IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

877.809.5515
www.knowingmore.com
info@knowingmore.com

A Risk Management Module:

MECHANICAL LIFT USE & SAFETY

IN THE KNOW

Developing Top-Notch CNAs, One Inservice at a Time

A Risk Management Module:

MECHANICAL LIFT USE & SAFETY

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Discuss why nurse aides have a high risk for serious back injuries.

❖

Explain how using both proper body mechanics and mechanical lifts lead to safe patient transfers.

❖

Name the five basic parts of a Hoyer-type sling lift.

❖

Describe at least five things a nurse aide should do to prepare for using a mechanical lift.

❖

Demonstrate knowledge of mechanical lifts during hands-on practice with the lifts used at your workplace.

IN THE KNOW

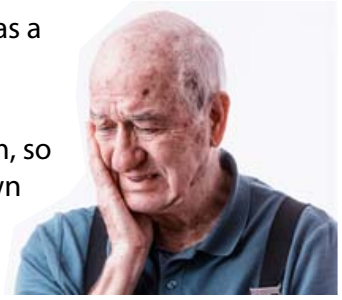
Developing Top-Notch CNAs, One Inservice at a Time

Inside This Inservice:

A Risk Management Module:
Mechanical Lift Use & Safety

NURSE AIDES CARRY A HEAVY LOAD!

Tamara is a home health aide who visits at least five clients each day. This is a typical line-up of her morning duties:

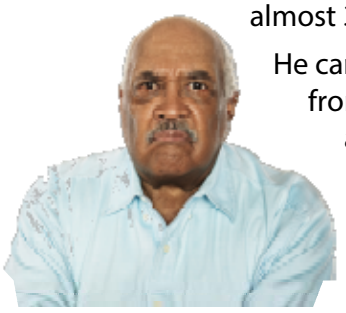


MR. BARNES suffers from Alzheimer's disease. He has a history of falls and needs help with all aspects of his personal care.

Lately, he has been fixated on going to the bathroom, so Tamara spends a lot of time helping him up and down off the toilet.

Because bathing helps settle Mr. Barnes, his care plan includes a tub bath three times a week. Tamara supports most of his body weight as he gets in and out of the tub.

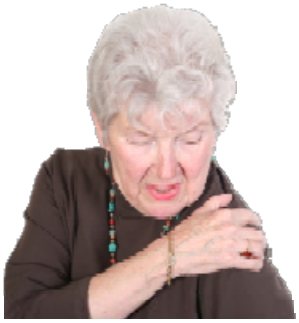
MR. HOLLOWAY is recuperating from a stroke that left him weak on his left side. A physical therapist is working with him but, for now, Mr. Holloway still requires a wheelchair to get around. Mr. Holloway is quite tall and weighs almost 300 pounds.



He can sit up slightly but needs Tamara's help to transfer from his recliner in the living room to the wheelchair and/or the bed.

Since his stroke, he has been angry at the world because he hates being dependent on others! Often, he fails to cooperate with Tamara in the middle of a transfer.

MRS. JAMESON had surgery recently on her left shoulder and arm. Unfortunately, her right arm has limited strength due to severe arthritis.



So, Tamara has to help Mrs. Jameson sit up from a lying position and then assist her to transfer to her bedside commode.

Even though Mrs. Jameson weighs less than Tamara, the transfers are difficult because the client does not have a hospital bed…and her bed is low to the ground.

LIKE ALL CNAS, TAMARA IS AT RISK!

When a professional athlete is injured during a game, he gets sidelined, but he still gets paid. When a professional nursing assistant gets injured on the job, he or she often has to decide to go home without pay or stay and work through the pain. <u>What would you do if you were injured today?</u>

WOULD YOU BE SIDELINED OR WOULD YOU PLAY INJURED?

If you chose to be "sidelined" and stay home until your injury improved:

- How would you feed your family and pay your bills?
- How would you handle the chronic pain? (Chronic pain often leads to feelings of depression and worthlessness.)
- How would you handle the emotional stress of being off work?

BEING A NURSE AIDE IS RISKY BUSINESS!

- According to the Bureau of Labor Statistics, nearly 80 percent of all injuries to nursing assistants are the result of lifting, pulling, pushing, holding, carrying, and turning clients.
- Every single day in the United States, 9000 healthcare workers sustain a disabling injury while performing work-related tasks.
- You use your body all day long to care for your clients. You go to work every day knowing there is a possibility of getting injured, losing work… and losing pay.

