

Safe Patient Handling and Mobility Toolkit – Tool 6c

To learn more about using this tool refer to the Section 6 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) Education & Training

Sample SPHM Equipment Competency Evaluation

This tool should be customized to include the manufacturer's specific instructions for operating SPHM technology and equipment, as well as the procedures outlined in your SPHM program and the learning objectives for each caregiver stakeholder group.

ABC HOSPITAL

SPHM Equipment Competency Validation

Competency Statement:

The caregiver is able to verbalize understanding of the appropriate use, limitations, maintenance, and cleaning of the SPHM equipment. The caregiver is also able to demonstrate correct use of the SPHM equipment.

Name of Class	_____	Date	_____	Time (start & end)	_____
Type of Class	Orientation	_____	Trainer (name & initials):	_____	
	Refresher	_____			
	Other	_____			

Questions? Contact the SPHM Program Coordinator (name & email/phone) at _____

Add further instructions for Trainers - e.g., the next steps if a trainee cannot complete a return demonstration successfully

Verification method:

DO = Direct Observation (in a real-time setting e.g., while providing patient care)

V = Verbalization

DT = Demonstration by trainer

RD = Return Demonstration by trainee

O = Other (specify)

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Knowledge of SPHM Equipment				
Staff member verbalizes the following:				
<p>1) Resources on unit for use of SPHM equipment</p> <ul style="list-style-type: none"> a) Name of SPHM champions/coaches in unit/department b) Location and content of SPHM resource information (<i>add intranet webpage/other sources</i>) c) Other support resource for help e.g., SPHM unit-based champions SPHM program manager/clinical expert; rehab staff; etc. 				
<p>2) SPHM Patient Mobility Assessment Processes</p> <ul style="list-style-type: none"> a) Patient assessment (RN and Therapists) - why and when to perform (on admission; x1 during shift; change in patient condition) b) Patient Mobility Check/Screen process (e.g., RN, CNA, and Therapists/MAs/Imaging techs) - why and when to perform (before every standing transfer/ambulation) c) SPHM dependency level determination, appropriate SPHM device for each SPHM task performed, and the number of staff necessary to use the equipment for each task (All) d) Process if patient mobility status has changed from previous assessment by RN e) How and when to document and communicate assessment results in the EHR. Note any special SPHM needs or restrictions in the patient chart. Communicate patient dependency status on white board in patient room; shift change etc. Outpatient – in patient chart/notes. 				
<p>3) Point of Care Pre-Mobility Safety Check (Risk Assessment)</p> <ul style="list-style-type: none"> a) Safety check prior to performing a patient handling task – why and what to evaluate i.e., the patient, the environment, the task to be performed and the caregiver(s) b) Process if safety check identifies barriers to safe mobilization of the patient 				
<p>4) SPHM protocols for special populations</p> <ul style="list-style-type: none"> a) Bariatric b) Other - specify for unit (e.g., orthopedic, pediatric, trauma, dementia) 				

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<p>5) Equipment Customize to SPHM equipment in your facility – include brand name and model & weight capacity; add the location for each device</p> <p>a) Location of ceiling lifts and SPHM equipment on the unit/dept. & weight capacity of each e.g.,</p> <ul style="list-style-type: none"> i) Ceiling Lift Motor: 600lbs in room(s) _____ 1000lbs Motor in rooms(s) _____ ii) Dual motors in room # _____ iii) Powered Floor Lift (clean equipment room) iv) Powered Sit to Stand: 440lbs (clean equipment room) v) Non-powered stand assist: 400lbs (clean equipment room) vi) Air Assist Mat (disposable):1000lbs.34" wide. Patient must fit on the mattress. On cart with motor in clean equipment room vii) Slide Sheet: No weight capacity but if patient over 250lbs, use air assist mat or add extra staff for transfer. Stored in designated area in patient rooms or in clean equipment room viii) Air Assist Lift - Fall Recovery: 1200lbs. Patient must fit on the device. On _____unit(s) <p>b) Describes how to:</p> <ul style="list-style-type: none"> i) Clean each type of SPHM equipment ii) Charge and change out equipment batteries (as relevant) iii) Take equipment out of service if damaged or not working iv) Use equipment and slings with patients in isolation v) How to get equipment and slings if supply is low or not stocked <p>c) Verbalizes</p> <ul style="list-style-type: none"> i) Function of each type of SPHM equipment/device (i.e., type of patient handling task) and ii) When each type of equipment cannot be used to move or lift a patient e.g., an air assist mat cannot be used with patients with spinal trauma/unclear spine unless used with a rigid backboard iii) SPHM equipment that can be used for weighing patients e.g. (List equipment) iv) Process to address staff and patient/family refusal to use SPHM equipment and v) Patients who wish to use their own slings/lift or other SPHM equipment vi) When patients are not to be left unattended in any SPHM device vii) To always use clinical judgment when determining the appropriate method (equipment and # staff) to move or lift your patient safely 				

