template

TABLE OF RFP DOCUMENTS

Request for Proposal Template

100 INSTRUCTIONS TO BIDDERS

1.1 To receive consideration, **<X> copies** of the RFP must be submitted in a sealed envelope (OR may be faxed to (XXX) XXX-XXXX with original copies to follow in a sealed envelope).

Responses must be received no later than <0000 hours> on <MM/DD/YYYY>,
clearly marked:

<Facility Name>
Attn: <Name>
<CEILING LIFT SYSTEMS>
123 Street,
Your Town, BC Postal Code

<Facility Name>
Attn: <Name>
<CEILING LIFT SYSTEMS>
123 Street,
Your Town, BC Postal Code

MANDATORY REQUIRMENT(S)

- Use this section to clearly describe any facility-specific mandatory requirement(s) and consequences for non-compliance
- For example, consider mandatory site visits for facility walk-through, including dates, time, and location. If there is a consequence for not attending (such as disqualification), state it clearly.

Award Time Frame

Activities	Estimated Dates
Issue RFP to Proponents	<MM/DD/YYYY>
RFP to be returned	<MM/DD/YYYY>
Short List of Proponents	<MM/DD/YYYY>
Proponent Presentations	<MM/DD/YYYY>
Award	<MM/DD/YYYY>
Implementation Starts	<MM/DD/YYYY>

1.2 Any bids received after the time set out in subparagraph 1.1 above will not be considered

1.3 Terms and Conditions are included herewith. Bidders must clearly address each clause, stating acceptance and / or exception taken.

Request for Proposal Template

1.4 All RFP shall be strictly confidential and not subject to public disclosure.

1.5 All prices shall be in Canadian funds. Provincial Sales Tax and Goods & Services Tax are extra. Terms shall be net thirty (30) days or better after acceptance.

1.6 All RFP must be submitted on the documents provided for this purpose and shall be signed by a duly authorized official of the company. All representations contained in the Bidder's RFP shall be binding upon the successful Bidder.

1.7 All communications on the RFP shall be made to **<Name>, <Job Title>, <Contact Info>**

1.8 Samples of items, when required, must be furnished free of charge and will be returned to the Bidder at their expense and request.

It is conceivable that additional material will be required. An agreement to provide material for a period of not less than <X> after completion of the requirements of this RFP at the same price as quoted in your response to this RFP is to be included with your submission.

1.9 Installation of equipment, if applicable, must include all labour, material, and equipment for offloading on delivery of equipment, handling, storing, breaking down into parts if required, transferring to the proper location, making connections to building services, covering and protecting, final removal of covering and protections, and making ready as required to form equipment which is fully operative and in accordance with reviewed drawings.

1.10 The lowest priced proposal, or any proposal, will not necessarily be accepted.

1.11 Where the Bidder feels that additional features should be included, he shall provide a schedule and attach as an appendix to the RFP.

1.12 Products manufactured and / or fabricated in British Columbia and Canada, in whole or in part, will be given preference, all factors being equal. Bidders shall clearly indicate the percentage of British Columbian and Canadian manufacturing content for each item bid on.

_____% British Columbian
_____% Canadian
_____% Local Inventory

1.13 **<Facility Name>** encourages its suppliers to be creative and innovative. Bidders are encouraged to submit responses that seek new ways of doing business, which benefit both **<Facility Name>** and the Supplier. Bidders may forward information pertaining to what the Bidder may consider to be additional benefit(s) for evaluation of the RFP, other than the pricing submitted. The Bidder is encouraged to discuss the issue of additional benefit(s) with **<Name>, <Job Title>, <Department>**.

1.14 Additional benefits proposed as part of your response may include, but not be limited to such items as:

- Cost Containment Programs
- Early Payment Terms
- Extended Warranties
- Volume Discounts

1.15 The following criteria will be applied when determining the best qualified successful Bidder. The number sequence is not necessarily indicative of the weight factor that may be given to each item. Include the headings for your criteria.

1.16 All bids are **irrevocable** unless **<Facility Name>** allows you to withdraw under the following conditions:

1.17.1 An obvious error is discoverable when bids are first opened.

1.17.2 Both the Supplier and **<Facility Name>** make the same error.

1.17.3 The mistake is honest, fundamental, inadvertent, and not to allow withdrawal would be grossly unfair.

Request for Proposal Template

200 TERMS AND CONDITIONS

2.1 The complete order is guaranteed to be delivered and installed at:
<Facility Name> by the following date: <MM/DD/YYYY>

2.2 At the time of delivery of the equipment, the Buyer will receive **<X>** complete and unabridged sets of operator manuals, service manuals, electronic schematics and troubleshooting documentation for each model of equipment purchased. These manuals and documentation will contain the identical diagnostic codes and commands as the service representative of the Seller receive. The Buyer will receive at no additional cost, all updates and revisions of these manuals, schematics and documentation as they become available from the Seller, for each model of equipment purchased.

Yes_____ No_____ Cost: $_____

The Supplier shall, for the life of the equipment, provide the facility with all past and future manufacturer and supplier service notes pertaining to the operation, diagnosis, preventative maintenance and safety of the equipment installed. These materials shall be delivered on a continuing basis, in a timely fashion, by the local field service officer.

Yes_____ No_____

Declare original equipment manufacturer (OEM) for any device, assembly, or accessory not made by the primary manufacturer.