CAN ALL THESE INJURIES BE PREVENTED? FORTUNATELY, YES!

There are a few simple things you can do to prevent a disabling injury. Keep reading to learn more about…

- Using proper body mechanics.
- Types of mechanical lifts and slings.
- The safe and appropriate use of mechanical lifts.

You don't have to be another statistic. Protect your body from injury by working smarter every day! Keep reading to learn how!

The Facts

Health care workers have A LOT of work-related back injuries. But the good news is that when you know this fact, you can take steps to prevent back injuries before they ever happen! It's much easier to prevent back problems than it is to treat them or live with them!

- Most nursing assistants who hurt their backs do so while transferring or lifting a client.
- While almost everyone will have back pain at some time in their life, it is more common after age 40.
- Back pain affects the *whole body*. Adults with back pain are often in worse physical and mental health than people who do not have back pain.
- It's impossible to know exactly how many healthcare workers have work-related back injuries because these injuries often go unreported.

WHAT'S NEW?

*Grab your favorite highlighter! As you read this inservice, **<u>highlight five things</u>** you learn that you didn't know before. Share this new information with your co-workers!*

SAFETY Alert

A California nursing home resident fell from a Hoyer lift. She suffered a head injury and died nine days later. The cause of the fall was determined to be improper use of a lift.

The sling was not properly placed and the aide who was operating the lift was alone when assistance was required.

While mechanical lifts are designed to make client transfers safer, they can also be dangerous (and even deadly) if not used properly.

Never operate a lift unless you have been properly trained!

IMPORTANT: There are as many as 20 different brands and models of mechanic lifts.

It is essential that in addition to completing this module, you receive **hands-on training for any specific lifting devices you use** in order to operate them safely.

SO, WHAT'S THE BEST WAY?

Like Tamara, chances are you spend a good bit of every day helping your clients move from one place to another. From bed to a chair…from a chair to a commode…and more. So, when lifting, should you:

Bend Your Knees?

For decades, much attention was focused on preventing injuries during direct client care by using good "body mechanics." As you probably know, this involves learning how to move, hold and position your body (especially your large muscle groups) in order to lift and move heavy loads safely.

This research behind body mechanics was promising and those techniques have been practiced by nurses and nursing assistants for years…but injuries keep happening!

The problem is that all the research into body mechanics was done by moving *mannequins*. The weight of mannequins is fixed and even. Real human bodies are much harder to move. ***While knowing proper body mechanics is important, it's only one piece of the puzzle!***

Wear a Belt?

Back support belts were a "trend" about fifteen years ago…not just in healthcare but in other industries as well. Initially, research seemed to show that they helped protect the back during patient transfers and lifting. But, further studies found that support belts are ineffective for several reasons:

- They can lend a false sense of security, making healthcare workers believe they can lift more weight that they can (or should).
- People tend to rely on the belt to give them the correct posture during lifting, rather than paying attention to body mechanics.
- Often, the belts fit poorly and "ride up" during client care.

Grab a Buddy?

Whenever possible, you should ask for help from a co-worker when you need to lift or transfer a client. Just make sure the team member is "on the same page" as you about how to complete the transfer.

However, did you know that studies have found it takes *at least five minutes longer* to round up several co-workers who are willing to help you transfer a client than it does to use a mechanical lift?

And, if you work in home care, there is generally no one to call for help!

Keep reading to learn why using both proper body mechanics and a mechanical lift is the best—and safest—way to transfer some clients.

KNOW YOUR MECHANICAL LIFTS

ELECTRIC SLING LIFTS

Because the Hoyer brand of sling lift is so common, you may hear an electric lift referred to as a "Hoyer Lift," regardless of its actual brand. (This is similar to how you might call all tissues "Kleenex.")

You may also hear this lift called a "sling lift" or just as a mechanical lift.

This type of lift is used to transfer clients who are completely immobile. They cannot bear weight and cannot sit without support. Using a sling lift takes the burden off the bodies of caregivers like yourself.

How Does it Work?

Electric sling lifts are powered by a re-chargeable battery and/or by being plugged into a standard outlet.

Lifting clients is accomplished by pushing buttons on a hand control.

Some models of electric lifts allow the client to operate the lift independently. (This is helpful for people who live at home and still have good upper body strength.)

Every electric lift, no matter the brand, can be operated manually if a power failure should occur.

