

Safe Patient Handling and Mobility Toolkit – Tool 3e

To learn more about using this tool and other assessment methods to identify and rank hazards and risks in patient handling, refer to the Section 3 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: <https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/>

Safe Patient Handling and Mobility (SPHM) Technology Inventory

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Safe Patient Handling and Mobility Program Plan Survey of Patient Handling & Mobility Practices SPHM TECHNOLOGY INVENTORY	ABC Hospital
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This inventory form can be completed by unit /department employees and/or members of the SPHM committee or worksite assessment team(s).

If staff complete the inventory forms - insert introduction and instructions here including the date for completion.

Directions for Managers:	
	Have as many staff as possible on each shift complete the survey
	Surveys should be completed by (Date)
	Add link to Survey
Questions:	
Contact:	

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SPHM TECHNOLOGY INVENTORY	
Department:	Shift:
Person completing inventory & job title or role in SPHM program	RN/CNA/Therapist/ Other please specify:

Patient Handling & Mobility Devices (Note-information about lift slings is collected separately on Form 2)	Is this equipment in the unit/dept.? Yes or No If Yes –Note: Brand and model of equipment (if applicable) e.g., ‘Baxter Golvo lift powered, Hovertech Hovermatt 34” wide, etc.)	If No, Where is it borrowed from?	If Yes						
			How many on unit?	Storage location	What is the weight limit of the equipment if applicable?	Is the equipment in good working order? Y or N Comment (Look for obvious damage – dents, missing parts, batteries missing/doesn’t hold charge etc.)	When was it last serviced? (if date is located on equipment)	How often do you use it? 4= all of the time 3=most of the time 2=sometimes 1=rarely or never	If used rarely or never why?
1. Ceiling/overhead Lift Note track configuration e.g., single, H track or other and if attached to ceiling, walls or a free-standing gantry									
2. Powered Floor Lift (battery/electric power/hydraulic)									
3. Powered Sit to Stand Lift									
4. Non-powered Sit to Stand Aid									
5. Air Mat for lateral supine transfers, e.g., Hovermatt									

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			How many on unit?	Storage location	What is the weight limit of the equipment if applicable?	Is the equipment in good working order? Y or N Comment <i>(Look for obvious damage – dents, missing parts, batteries missing/doesn’t hold charge etc.)</i>	When was it last serviced? <i>(if date is located on equipment)</i>	How often do you use it? 4= all of the time 3=most of the time 2=sometimes 1=rarely or never	If used rarely or never why?
6. Slippery sheets for repositioning and lateral transfers									
7. Other type of reposition aid e.g., stay-in bed repositioning sheets									
8. Roller board									
9. Slider board									
10. Gait or transfer belt <i>Please note if it has handles</i>									
11. Ari assist lift for fall recovery e.g., Hoverjack									
12. Powered Wheelchair									
13. Stretcher – note if powered/manual height adjust and if powered head adjust									
14. Powered tugs or devices to push beds/stretchers									

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			How many on unit?	Storage location	What is the weight limit of the equipment if applicable?	Is the equipment in good working order? Y or N Comment <i>(Look for obvious damage – dents, missing parts, batteries missing/doesn’t hold charge etc.)</i>	When was it last serviced? <i>(if date is located on equipment)</i>	How often do you use it? 4= all of the time 3=most of the time 2=sometimes 1=rarely or never	If used rarely or never why?
15. Shower cart or gurney trolley									
16. Shower or toilet chair (commode)									
17. Lifts to extract patients from vehicles									
18. Cardiac/Geri chairs note if powered/manual									
19. Style of trapeze used on beds if any e.g., full bed frame vs. pole at head of bed									
20. Beds – note type & features e.g., a) Electric with adjustments for height; head, knee etc. b) Converts to a chair c) Tilts to stand a patient d) Lateral continuous rotation e) Full screen restraint system e.g., Posey bed									

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			How many on unit?	Storage location	What is the weight limit of the equipment if applicable?	Is the equipment in good working order? Y or N Comment <i>(Look for obvious damage – dents, missing parts, batteries missing/doesn’t hold charge etc.)</i>	When was it last serviced? <i>(if date is located on equipment)</i>	How often do you use it? 4= all of the time 3=most of the time 2=sometimes 1=rarely or never	If used rarely or never why?
f) Sand bed g) Other									
21. Note any special equipment e.g. <ul style="list-style-type: none">Bariatric sit to standCeiling and Floor lifts over 600 lbs. capacityCommodesPowered chairs etc.ScalesStep stoolsTrapezes									
22. Other									

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Patient Handling & Mobility Slings (e.g., used with ceiling/floor/sit-to-stand lifts)	Are slings kept in the unit/dept.? Yes or No If Yes –Note: Brand, style and size of sling if applicable e.g.,Alpha modalities seated sling large	If No, where are they borrowed from	If yes						
			How many on unit?	Storage location	What is the weight limit? (this should be marked on the sling label)	Do slings appear in good repair and clean? Y or N Comment (Look for obvious damage –torn or fading fabric – missing labels) Note date of first use if visible	Are slings 1 = Washable 2=Wipeable 3=Disposable/single patient use	How often do you use this type of sling? 4= all of the time 3=most of the time 2=sometimes 1=rarely or never	If used rarely or never why?
1. Flat turning/repositioning slings									
2. Seated transfer slings – universal design									
3. Hygiene slings									
4. Limb slings									
5. Turning slings									
6. Ambulating slings									
7. Slings for use with sit-to-stand lifts									
8. Bariatric slings: Please describe									
9. Other: Please describe									