Yes_____ No_____

2.3 Suppliers must quote in Canadian funds.

Yes_____ No_____

2.4 Each line item as indicated must be individually priced and extended.

Yes_____ No_____

2.5 Prices will be held firm for ninety (90) days after date of bid closure.

Yes_____ No_____

If no, please explain:_____

2.6 Prices are FOB at each facility's loading dock - **prepaid.**

Yes_____ No_____

2.7 Delivery of all parts shall be within _____ of time of requirement.

Please provide a list of key spare parts that will be kept on site at no charge.

_____
_____
_____

How long will parts be available for the system quoted: _____ years?

2.8 Factory Level Service Training for Maintenance Personnel is included in the bid process for the equipment required. This training will take place on site or at a location mutually agreed upon.

Yes_____ No_____

Explain: _____

Describe the duration and a description of the general content of any additional training program for Maintenance Personnel, which is available at additional cost to **<Facility Name>**.

_____
_____
_____

Cost: $_____

2.9 Service response time shall be _____ hours for a qualified technician on site.

What is the hourly rate? $_____

Will there be "local" System support personnel available? If so, who and where.

_____
_____

2.10 Warranty shall be **<X> Parts, <X> Labor** from date of final acceptance or the date the equipment is put into service, whichever is the latter.

Yes_____ No_____

Explain: _____

2.11 The initial cost of a **FULL SERVICE** annual maintenance shall be ____% of the purchase price.

Request for Proposal Template

2.12 The Buyer will be entitled to purchase all replacement parts, components, subassemblies, and peripheral devices as needed for the maintenance and repair of each model of equipment purchased from the Seller at the fair market price. No excessive handling or shipping charges will be applied to these purchases. The Seller must expedite all shipments and not withhold shipments in order to increase equipment downtime to the Buyer or for any other reason.

Yes_____ No_____

2.13 In the event that computer software or external devices are required for the operation, calibration, or repair of the equipment, then the Seller shall make available to the Buyer any and all software and hardware at a fair market price. All subsequent updates for the software or hardware must also be provided at a fair market price as well as any software transmitted via telephone, or any new formats not yet available that may be delivered in the future. The Buyer has the right to use and operate all hardware and software for the purposes of operating, repairing, or calibrating the equipment. The Buyer has the right to allow its designated service representative to use all software for the repair and calibration of the equipment purchased.

Yes_____ No_____

Explain: _____
_____

2.14 The equipment identified in this document will be shipped complete and in one shipment to the identified site. Back orders are not acceptable unless agreed upon by <Name>, <Job Title>, <Department>.

Yes_____ No_____

2.15 All electrical equipment, including battery operated, is to be CSA APPROVED AS PER CURRENT STANDARDS.

Yes_____ No_____

2.16 If successful, the Bidder agrees to bear all costs for the preceding approvals and any and all other approvals that may be required by law, up to the time the equipment is accepted by <Facility Name>

Yes_____ No_____

2.17 Please detail power utility requirements:_____

2.18 Packing slips indicating the Purchase Order number must accompany all shipments.

2.19 The Supplier shall submit in duplicate invoices for items provided. Invoices will refer to the RFP number, the Purchase Order number, and will detail the supplies provided, unit prices and total price.

2.20 **<Facility Name>** reserves the right to reject in part or whole all RFP and to accept any item of the RFP.

2.21 In case of error in the extension of prices in the RFP, the unit price will govern.

2.22 All invoices, credits, backorders, packing slips, and correspondence relating to any order must contain the original Purchase Order Number as reference. **<Facility Name>** shall not be responsible for any delay arising from the Supplier's failure to do so.

2.23 Payment shall not be made to the Supplier until the order is complete and received at the identified Site, providing delays are not due to acts or omissions of **<Facility Name>**.

2.24 What is the impact to our facility's hourly usage of the following:

Electricity: _____ kW increase
Water: _____ gal/or M3
Steam: _____ lbs/hour
Pressure: _____

2.25 Please provide a list of operating supplies that will be required to operate this piece of equipment.

_____
_____

2.26 Firm **<X>** to **<X>** year contract pricing will be made available on all supplies.

Yes_____ No_____

2.27 The Supplier warrants that no part of the total award amount provided herein shall be paid directly or indirectly to any employee of <Facility Name>, including Medical Staff as wages, compensation, rebates, free goods or gifts, in exchange for acting as officer, agent, employee, subcontractor, or consultant to the Supplier in connection with any work contemplated or performed relative to this bid.

Yes_____ No_____

2.28 Products and Services will be judged on their safety for users, clients and maintenance personnel. Bidders must forward information on how their equipment is designed and built to minimize risk of injury to both groups. Particular emphasis should be given to ergonomic considerations and the prevention of musculoskeletal injuries.

Request for Proposal Template

300, 400, 500 etc OTHER FACILITY SPECIFIC ELEMENTS

300 Mechanics of Use

3.1 Ease of use
3.2 Hooking mechanism
3.3 Noise
3.4 Smoothness
3.5 User friendliness (e.g. Hand controls)
3.6 Speed of traverse
3.7 Safety features (back up features)
3.8 Height range
3.9 Resident comfort
3.10 Slings
  3.10.1 Types available
  3.10.2 Material
  3.10.3 Laundry/durability
  3.10.4 Ease of sling identification

400 Installation Work

4.1 Installation work (painting, HVAC, room alterations, and finishing)
4.2 WorkSafeBC requirements. For example, process and cost for:
  4.2.1 locating electrical, gas, and water lines, if concrete drilling is required
  4.2.2 containing dust and other particulates during installation*
  4.2.3 asbestos containment
4.3 Review of structural engineering

500 Services (during and following installation)

5.1 Training
5.2 Preventive maintenance, troubleshooting, repairs, and service times
5.3 Follow up protocols

600 Pricing Summary

700 Other

* OSACH Planning Guide: Implementation of Client Mechanical Lifts Containing dust during installation p. 34

References

Request for Proposal Template

SPECIFICATION / QUOTATION DOCUMENT

Certification:

I certify that the statements made by me in this RFP are true and complete. These statements and prices as bid represent our RFP to <Facility Name>.