Most healthcare facilities prefer electric sling lifts (rather than manual ones). Electric lifts are helpful in home care situations, too, since there is often just one caregiver operating the lift.

MANUAL SLING LIFTS

Just like the electric model, a manual sling lift helps caregivers transfer immobile clients with a minimum of physical effort.

This lift is "manual" because there is no battery or electric power. Instead, there is an hydraulic system that requires the caregiver to "pump" a lever when lifting the client.

Because they don't have electronic parts, manual lifts are cheaper and may be seen more often by home health and hospice aides.

How Does it Work?

Manual sling lifts have hydraulic cylinders, a hand pump and a control valve.

Lifting clients is accomplished by moving the hand pump up and down repeatedly until the client is fully supported by the sling and the boom locks into place.

Manual "Hoyer" lifts have a control valve that is opened gradually to release air and lower the client into place. (This is similar to opening the valve on a blood pressure cuff.)

IMPORTANT! While many sling lifts are referred to as "Hoyer lifts," there are as many as 20 different brands and models of mechanic al lifts. It is essential that in addition to completing this module, you receive hands-on training for any specific lifting devices you use in order to operate them safely.

CONNECT IT!

Whether you work in home health or in a facility, think about the clients you care for who require a mechanical lift.

Ask Yourself . . .

- Have I had sufficient training on each of the mechanical lifts I have to operate during my daily client care?
- Do I know how to pick the correct lift and the proper sling for each of my clients?
- Have I performed enough "hands-on" practice lifting healthy volunteers and/or co-workers with mechanical lifts?
- Has a co-worker lifted me in a lift so I know how it feels to be suspended by a sling?

If you answer "no" to any of these questions, inform your supervisor! You require additional training until your answer to each of these questions changes to "yes."

OTHER TYPES OF MECHANICAL LIFTS

HEAVY DUTY LIFTS

Heavy duty "Hoyer" lifts are sometimes called "bariatric" lifts. They are intended for use with clients whose weight exceeds the maximum load for a regular lift.

Some heavy duty lifts are capable of lifting up to 1000 pounds. The legs of the base are extra sturdy and can be widened to make sure the lift remains stable during the client's transfer.

BATH LIFTS

A bath lift, like the one pictured here, is meant to be used to lower a person into the tub…and raise him or her back out again.

Most models are made of materials that won't rust and are resistant to germs.

Bath lifts may be manual or battery operated. Some have reclining backs and/or swivel seats for added ease of use.

STAND ASSIST LIFTS

These devices may be called the "Stand EZ," the "Stella Lift" or just the stand-up lift. Like the Hoyer, there are many makes and models available. You will need hands-on training on the specific device your workplace uses.

Stand-up lifts are used with clients who are able to bear weight and have some upper body strength. These clients can sit unsupported but just need a little help standing up and sitting down.

POOL LIFTS

Like bath lifts, mechanical pool lifts help raise and lower people in and out of the water.

Caregivers might see pool lifts in nursing facilities and in private homes.

Some pool lifts are portable and others are mounted to the deck of the pool. They can be used with both swimming pools and hot tubs.

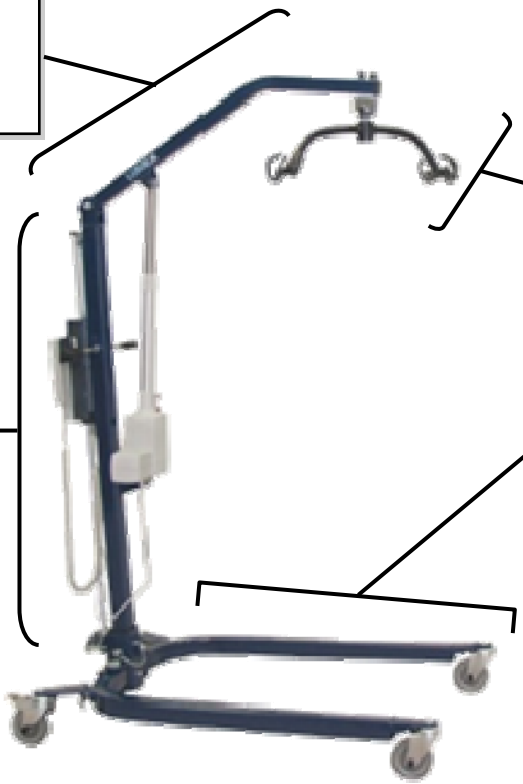
KNOW THE PARTS OF A TYPICAL LIFT

The **BOOM** is the long angled bar at the top of the lift.