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<p>6) Sling Safety</p> <p>a) Describes:</p> <ul style="list-style-type: none"> i) Where clean slings are stored and how to obtain additional slings as needed ii) How to determine type and size of sling to use iii) The importance of sling inspection prior to use iv) How to take a damaged sling out of service v) What to do when sling is soiled (washable and wipeable slings) vi) When and how to leave seated or repositioning slings under a patient in a chair or bed <p>b) Verbalizes:</p> <ul style="list-style-type: none"> i) That slings cannot be shared between patients ii) Function of each type of sling (i.e., type of patient handling task it is used for) and when each type of sling cannot be used to move or lift a patient e.g., seated sling cannot be used to lift a post-hip patient 				
<h3>Competency when using SPHM Equipment</h3>				
<p>1) Demonstrates the SPHM Patient Mobility Assessment</p> <p>a) Demonstrates how to conduct a patient assessment/mobility check to determine a patient's dependency level and SPHM needs</p>				
<p>2) Demonstrates correct use of Ergonomics work practices when performing all SPHM tasks (Refer to Tool 5f for more information)</p> <p>a) Raises work height (i.e., where hands will perform work) to location between knuckles and waist for all caregivers performing a task so that all caregivers are in an upright neutral posture.</p> <p>b) Does not reach past mid-line of the patient or support surface (bed, stretcher etc.) when turning a patient and performing care tasks, i.e., performs <i>Tip and Tuck</i> or <i>Tip and Turn</i> technique. Understands injury risk when using 'traditional' log rolling technique. <i>Exception</i> – turning a patient with 'unclear' spine or other clinical contraindications.</p> <p>c) Does not reach past mid-line of the patient or support surface (bed, stretcher etc.) when using SPHM equipment to transfer a patient in a supine position between 2-surfaces. Does not climb on a support surface when transferring a patient.</p> <p>d) Ergonomics practice when manually holding a patient on their side (if turn/hold sling not available) to reduce caregiver injury risk i.e. caregiver uses upright posture; feet staggered stance and shoulder width apart; arms shoulder width apart; keeps moving during task; does not continue to hold patient if they start to roll or push back while being held.</p>				

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3) Demonstrates the ability to clearly explain the task and communicate effectively with the patient when performing a patient handling task				
Ceiling/Overhead Lifts (Add brand name and model)				
1) Demonstrates use of: <ul style="list-style-type: none"> a) Handset controls - <ul style="list-style-type: none"> i) Lift and lowering system ii) Emergency stop control iii) Manual lowering system b) How to charge the motor and related status indicator displays c) Use and handling of hanger bars d) Correct body mechanics/postures when moving lift motor and hanger bar e) Any other functions available, e.g., weigh scale, lift counter 				
2) Demonstrates: <ul style="list-style-type: none"> a) How to determine size and type of sling to use and b) How to inspect for sling integrity before using lift c) How to conduct brief safety pause (with every lift task) i.e., raise lift hanger bar until sling is under tension but patient remains on support surface; check patient comfort; lines; attached medical devices etc., and check sling is securely attached to the lift hanger bar and there are no signs of damage or tearing. Lower hanger bar and sling to address any issues found. <i>Never use a damaged sling.</i> d) Use of padding – pillows, towels etc. to make sling comfortable for a patient e) No tugging sling into positng when it is place under the patient f) Correct body mechanics when moving lifts (neutral postures and always use two hands) 				
3) Demonstrates: <ul style="list-style-type: none"> a) <i>Correct application and removal of:</i> <ul style="list-style-type: none"> i. Turning/Repositioning sling using Use of <i>Tip and Tuck</i> technique ii. Seated sling including use for single and bilateral amputee; applied in seated position or in supine position with correct use of <i>Tip and Tuck</i> technique iii. Limb sling iv. Turning/holding sling v. Pannus sling 				