Signature of Supplier: _____

Company Name and Address:
_____
_____
_____

Name and Title of Signing Officers: _____
_____
_____

Telephone Number: _____
Facsimile Number: _____
Email Address: _____

Signed this _____ day of _____, <YEAR>.

Request for Proposal Template

Template Score Card for Ceiling Lift RFP

Template Scorecard for Ceiling Lift RFP

Section		Proposal 1		Proposal 2		Proposal		Proposal X	
		Points Achievable	Points Awarded	Points Achievable	Points Awarded	Points Achievable	Points Awarded	Points Achievable	Points Awarded
100	**Instructions**								
1.1									
1.2									
etc.									
200	**Terms and Conditions**								
2.1									
2.2									
2.3									
etc.									
OTHER FACILITY SPECIFIC ELEMENTS									
300	**Mechanics of Use**								
3.1									
3.2									
3.3									
etc.									
400	**Installation Work**								
500	**Services**								
600	**Pricing Summary**								
700	**Other**								
References									
Criteria 1									
Criteria 2									
Criteria 3									
etc.									
Cost (linked to calculation sheet below)			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Compliance									
	Compliance with RFP requirements								
Total Points		*0*	*#DIV/0!*	*0*	*#DIV/0!*	*0*	*#DIV/0!*	*0*	*#DIV/0!*

Cost Score		**Proposal 1**		**Proposal 2**		**Proposal ....**		**Proposal X**
Min (lowest priced proposal)		$0		$0		$0		$0
P (price on this proposal)		$0		$0		$0		$0
M (total points available for price)		0		0		0		0
Score: S = Min x M / P		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!

Interior Health: Resident Transfer Assessment

Interior Health

Ceiling Track Lift Implementation Manual

2.1 Resident Transfer Assessment

Observation		No	Yes
Strength	• In bed does the resident lift their hips clear off the bed to get onto a bedpan or assist with dressing / incontinence pads?		
	• In bed does the resident roll onto their side without assistance		
	• In sitting can the resident lift each foot off the ground and straighten each knee?		
Balance	• Can the resident sit upright on the side of the bed without help		
	• Can the resident sit/ lean forward in a chair without support?		
Ability to follow direction	• Does the resident follow transfer instructions appropriately?		
	• Does the resident's ability remain the same throughout the day and with different care-givers?		

No to **any** of the observations

Use Ceiling Track Transfer
and
Consider need for adaptive clothing

Can the resident sit forwards and push down on the arm rests with **both** hands?

No

Yes

Universal
or Hammock
Size_____

Hygiene
or Universal
Size_____

Use repositioning sling in bed

No
to **any**
observations

Yes to **all** of the observations

Sit / Stand Lift Assessment	No	Yes
While sitting, can the resident actively lean forward?		
Can resident hold onto **both** handles of the sit / stand lift?		
Can the resident keep their feet flat on the footplate of the lift throughout the transfer?		
Can resident actively straighten their hips to assist the lift?		

Yes
to **all** observations

Can the resident stand erect and step with both feet

No

Yes

Sit /stand lift

Use the sit /stand lift until assessed by Rehab.
Refer to functional sheet / Kardex for details of transfer

Signed Date

Fraser Health
AUTHORITY

Workplace Safety and Wellness

Orientation Procedure to Resident Lift and Transfer Devices

This document outlines how an orientation is provided to a new worker or student who is expected to work on the unit and perform resident lifts and transfers using mechanical lifting equipment. A permanent employee of the unit who has been trained by a member of Employee Health Services provides the orientation.

The new worker is not allowed to use any of the devices until they have received the appropriate training for that device.

It is the manager's responsibility to ensure that each worker on the unit has received appropriate training prior to using the equipment.

This document is written to provide direction to the person providing the orientation.

1. Use the "Skills Checklist" to:

- organize your presentation
- ensure that you've covered all the key points for the lift or transfer
- ensure the trainee has demonstrated all the key steps in the lift or transfer

2. How to Provide the Orientation:

Part One – Observe the Skill

- speak to the main features of the equipment (as per checklist)
- you demonstrate the task
    - speak through each step
    - ensure you've covered all that is on that section of the checklist
- ask if they have any questions
- ask the trainee to demonstrate the task
    - observe the demonstration to ensure the trainee does all steps (as per checklist)
- provide feedback to the trainee once task is complete
    - ask trainee to repeat demonstration if they missed some steps

If you have ensured the trainee has demonstrated all the steps, you have now seen them demonstrate their understanding of the safe way of doing the task.

November 2002

Fraser Health: Orientation Procedure to Resident Lift and Transfer Devices

Fraser Health
AUTHORITY

Workplace Safety and Wellness

Part Two – Review the Task

- ask the trainee to read the list of steps in the appropriate section of the checklist,
- tell them to ask any questions if they don't understand any of the steps of the checklist
- if they understand each step, ask them to check off all the boxes for that task and sign on the line next to "Trainee:"
- then you sign it and date it.

The trainee keeps their sheet and continues to obtain training sessions until they have completed the whole sheet (both sides).

Notes:

November 2002

VIHA: Ceiling Lift Education Power Point Presentation

Purpose

Provide a brief overview of the Ceiling Lift Training Manual for Overhead Lifts

Policies

- There are a number of policies in the MSIP Program that were developed or revised to support the use of OHL's.