The **CRADLE** has hooks for attaching the sling. It swivels while the boom stays in place.

The **MAST** is the vertical bar that fits into the base of the lift.

The **BASE** stabilizes the lift. On some models, the base can be made wider or narrower as needed.



DIFFERENT SLINGS DO DIFFERENT THINGS!

FULL BODY SLINGS, or "hammock" slings, support the whole body. The client's arms are kept inside the sling and the head is usually supported.

This type of sling is used for people who are partially or totally dependent, non-weight bearing or have limited head control.

A **U-SHAPED SLING** supports the back (and sometimes head) of the person being transferred.

The "sides" of the U serve as straps that wrap around the client's thighs and hook onto the cradle.

"U" slings are fairly simple to take off or put on—even when a client is sitting.

TOILETING SLINGS are made just for the purpose of helping clients use the toilet.

Some allow the client to use his arms—like the one pictured here.

Others are more like full body slings with a hole cut out for toileting purposes.

THINK ABOUT IT!

What would you do if your client became upset, angry, or refused to allow you to use a mechanical lift for transfers? Try these tips to help your clients feel more comfortable:

- Explain everything you are going to do--before you do it. Do this even if you think the client can't hear or understand you.
- Provide privacy. For example, a client may fear the mechanical lift because she's afraid that others will be able to see up her dress.
- Make sure you are completely familiar with any transfer equipment and that you have *practiced* using it. If clients sense that you don't know what you are doing, they are more likely to feel scared.
- Reassure your client that you have checked the equipment to make sure it is working properly and that it will lift him or her safely.

LIFT SAFETY REQUIRES PREPARATION!

Before you go near a client with a mechanical lift, there are a number of things you should do to prepare—so that the transfer is as efficient, comfortable and safe as possible.

CHECK THE CARE PLAN!

- Whether or not your state has adopted laws about safe patient handling, each client's plan of care should let you know how that person needs to be transferred.
- For example, the care plan may state that the client is to be transferred with a Hoyer lift with the assist of TWO people. If this is the case, never try to operate the Hoyer lift by yourself. Plan ahead as much as possible and find a co-worker who can help you with the transfer.
- The care plan (and/or the client's chart) will also tell you how much the client weighs and how much the client can assist with the transfer--so that you can be sure you are using the appropriate lift and sling.

ASK YOURSELF . . .

- Has this client been moved using this lift before? If so, how did it go? Is there anything I can do to improve the experience for the client?
- How much mobility does the client have? How will this impact the lifting procedure?
- How can I minimize any feelings the client may have about loss of dignity and/or privacy?
- If assistance is required, which of my co-workers do I know for sure has been fully trained on the use of this mechanical lift?

DO AN INSPECTION!

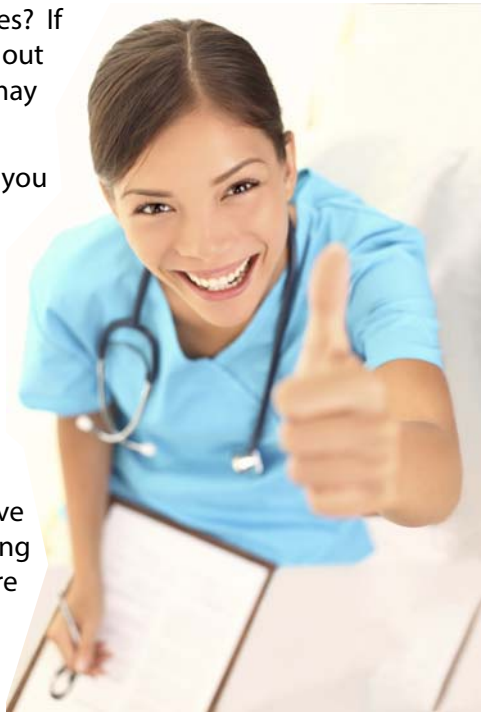
Before airline pilots take off in a plane, they do an inspection of their equipment. This is for their own safety and because they are responsible for other people's lives. You are responsible for the lives of your clients, so you should also do an equipment inspection before every "lift off." For example:

- Are the casters attached firmly and do their brakes work?
- If the lift is electric, is the battery charged?
- Do all of the buttons work on the hand control?
- Is the lift making any strange noises that might indicate trouble?
- How about the sling? Is it clean and in good condition with no frayed areas?

