St. James-Assiniboia School Division Client Handling Program



Ceiling lift		Reviewed by:	Created by: Paul Deacon	Last revision date: March 28, 2011
Hazards Present: Potential for musculoskeletal injuries Sudden weight shift, Awkward positions, Signs & Symptoms include: Pain, tingling, numbness, tightness, swelling, and discomfort.		Personal Protective Equipment or Devices may be Required: • Assist rail • Bed slider • Ceiling lift & manufacturer specific sling.	Additional Training Requir Training program includes t -Read and understand the -Initial orientation by Occu -In-servicing as required	he following: owner's manual
Supportive Information: Client may be unable to weight bear more Caregivers needed who ensure				
© Sale Moves Injury Prevention Solutions, 2009	Caregiver places it unde bone & sling is Roll Clien straightened of The sling is p Removing A Caregiv position placin shoulder. Othe bottom of sling The leg straps slightly while t Position Lift Carry bar is po Client. Choos are securely a Client is Lift Use remote to ensure sling is Lift Moved to While being an along track by Disengage Cl Using remote to remove with however this w is removed in pelvis is positi	bositioned under the Client in rs roll Client onto her side while r Client (tag facing out) so that is providing support to thighs & s in in opposite direction. The rolle out. bositioned under the Client in g or swinging away armrests if r ver leans Client forward by stand og one hand across the Client's er Caregiver slides sling (tag fac g is level with Client's tail bone. are folded. While crouching or he other passes leg strap under & Attach Sling: ositioned directly over Client. Level is level with Client's size to ttached according to manufacture of the opposite values & positioned con- strate Client just high enough to s free of wrinkles & positioned con- bestination: ware of obstructions (lights, ass pushing carrying bar to the pos- lient from Lift: lower Client to receiving equipm nout difficulty. The chair may tip will correct when Client comes of the opposite way as indicated in oned to back of wheelchair.	one Caregiver rolls sling h bottom of sling is level with shoulders. Id up sling is pulled through the chair by: equired. ding beside the Client in the upper back & the other in f sing out) down the back of kneeling, one Caregiver life meath. Repeat process for ower carry bar to ~4-5 inch hen attach to carry bar. Er irrer's instructions.	Client's tail A Client's tail A S e power ront of her chair so ts Client's leg other leg. es above nsure loops ntinuing move Client hent. lack in straps owering; loops. Sling ion. Ensure
Guidance Documents/Standards/Applicable Legislation: NOTE: This task will be monitored periodically to ensure compliance and s Manitoba Workplace Safety and Health regulation Periodically to ensure compliance and s 2.1 Safe Work Procedures St. James-Assiniboia School Division Policy: EBB-R Safe Work Procedures Procedures				

I have been trained and have successfully demonstrated this procedure. I understand that these techniques are to be used to comply with St. James-Assiniboia School Division

Client Handling Program.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions.

This increases the risk of pain, stiffness & injury to the back, neck & arms of Caregivers.

EMPLOYEE NAME:	EMPLOYEE SIGNATURE:

TRAINER NAME: ______ TRAINER SIGNATURE: _____

DATE: _____

Likorall

Quick Reference Guide





Safety Instructions

- Read the instruction guides for the lift and lifting accessories before use.
- Before the patient is lifted from the underlying surface, but after the straps have been fully extended, make sure the straps are properly connected to the sling bar.
- Max. load Likorall 242: 200 kg (440 lbs). Max. load Likorall 243: 230 kg (507 lbs). Max. load Likorall 250: 250 kg (550 lbs).

To retain max. load it is essential to use accessories rated for the same max. load or greater.

IMPORTANT!

This quick reference guide does not replace the lift's instruction guide, which can be downloaded from www.liko.com.

1) Hand Control Lifting movement: $(\mathbf{\hat{T}})$ (• • (• • Movement direction: (\rightarrow) \bigcirc • • • • Transfer motor s 2 Control: (1) QLiko QLiko QLiko Switch system HandControl IR:

0–5 m



3 Mechanical Emergency Lowering

Exclusively: 242 S, ES



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Activate: Press down repeatedly on the emergency lowering handle.



Resolve load from the lift strap. Hold the emergency lowering handle down at the half-way position while at the same time turning the black knob clockwise.



5 SSP Limit Switch



The lifting motion is interrupted when load on the lift strap is biased or when the lift strap is twisted.

6 7 Sling Bar Connection

- 6. The R2R sling bar has hooks for two lift straps to enable transfer between two lifts.
- 7. A sling bar with a Quick-release Hook enables fast and easy exchange of sling bars.

Charging of Batteries



Charge the lift regularly after use.

- The lift does not function during charging.
- Ensure that the emergency stop is not pressed in during charging.

Ergonomics

- Never lift manually let the lift do the lifting.
- Take it easy. Work calmly and methodically.
- Don't strain your back! Work in a walking stance with your back straight.
- Use the bed's raising and lowering functions.
- Reduce the lever effect. Work close to the patient and the lift.

Cleaning

When necessary, clean the lift with a moist cloth, using common surface cleaners or disinfectants.

Simple Troubleshooting

Check to ensure that:

- · emergency stop is not pressed in
- · the battery is charged
- the hand control is properly connected
- the mechanical emergency lowering device has been reset.

Other Quick Reference Guides

Quick reference guides for Liko's lifts and slings are available for downloading from www.liko.com.

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www.liko.com

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