For example:

- 5.8.1 - Occupational Health & Safety: General Policy
- 5.8.10.1 - Musculoskeletal Injury Prevention Program
- 5.8.10.2 – No Manual Lifting of Patients/Residents
- 5.8.10.6 Risk Assessments

General Guidelines

- Overhead Lift system (OHL) should only be operated or under the control of a person(s) who have received proper training in the safe handling and operation of the system.
- If improperly operated, injury could result to the staff, patient or damage the OHL.

Equipment

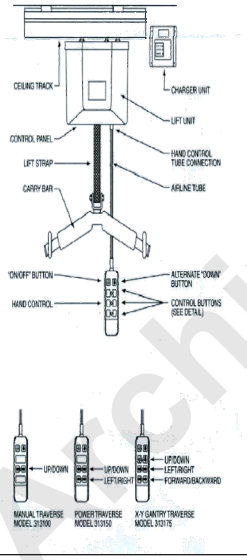
- The lift unit itself has maximum weight capacity of 425 lbs
- Slings have a maximum weight capacity of 6oo lbs.
- The safe working limits of the lifting system with all above components combined is 425 lbs.

VIHA: Ceiling Lift Education Power Point Presentation

Lay Out

- The Basic Configurations for OHL are:
  - Boom and Gantry
  - Fixed systems (curved track)
  - Fixed systems with turntables
  - Combinations of the above

Unit Operation



Take the time to familiarize yourself with the equipment and its operation.

See Section 7, Operation of the Unit in the OHL Program or owners manual for more information.

Battery Charging System

- The lift unit is battery-run
  - Fully charged batteries will last between 80 - 100 lifts
  - Ensure that all staff know:
    - The location and proper docking/ charging and storage procedures.
    - That lift unit is returned to charging station when not in use.

Slings – Visual Inspection

- The sling integrity MUST be visually inspected prior to each use:
  - Fraying of the strap(s)
  - Loose or broken stitching
  - Signs of wear
  - Tears or cuts in the strap or sling body
  - Puckering or bunching of the strap

VIHA: Ceiling Lift Education Power Point Presentation

Guidelines For Sling Selection

- Slings should only be used for:
  - ✓ the purpose they were designed for
  - ✓ to suit the patients'
    - ✓ Size (S/M/L)
    - ✓ Need (toileting/ transfer)
    - ✓ Ability (body control / support)

Selecting Appropriate Sling Size

The following are guidelines for size selection:

- 120 LBS, 54.54 Kg OR LESS – small
- 120 LBS (54.54 Kg) - 200 LBS (90.9 Kg) – Medium
- 200 LBS (90.9 Kg) - 260 LBS (118.18 Kg) – Large

260 LBS (118.18 Kg) or *Greater, Extra Large Sling

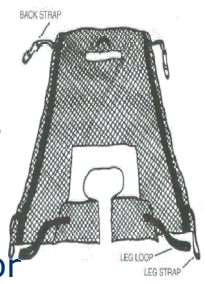
* Specialty Slings are available for very large or baritric patients.

Sling Size - Example

- A Patient who weighs 205 LBS (93.18 Kg) could fit either a medium or a large depending on physical build, size and comfort.

Hammock Sling

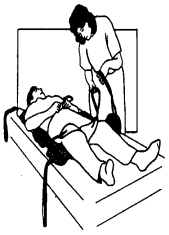
- ✓ Good for dependent resident
- ✓ Provides total body support
- ✓ Leg straps allow for different positions
- ✓ Resident can be positioned upright or reclined



VIHA: Ceiling Lift Education Power Point Presentation

Hammock Sling – Lying Position

1. Roll individual towards you. Lay sling lengthwise behind individual; gather half of sling's material against individual's back and thighs.



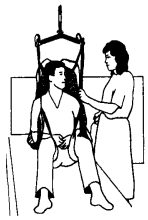
2. Roll individual back, pull sling flat. Pull inside leg loops up between the thighs.

3. Fit sling's leg straps through inside leg loops in desired leg-band configurations. Gently lift the leg straps by hand, to test that the leg-band configurations are secure and do not pinch the thighs or groin area.

Hammock Sling – Lying Position

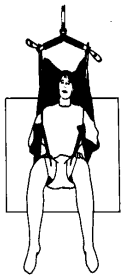
4. Attach sling's leg and back straps to carry bar for desired sling inclination. See instructions for various inclination positions.

5. Raise carry bar by pressing the "UP" arrow on the hand control. Check to ensure that all straps are securely attached to the carry bar.



6. When lifting, ensure that leg straps lie flat under thighs. Move the individual to the desired area.

Hammock Sling Leg Strap Configurations

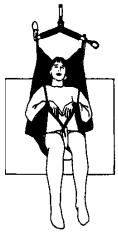


1. Divided Leg "Open"

Provides comfortable, secure support and gives good access for personal hygiene.

2. Divided Leg "Crossover"

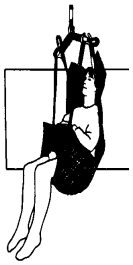
Provides optimum comfort and security. Leg loops are crossed between individual's thighs before passing leg straps through them.



3. Closed Leg

Individual's legs are together before passing leg straps under them. Leg loops are crossed under individual's thighs.

Hammock Sling Inclination Positions

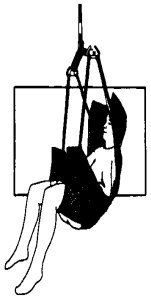


1. Vertical

Optimum vertical sitting position is achieved by attaching leg straps to carry bar using longest strap loops and back straps to bar using shortest strap loops.