MORE VITAL PREPARATION TIPS

As you complete your "safety inspection" before using a mechanical lift, remember to consider the following:

- ✓ Have you used the spreader bar or control to **set the base legs to the widest possible position**? If not, the lift will be unstable and could tip over during the transfer.
- ✓ Are the **legs locked into position**? If not, they could move closer together once you start moving the lift.
- ✓ Think about **the floor** where you will be moving the lift. Is it even? For example, do you have to move the client from a tile floor to a carpeted floor? If so, make sure the lift you are using is capable of doing this safely.
- ✓ Next, make sure there is **a clear path** for moving the client to where he or she needs to go. (In clients' homes, watch out for children and pets!)
- ✓ Does the lift have **enough room to pivot** and move freely?
- ✓ Will the lift fit though any **doorways** you may encounter?
- ✓ If the lift is a manual model, is the **control valve closed**? The pump won't work if the valve is open…just like a blood pressure cuff won't tighten if the valve is open.
- ✓ If the lift is electric, do you know where the **emergency release** can be found and how to use it? Some models have more than one emergency release. Does yours? If so, which release is the primary one that should be used first?
- ✓ Have you selected **the correct type of sling** for your client and for the lift? Do you know which side of the sling goes next to the client?
- ✓ Is the sling the **correct size** for your client based on height, weight and any mobility issues? If the sling is too large, the client may slip out of it. If the sling is too small, the client may fall out of it.
- ✓ Now that you have the correct sling, do you know **how to attach it to the cradle** on the lift? Most "Hoyer-type" lifts have hooks on the cradle to which the sling is attached. Some slings attach to the hooks with chains, some with straps and others with loops. Make sure you are very familiar with how to attach your client's sling!
- ✓ If you work in clients' homes, do you have **a back up plan** in case a lift stops working midway through the transfer and you are on your own. Hopefully, that will never happen, but be sure you make a plan ahead of time, just in case!



THE NEXT STEP!

CARING FOR SLINGS

- If slings are shared between clients, be sure to launder or disinfect between each use.
- Clients on isolation precautions should not share slings.
- Every sling manufacturer provides proper washing instructions. For some, you need to remove metal and/or plastic pieces before washing.
- Be sure to scrub the areas of the sling that touch the client's skin.
- When cleaning slings, avoid bleach, machine drying and ironing.

The time spent cleaning a lift sling provides a good opportunity for checking the status of the sling.

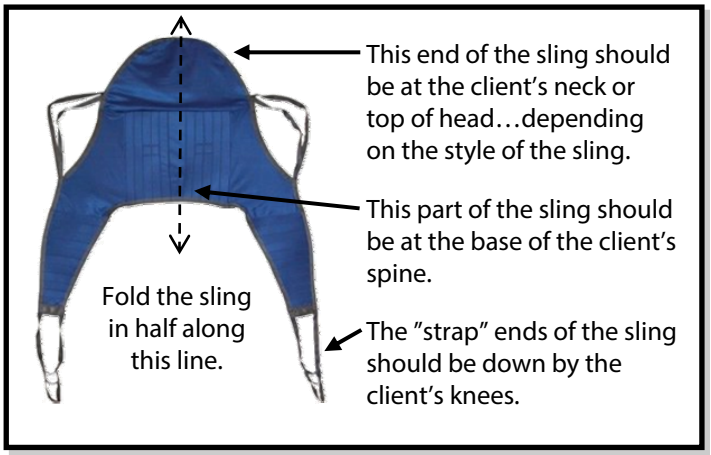
- Look for areas that are frayed, ripped or have holes or loose stitching. If you notice any issues, let your supervisor know…and don't use that sling again.

EIGHT BASIC STEPS TO SAFE LIFTING

1 ARRANGE SLING UNDER CLIENT

As you explain the process to your client, look to see that there are no blankets, sheets or loose clothing that could get in the way during the lifting process.

- Fold the sling lengthwise, making sure any loops or tabs are on the *inside* of the fold. The narrow end of the sling should by the client's head and the long sides of the U-shape down by his knees.
- Center the fold underneath the client's spine—following the same process you would when making an occupied bed.
- When you have rolled the client and unfolded the sling, the opening of the upside-down U should be level with the base of the client's spine.