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vi. Ambulating Harness/Walking Vest b) Use of bed controls to correctly assist with process c) Use of neutral body postures when performing tasks d) Use of communication between caregivers (working as a team) and to patient prior to starting and throughout the task e) Prepares workspace before performing any SPHM or other care task				
4) Performs the following tasks correctly: <u>With Turning/Repositioning Sling</u> a) Turning to off load patients' hips, and turn and hold for incontinence change b) Reposition patient to head of bed or support surface in recumbent and supine position c) Supine and recumbent lateral transfer to/from stretcher or 2 nd support surface with repositioning sling d) For repositioning tasks review how to use bed controls if patient fears lift – hook up sling but lower and/or move bed to reposition patient e) Lift from the floor f) Proning with 2 turning/Repo slings (for specific units only) <u>With Seated Sling</u> g) Seated transfer to/from bed and chair/commode or wheelchair etc <u>With Other Slings</u> h) Use of limb sling (supporting a limb, moving legs in/out of bed, range of motion for therapy) i) Using the turning/holding sling with lift to hold a patient on their side j) Use of pannus sling k) Ambulation with walking harness l) Lift to/from vehicles (as appropriate)				
5) Demonstrates use of dual ceiling lift motors or bariatric motor and hanger bar with bariatric slings for patients over 600 pounds (if present)				

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Floor Lifts (Add brand name and model)				
<p>1) Demonstrates use of:</p> <ul style="list-style-type: none"> a) Handset controls - <ul style="list-style-type: none"> i. Lift and lowering system ii. Emergency stop control iii. Manual lowering system b) Correct use of brakes and leg spreader control c) How to charge motor d) Correct body mechanics when moving lifts (neutral postures and always use two hands) e) Any other functions available, e.g., weigh scale 				
<p>2) Demonstrates correct application, removal, and use of slings - as for ceiling lift 2-3 above</p>				
<p>3) Performs the following tasks correctly:</p> <p><u>With Turning/Repositioning Sling</u> (if lift manufacturer approves this use)</p> <ul style="list-style-type: none"> a) Turn (single caregiver) and turn and hold for incontinence change b) Reposition patient to head of bed in recumbent and supine position <p><u>With Seated Sling</u></p> <ul style="list-style-type: none"> c) Seated transfer with seated sling, d) Lift from the floor <p><u>Other Slings</u></p> <ul style="list-style-type: none"> e) Use of limb sling f) Ambulation with walking harness if lift has ambulating arms g) Lift to/from vehicles (if lift manufacturer approves this use) h) Use of weigh scale if present 				
Powered Sit to Stand Lifts (Add brand name and model)				
<p>1) Describes:</p> <ul style="list-style-type: none"> a) Which patients can be transferred a powered Sit to Stand b) Which patients cannot be moved with a Sit to Stand lift e.g., combative, with spinal incisions, post-hip patient etc. c) How to determine appropriate size of sit-to-stand belt and how to inspect for integrity d) Patient must fit comfortably in device; may not be suitable for very wide, tall, or short patients 				
<p>2) Demonstrates SPHM patient mobility check to determine if a Sit-Stand is suitable for a patient</p>				