2. Inclined

The greatest angle of inclination is achieved by attaching leg straps to carry bar using shortest strap loops and back straps to bar using longest strap loops.



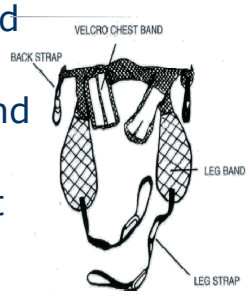
VIHA: Ceiling Lift Education Power Point Presentation

Universal Sling

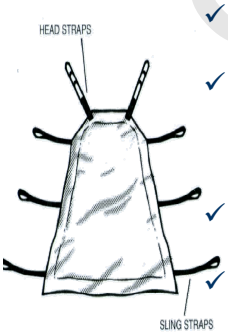
- ✓ Resident needs head control
- ✓ Mainly toileting & bed-chair transfers
- ✓ May be left under resident in chair
- ✓ Less thigh support than Hammock
- ✓ Leg, hip and shoulder straps to keep resident centered
- ✓ Different sitting positions

Hygiene Sling

- ✓ Resident must have upper body control
- ✓ Mainly toileting and hygiene functions
- ✓ Easiest to apply and remove
- ✓ Largest opening at buttocks
- ✓ May not be left under resident



Positioning Sling



- ✓ Provides head to thigh support
- ✓ Mainly for in-bed positioning: moving up in bed or side to side / turning
- ✓ Sling can stay on bed beneath resident
- ✓ Can be used on a stretcher, in tub or on diagnostic table
- ✓ No opening at buttocks for toileting

Practical Sessions

- Each employee needs to be certified in the safe operation and handling of the OHL.
- This will involve a demonstration and return demonstration
- Skills check list is provided based on the training and education material in the OHL module

VIHA: Ceiling Lift Education Power Point Presentation

Skills Check List

- Focus is on:
  - Proper sling selection
  - Sling inspection
  - Proper handling use and storage of lift unit
- Certification can be done in small groups of 1 – 4 employees or larger groups if practicable
  - e.g. With 2 people observing while the other to role play a lift, transfer or repositioning

Summary

- Additional information on the safe use, handling and training of staff can be found in the Ceiling Lift Training Manual for Overhead Lifts
- When used appropriately, OHL's are an effective means to assist in the reduction of MSI's related to patient handling

14.0 PEER LEADER RESOURCE GROUP TRAINING MODULES

This initial training provided by WH&S will be followed by annual refresher training and information updates as necessary. Each session will provide time to practice the skills required and problem solve specific resident issues, to ensure the Peer Leaders are confident in their role as a resource and teacher for their colleagues. The complete program will be approximately 18 hours long.

Module 1 **No-Lift Policy**

- Review of purpose and responsibilities
- Discussion of implementation process

Resident Transfer and Sling Review Form

- Rational as ceiling lift as first choice of transfer
- Practice /discussion of observation skills required

Effective Teaching Strategies

- Principles and planning of a 10 - 15 minute in-service

Module 2 **Mechanical Assisted transfers**

- Includes ceiling lift, total floor lift, sit/stand lift
- Potential risks and practice of skills required

Resident Slings

- Assessment and Application

Module 3 **Repositioning**

- Use of CLS to reposition in bed / chair
- Risks associated with manual repositioning in bed /chair

Module 4 **Manual assisted transfers and mobility**

- Review of the weight bearing assessment
- Principles of safe manual resident handling transfers
- Bariatric transfers
- Principles and equipment needs

Module 5 **ADL assessment and intervention**

- Bathing a resident—potential risks
- Dressing a resident—adaptive clothing
- Toileting a resident—risks and strategies

Module 6 **MSIP resources**
Accident Investigation
Case Studies

OHSAH MSIP Guide: Example of an MSIP Policy (VIHA)

Example of an MSIP policy

5.0 Human resources

5.8 Health and safety

5.8.10 Musculoskeletal injury prevention (MSIP)

5.8.10.1 Musculoskeletal injury prevention program

VANCOUVER ISLAND health authority

1.0 Introduction and purpose

In accordance with the Vision, Mission and Values of the Vancouver Island Health Authority (VIHA) is committed to providing a safe and healthy work environment for all workers and volunteer staff. A primary goal of this program is to comply with the Occupational Health and Safety Regulation and a "no manual patient lift" work environment.

Vancouver Island Health Authority believes that prevention is the fundamental principle in reducing the frequency and severity of work-related injuries and is committed to the development, implementation, ongoing maintenance and evaluation of a region-wide musculoskeletal injury prevention program.

2.0 Policy

Participation in the musculoskeletal injury prevention program is mandatory for all VIHA employees.

Participation in the program shall be mandatory for all VIHA employees. The application of patient, resident and materials handling techniques, and the application of musculoskeletal injury prevention strategies shall be performance standards, incorporated into performance evaluations and subject to progressive discipline.

Managers are responsible to ensure that new workers attend the General Orientation and MSIP Program (STABLE) within their first month of employment.

3.0 Process

The program will focus on: (a) the identification, assessment and control of risk factors associated with the handling, lifting, transferring and transporting of patients, residents; and, (b) the use of assistive devices.