2 MOVE THE LIFT INTO POSITION

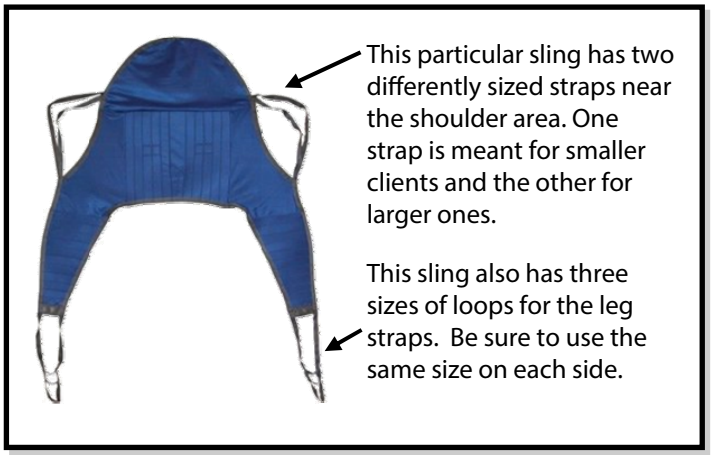
Move the lift so the base is under the client's bed and the lift is as close to the bed as possible.

- Make sure the base legs are locked in the widest possible position.
- Lower the boom so that the cradle is close enough to attach the sling—but not close enough to touch the client.
- Check to see that the cradle is directly above, and parallel to, the client's shoulders.
- Lock the casters so the lift doesn't move as you attach the sling to it.

3 ATTACH THE SLING TO THE LIFT

Most U-shaped slings wrap around the client's thighs and cross between the legs. This helps him feel secure and prevents slipping out of the sling.

- Attach the sling to the cradle with the straps, chains or loops—according the specific manufacturer's instructions.
- If your lift has chains, count the links so that you have the same number attached on both sides of the client.
- The sling may have multiple loops available for attachment. Choose the best loop for his size and comfort—and use the same loop on each side.



4 DO ANOTHER SAFETY CHECK!

This may seem like a waste of time. However, when it comes to safety, patience pays off!

- Double check the position of each strap.
- Look to see that all the loops are on the right hook and that they are fastened firmly in place.
- Are the hooks on the cradle turned so the open end is facing away from the client? This helps prevent injury.
- Observe your client. Is he showing any signs of discomfort? Is his head supported, if necessary?

EIGHT BASIC STEPS TO SAFE LIFTING — CONTINUED

5 LIFT THE CLIENT

- Unlock the casters when you are ready to lift the client. This allows the lift to move slightly as it adjusts to the client's weight.
- Raise the boom slowly either by pumping the hand lever (on a manual lift) or pushing the "up" button on an electric lift.
- Lift your client only high enough so that his legs and buttocks clear the bed—usually an inch or two. As you lift, the cradle should level out the client into a sitting position.
- Check to see if the client's weight is centered over the base of the lift and that his knees are slightly higher than his waist.
- Gently guide the client's legs until they are dangling off the side of the bed. As you do, the cradle will swivel so the client faces you.

6 MOVE THE LIFT TO YOUR DESTINATION!

- Using the steering handle, move the lift at a slow, steady pace away from the bed and toward the client's chair.
- Never push or pull on the boom bar while the client is in the sling. This could cause the lift to tip over!
- Never let go of the lift while your client is in it. You need to be in control in case of a sudden shift in weight or an unexpected obstacle, like an uneven floor.
- Be as efficient as possible, without rushing, to limit your client's time in the sling. The longer he is in the sling, the greater the risk for skin tears or abrasions.

7 LOWER THE CLIENT INTO HIS CHAIR

- Move the lift as close as you can to the chair, so that the client's hips are aimed as far back in the chair's seat as possible. Then, lock the casters.
- Lower the client slowly into the chair. For a manual lift, you do this by turning the hydraulic pressure knob no more than one full turn. For an electric lift, you push the "down" button on the hand control.
- As you lower the client, gently push on your client's knees with your other hand. This helps put his hips in the correct position in the chair.
- Avoid supporting your client's weight from underneath his buttocks. This can cause the loops to unhook from the cradle.
- **FOR MANUAL LIFTS:** Before performing a transfer with an actual client, you should already have practiced enough times with this lift to know how much you need to turn the hydraulic pressure knob to lower the client at a safe speed.