4.0 Implementation

The (MSIP) program is a component of the region-wide occupational health and safety program and encompasses:

- A statement of commitment and the application of resources to ensure a safe and healthy work environment
- Mandatory staff education and training, both general and department specific
- Ongoing education and training requirements
- Risk, hazard and ergonomics assessments
- Safe work procedural requirements
- Incident investigations
- Early intervention and return-to-work programs
- Establishing and maintaining standardization of lifts and transfers
- Establishing and maintaining standards for mechanical lifts
- Preventative maintenance
- Mandatory worker participation requirements

5.0 Responsibilities

Regional directors, managers, supervisors

It is the responsibility of the regional directors, managers, supervisors, clinical resource nurses, occupational therapists, physical therapists, and any other staff with direct worker responsibility to:

- Ensure all aspects of the MSIP program are carried out
- Promote healthy worker attitudes towards musculoskeletal injury prevention and safety in general;
- Identify ergonomic, repetitive and/or strenuous lifting and transferring hazards in their department/unit and participate with the Occupational Health and Safety Services Department in developing and implementing steps to prevent or eliminate the hazards;
- Ensure all staff are adequately trained in safe and effective methods of ambulation, transfers and lifts;
- Monitor, document and evaluate worker performance and enforce MSIP safe work practices and procedures;
- Coordinate and conduct departmental orientation regarding specific lifting policies and procedures;
- Conduct risk assessments, as required;
- Assess the requirements for, and promote the acquisition of, lifting and transferring devices and ensure these devices are available and are used;
- Ensure that incident investigations are conducted for all work-related incidents and that appropriate recommendations and corrective actions are taken to reduce the risk of reoccurrence.

OHSAH MSIP Guide: Example of an MSIP Policy (VIHA)

Employee

It is the responsibility of all VIHA employees to:

- Utilize appropriate musculoskeletal injury prevention principles;
- Participate in creating and maintaining a safe work environment by following the safe work practices, policies and procedures;
- Report unsafe acts and conditions to his/her supervisor;
- Establish, maintain and demonstrate competency in the application of musculoskeletal injury prevention strategies, materials and patient/resident handling techniques**;**
- Attend required training sessions.

Occupational health and safety services

It is the responsibility of the occupational health and safety services to:

- Develop the MSIP program, as part of the region-wide occupational health and safety program;
- Develop general region-wide policies and procedures that support the MSIP program;
- Provide program reviews and perform audits of the MSIP program implementation. Provide technical support and assistance to departments in conducting risk assessments; conducting ergonomics evaluations of equipment, workstations and work practices and make recommendations for improvements including the acquisition of equipment, as necessary;
- Communicate and collaborate with individual departments to assess activities or processes identified as hazardous;
- Provide coaching and problem solving services with individual managers, workers and/or departments as required; and,
- Establish contact with injured workers and provide a communication link between worker, employer, internal support systems and external agencies.

Joint occupational health and safety committee

The joint occupational health and safety committee is responsible for the following:

- Monitor the implementation of the musculoskeletal injury prevention program by reviewing relevant area/site statistical information and incident investigation reports.
- Through consultation, participate in the annual review of the musculoskeletal injury prevention program and provide recommendations to management.

Reprinted from *VIHA Musculoskeletal Injury Prevention Program* with permission from Vancouver Island Health Authority (2003)

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Workplace Safety and Wellness

Bodyworks Program

Maintenance Procedure for 3 West

What to do if the ceiling lift is broken, stops working or otherwise becomes unusable...

1. Go to the Ceiling Lift Resource Binder under the section "Maintenance Rec." and get a Hazard Report, a red Tag Out card and a plastic zip strip.

2. Complete the top part of the Hazard Report and give it to your Team Leader. The Team Leader will complete the bottom half and give you the top copy.

3. The Team Leader will call Maintenance at local 2731, informing them of the room number the defective lift is located in.

4. You will proceed to the room where the defective lift is located and complete the back of the Tag Out card with your name, date and time of the call to Maintenance and attach it to the lift (on the controller or the sling bar - somewhere it will be seen) with the zip strap.

5. The Team Leader will put the second copy of the Hazard Report into the Ceiling Lift Resource Binder under the section "Hazard Reports", and the third copy is to be sent to "Employee Safety - Queen's Park Care Centre" through interoffice mail (this can be given to the unit clerk to complete the next day they are at work).

6. A note is to be made in the Communications Book by either the RCA or the Team Leader regarding the date, time, location and nature of the defective equipment.

Interior Health: Ceiling Track Lift Staff Questionnaire

Interior Health

Ceiling Track Lift Implementation Manual

9.2 Three Month Post Installation

Note: "lifts" refers to the ceiling lift.

Please circle an answer for each question	agree				disagree
1. The lifts are easy for staff to use safely	1	2	3	4	5
2. The lifts are comfortable for the residents	1	2	3	4	5
3. I have been trained to use the lifts safely	1	2	3	4	5
4. I know which sling is best for the resident	1	2	3	4	5
5. There are enough slings available for care routines	1	2	3	4	5
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5
7. The lifts help me perform my care duties safely	1	2	3	4	5
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/ tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

Interior Health: Ceiling Track Lift Staff Questionnaire

Interior Health

Ceiling Track Lift Implementation Manual

9.3 One Year Post Installation

Note: “lifts” refers to the ceiling lift.

Please circle an answer for each question	agree				disagree
1. The lifts are easy for staff to use safely	1	2	3	4	5
2. The lifts are comfortable for the residents	1	2	3	4	5
3. I have been trained to use the lifts safely	1	2	3	4	5
4. I know which sling is best for the resident	1	2	3	4	5
5. There are enough slings available for care routines	1	2	3	4	5
6. Using the lifts decreases fatigue on my shift	1	2	3	4	5
7. The lifts help me perform my care duties safely	1	2	3	4	5
8. I am not concerned that I might get hurt using a lift	1	2	3	4	5

Do you have problems with the following when using the lifts?

9. Positioning the resident in a chair	never	sometimes	always
10. Positioning the resident in bed	never	sometimes	always
11. Finding a lift available for use	never	sometimes	always
12. Battery charging	never	sometimes	always

Have you done any of the following in the last 6 months because of any pain/ tingling/ stiffness that you feel is caused by your work?

13. Been to a doctor	yes	no
14. Taken medication	yes	no
15. Gone to physiotherapy	yes	no
16. Seen a massage therapist	yes	no
17. Used sick time /LOA /vacation	yes	no

Interior Health: Ceiling Track Lift Installation Resident/Family Survey

Interior Health

Ceiling Track Lift Implementation Manual

10.0 CEILING TRACK LIFT INSTALLATION RESIDENT / FAMILY SURVEY

Six Month Post-Installation

How to Score: **Please tick the column which best describes your feelings.** **1 = Not at all** **2 = Somewhat / Sometimes** **3 = Usually** **4 = Almost Always** **5 = Always**					
Question					
1. Do you feel (or do you think your family member feels) calm and secure while being transferred?	**1**	**2**	**3**	**4**	**5**
2. Do you feel privacy is adequately protected during transfers					
3. Are you (or your family member) transferred in and out of bed as frequently as you would like?					
4. Do you feel we clearly explained the ceiling track lift uses before you, or your family member, was first moved in it?					

Comments:

Organizational Culture - Staff Perception Tool

Unit/department:			
Date:			
Assessment Completed by:			
Issue	**Yes**	**No**	**Explanation**
Are you aware of the documented policies and procedures on client handling?			
Do you understand your policies and procedures on client handling?			
Do all staff follow the minimal lift policy? If not why?			
Are there always two staff present for operation of the client mechanical lift?			
Do two staff members participate in repositioning a client in bed?			
Have you received hands-on training in client lifts, repositioning, and transfers?			
Do you have at least annual retraining in your client handling program that includes policy/procedure review, hands-on client handling, and equipment specific training? If not, what don't you receive?			
Are there any issues with broken or unserviced client handling equipment or beds that have impacted your use of the equipment and client handling task?			
Is there sufficient equipment for lifting, transferring and repositioning?			
Do you feel comfortable using all the client mechanical lifts and assistive devices on your unit? If not, which ones are you not comfortable with?			
Are casual or agency staff knowledgeable in using the lift and transfer equipment?			
Have you had formal instruction and demonstration on the use of each mechanical lift and assistive device?			
Is the portable floor lifts stored appropriately?			
Is a battery charging procedure followed?			
Are initial client mobility assessments conducted on a new resident within 24 hours of admission?			
Do you know how to conduct a client mobility review?			
Do you conduct a client mobility review prior to each client handling task?			
Community Care Specific Issues	**Yes**	**No**	**Explanation**
· Are there issues with funding for equipment?			
· Does the Client Service Agreement have language that supports a safe handling of clients program?			
· Does the issue of client directed care pose any potential barriers?			
· Does the client's home pose any environmental barriers?			
· Do the Community Care Access Centres provide you with accurate client mobility information?			

Monthly Client Handling Program Performance Measurement Tool for Managers

Department:	
Date:	
Manager:	
Client Mobility Assessments	**Comments**
Initial assessment completed within 24 hours of admission	
Ongoing assessments of clients completed and documented routinely or when client's condition changes	
Client mobility review (CARE) conducted prior to each client handling task	
Current information related to client mobility documented and communicated	
Acceptable methods of client handling documented on client profile	
Client Handling Tasks	**Comments**
Staff perform acceptable techniques during client handling activities	
Staff perform client transfers, lifts and repositioning competently	
Equipment Use	**Comments**
Total body lifts used consistently and correctly	
Stand-assist lifts used consistently and correctly	
Ambulation lifts used consistently and correctly	
Bath/shower lifts used consistently and correctly	
Lifts completed with two staff members	
Transfer devices used consistently and correctly	
Repositioning devices used consistently and correctly	
Staff Education and Training	**Comments**
Staff have attended all 3 components of training: policy and procedures, hands-on client handling techniques, equipment specific	
All new staff oriented to program (including agency staff)	
Annual training completed and training records up-to-date	
Staff can demonstrate knowledge with program policies/procedures/processes	
Maintenance and Equipment	**Comments**
Pre-start up of equipment inspections completed and recorded daily	
All equipment in good working order	
Slings laundered as per protocol	
Equipment disinfected as per protocol	
Equipment stored appropriately	
Batteries charged	
Equipment preventive maintenance completed and documented as per schedule	
Ceiling lifts: bed aligned directly above tracking	
Out-of-service equipment tagged appropriately and reported to Maintenance via maintenance requisition	

12.0 TRIAL PERIOD ROOM EVALUATION FORM

Room_____ # of beds_____ J-track ☐ Gantry ☐

1. How does the position of the track / gantry affect your ability to perform care?

   1. ☐ **very negatively** 2. ☐ **negatively** 3. ☐ **not affected** 4. ☐ **positively** 5. ☐ **very positively**

   Suggested improvement: _____

2. How does the system (hand control, motor speed, applying slings etc) affect your ability to perform care on these residents?