8 REMOVE THE SLING!

- Once the client is fully seated in his chair, lower the boom enough to allow you to unhook the sling.
- Gently lift each leg and pull the sling strap out from under the client's thigh.
- Stand in front of the client and assist him to lean forward slightly. Reach around and carefully pull the "U" sling up from behind him.
- As always, make sure your client is comfortable before you leave him.

A FINAL LOOK AT TAMARA . . .

Remember Tamara, the home health aide who was having trouble lifting and transferring three of her clients? Let's look at how she and her clients could benefit from mechanical lifts.

⇒ **Mr. Barnes** suffers from Alzheimer's disease, has a history of falls and needs help with all aspects of his personal care. Tamara spends a lot of time helping him up and down off the toilet and has to help him with a tub bath three times a week.

Both Tamara and Mr. Barnes would benefit most from a **bath lift**. This would make bathing safer for Mr. Barnes and might spare Tamara from a career-ending back injury.

Mr. Barnes may also benefit from a **Stand Assist-type lift**. Tamara decides to check with his family about renting these items.

⇒ **Mr. Holloway** has left-sided weakness after a stroke, needs assistance to sit up in bed and is wheelchair bound. He is quite tall, weighs almost 300 pounds and has been expressing anger at his situation.

Tamara helps him transfer from bed to wheelchair, then to his recliner and so on.

Mr. Holloway would benefit from a **Hoyer lift**. Tamara is going to talk to her supervisor and her agency's social worker to see if one can be obtained.

⇒ **Mrs. Jameson** has upper body weakness due to a recent shoulder operation on one side and chronic arthritis on the other. As a result, she cannot sit up in bed by herself…and her bed is low to the ground. This makes transfers hard on Tamara's back.

It's clear that Mrs. Jameson would also benefit from a **Hoyer-type lift**. Because she is expected to make a full recovery from her surgery, the lift will only be needed *temporarily*. Tamara knows that Mrs. Jameson can't afford a lift, so she asks her supervisor to find out if one can be obtained for Mrs. Jameson.

FINAL TIPS for Using Mechanical Lifts!

- Be sure to follow the manufacturer's instructions for using the lift. Each kind of mechanical lift has specific instructions for how to position and lift the sling.
- Using a lift may need to be practiced *many times* before you feel comfortable doing it on your own with an actual client.
- Many workplace policies prohibit care givers from operating lifts alone. Most policies require at least two caregivers be present while transferring a client with a lift.
- When operating a lift with a partner, one person should operate the lift while the second person guides the client into position.
- If shared, mechanical lifts should be disinfected according to manufacturer guidelines after each use.

EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

Inservice Credit:	
☐ Self Study	1 hour
☐ Group Study	1 hour

File completed test in employee's personnel file.

IN THE KNOW

Developing Top-Notch CNAs, One Inservice at a Time

A Risk Management Module:

Mechanical Lift Use & Safety

Are you "In the Know" about mechanical lifts? <u>Circle the best choice or fill in your answer. Then check your answers with your supervisor!</u>

1. As a nurse aide, you are most at risk for back injuries if you:

A. Twist your body when lifting clients.
B. Ignore mild back pain.
C. Are overweight.
D. All of these.

2. Lifting clients just by using proper body mechanics has not eliminated back injuries because:

A. Not enough healthcare workers practice proper body mechanics.
B. The research into body mechanics was done using mannequins.
C. Back belts must also be worn.
D. Most clients don't cooperate during transfer procedures.

3. When positioning a "U" sling under a client who is lying down, you should:

A. Put the narrow end of the sling at the base of the client's spine.
B. Fold the sling so that any loops or tabs are on the outside.
C. Fold the sling in half lengthwise.
D. None of the above.

4. To prepare for a mechanical lift transfer, you should: (Check <u>ALL</u> that apply.)

❑ Know the client's weight.
❑ Charge the battery.
❑ Check for wear and tear.
❑ Open the pressure valve.

5. True or False

Most nursing assistants who hurt their backs do so while transferring or lifting a client.

6. True or False

A thorough equipment safety inspection is required every time prior to using a lift.

7. True or False

A full body sling, also called a hammock sling, supports the client's whole body.

8. True or False

On a Hoyer-type lift, the sling is attached to a metal piece called the mast.

9. True or False

When using a mechanical lift, you should raise her only a few inches off the bed.

10. True or False

All 50 states have a "No Lift" law requiring that every client be transferred using a mechanical lift.