   1. ☐ **very negatively** 2. ☐ **negatively** 3. ☐ **not affected** 4. ☐ **positively** 5. ☐ **very positively**

   Suggested improvement: _____

3. How well does the curtain arrangement meet your & the residents needs during care?

   1. ☐ **very poorly** 2. ☐ **poorly** 3. ☐ **no opinion** 4. ☐ **fairly well** 5. ☐ **very well**

   Positive attributes of curtain arrangement are:
   - Privacy between residents ☐
   - Curtain joins give privacy ☐
   - Other:_____

   Problems associated with curtain arrangements:
   - Provide poor privacy ☐
   - Difficult to close/open ☐
   - Other:_____

4. What did you use the ceiling lift for?

Lift from bed to chair	☐	Turning in bed	☐
To and from the toilet / chair	☐	Repositioning in bed	☐
Other	☐		

5. Which slings did you use?

Hygiene (toileting)	☐	Universal	☐
Repositioning sheet	☐	Hammock	☐

6. Please comments about using the ceiling lift system?

   _____

   _____

Thanks for your time and assistance with this evaluation.

Interior Health: Ceiling Track Lift Installation Request for Change Form

Interior Health

Ceiling Track Lift Implementation Manual

15.0 CEILING TRACK LIFT INSTALLATION REQUEST FOR CHANGE FORM

If there are any changes to the design of the Ceiling Track configuration after the initial decision has been communicated to all appropriate parties, this request form must be completed and authorized as noted below.

Form completed by: _____ Date: _____

a) Proposed change:

b) Rationale for Change:

Authorization:

_____
Site Management

_____
Workplace Health and Safety

_____
Maintenance

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Appendix I – Post-installation Checklist for Ceiling Lifts

OAK HILL - LABRON

Ceiling Lift System Installation - Final checklist and inspection

Project _____ Room Type _____

Date _____ Room Number _____

Checklist Item	Visual Check	Initial	Manual Check	Initial	Specification
Concrete Anchors	☐	_____	☐	____	Per Manufacturers Specs
Crossbracing	☐	_____	☐	____	3/8" – 19 ft. lbs. 1/2" – 50 ft. lbs
Vertical ready rods and structural fittings	☐	_____	☐	____	3/8" – 19 ft. lbs. 1/2" – 50 ft. lbs
Ceiling brackets	☐	_____	☐	____	3/8" – 19 ft. lbs. 1/2" – 50 ft. lbs.
Endstops	☐	_____	☐	____	3/8" – 20 ft. lbs
Trolleys	☐	_____	☐	____	Factory Set Check only
Lifts	☐	_____	☐	____	Check Operation
Carry bar & manual lowering connection (where used)	☐	_____	☐	____	Install Pins Check Pin Lock
Gate assembly	☐	_____	☐	____	Check Torque and Operation
Rail deflection test	☐	_____	☐	____	See reverse for procedure

Operational load test (see reverse for procedure)

Load (lbs) 400 ☐ _____ 425 ☐ _____ 600 ☐ _____

Fraser Health: Post-installation Checklist For Ceiling Lifts

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Dynamic load test (see reverse for procedure)
Load (lbs) 500 ☐ ____ 550 ☐ ____ 750 ☐ ____

Lift Serial Numbers: 1) _____ 2) _____ 3) _____

Inspection Completed By _____ Print Name _____

Inspection Date _____ (Effective Warranty Start Date)

Witnessed by Customer _____ Print Name _____

Rail Deflection Test Procedure

The test is conducted by measuring the deflection of the rail(s) from no load to maximum operational and dynamic load at the mid-point between supports.

Operational Load Test Procedure

The lift system is checked with a load at 100% of the rated maximum lift capacity. The test is conducted by moving the load throughout the whole system coverage area.

Dynamic Load Test Procedure

The lift system supports are checked with a load at 125% of the rated maximum lift capacity. The test is conducted by moving the load along the tracks directly under the supports.

November 2002

Interior Health: Lift System Commissioning Form

Interior Health

Ceiling Track Lift Implementation Manual

LIFT SYSTEM COMMISSIONING FORM*

DATE _____ REGION _____ FACILITY _____

ROOM # _____ WING _____ NEW INSTALLATION _____ EXISTING _____

SYSTEM TYPE: (check applicable items) GANTRY _____ TURNTABLE _____ # _____ MONORAIL _____

LIFT MODEL # _____ SERIAL # _____

TRACK MOUNTING TO: WOOD _____ CONCRETE _____ STEEL _____ FLOOR MOUNT _____

Comments: _____

SYSTEM CHECKLIST:

___ ALL CEILING PLATE AND GANTRY CAP SCREWS SECURE
___ END STOPS ADJUSTED AND TIGHTENED
___ CHARGER INSTALLED AND TESTED
___ HAND CONTROL HOLDER/CLIP INSTALLED
___ GANTRY WIRING SECURED
___ GANTRY BOOM RUNNING TRUE
___ LIFT HEAD TRAVERSING
___ UPPER LIMIT CHECK
___ LOWER LIMIT CHECK
___ TESTED UNDER NO LOAD
___ CARRY BAR PROPERLY SECURED

___ WEIGHT TESTED TO ALL POINTS ON TRACK TO SPECIFIED LIMITS
SYSTEM WEIGHT LIMIT 425 lbs. + 25% = 531 lbs. _____
600 lbs. + 25% = 750 lbs. _____

Comments: _____

INSTALLED BY:

Print Name	Signature	Date

FACILITY WITNESS:
(Weight Test only)

Print Name	Signature	Date

ANGEL ACCESSIBILITY SOLUTIONS:

Print Name	Signature	Date

*Acknowledgement for Lift Commissioning Procedure and Form to Angel Accessibility Solutions

December 2002

ABOUT THIS DOCUMENT

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

If you have any questions about the materials, please email hello@switchbc.ca or visit www.switchbc.ca