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<p>3) Demonstrates:</p> <ul style="list-style-type: none"> a) Use of controls <ul style="list-style-type: none"> i. Emergency stop control ii. Manual lowering system iii. Correct use of brakes and leg spreader and lift/lower function controls b) Adjustment of knee plate/shin pad c) Removal of foot plate for ambulating function (if applicable) d) How to charge motor e) Use of weigh scale if present f) Correct body mechanics when moving lifts (neutral postures and always use two hands) 				
<p>4) Demonstrates:</p> <ul style="list-style-type: none"> a) Proper application and removal of <u>wipeable</u> belt (including leg strap) and b) Use of bed to assist with process 				
<p>5) Performs the following tasks correctly:</p> <ul style="list-style-type: none"> a) Moving patient to and from bed to chair and chair to and from commode or wheelchair; and b) Using the lift for ambulation tasks (if function present) c) Use of bed controls to correctly to assist with process d) Use of neutral body postures when performing tasks and moving lift 				
<p>6) Demonstrates when and how to safely leave the sit-to-stand sling around patient</p>				
<p>Non-Powered Stand Assist Aid (Add brand name and model)</p>				
<p>1) Describes</p> <ul style="list-style-type: none"> a) Which patients can be moved with a stand assist aid lift b) Which patients cannot be mobilized in a stand assist aid lift c) Which patients cannot be moved with a Sit to Stand lift e.g. combative, does not have trunk control and partial weight bear ability, cannot pull themselves to a standing position and stand with balance. d) Patient must fit comfortably in device; may not be suitable for very wide, tall, or short patients 				
<p>2) Demonstrates SPHM mobility check to determine if the <i>Stand Assist Aid</i> is suitable for a patient</p>				

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<p>3) Demonstrates use of:</p> <ul style="list-style-type: none"> a) Proper position of device for patient to use and application of brakes b) Foot control to widen base (if present) c) Patient's ability to stand on own when getting on and off the device d) The two seat halves 				
<p>4) Performs the following tasks correctly:</p> <ul style="list-style-type: none"> a) Moving patient to and from bed to chair and chair to and from commode or wheelchair b) Use of neutral body postures when performing tasks and moving lift 				
Slider Sheet (Add brand name and model)				
<p>1) Verbalizes safety precautions for use of a Slider Sheet:</p> <ul style="list-style-type: none"> a) NEVER leave the Slider Sheet under the patient after use b) If patient over 250lbs use minimum of 3 caregivers to perform SPHM task Consider using Air Assist Mat for Bariatric patients and those with fractures of pelvis, spine or limbs instead. c) Do not share Slider Sheet between patients before cleaning (if wipeable) d) Can be used to transfer patients with unclear spine (with a slider board if needed) e) Must use Slider Sheet with a drawsheet or a folded sheet placed under patient's torso. f) Don't reach over bed/stretcher/exam table to place Slider Sheet under patient (this takes more time) g) Don't fold Slider Sheet (<i>dependent on design</i>) h) Never transport a patient out of the dept. with a Slider Sheet under them. 				
<p>2) Demonstrates the following correctly:</p> <ul style="list-style-type: none"> a) Correct orientation of Slider Sheet under patient for lateral transfer and for repositioning tasks b) Use of <i>Tip and Tuck</i> technique to place Slider Sheet (and drawsheet or folded sheet as needed) under the patient for lateral transfer and for repositioning tasks <ul style="list-style-type: none"> i. Wrap Slider Sheet around hand and push down on mattress to place for boosting ii. Demonstrate the easy way to remove Slider Sheet after use 				

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<ul style="list-style-type: none"> iii. Demonstrate how patient may be able to move self with Slider Sheet in place for boosting c) Adjustment of work surfaces to proper height d) Application of brakes on bed or stretcher e) Use of slider board as a bridge if there is a 2" + gap or any protrusion between surfaces e.g., stretcher rail not completely flat. f) Transfer of patient from stretcher to/from bed using good body mechanics and avoiding extended reach if possible. Do not climb on the bed/stretcher g) Repositioning of patient in bed/stretcher and removal of Slider Sheet without turning patient h) Use of Slider Sheet to move patient's legs or buttocks in a seated position to/from edge of bed (if applicable) i) Use of bed controls to correctly to assist with process j) Use of neutral body postures when performing tasks 				
Air Assist Mat 34" Wide (Disposable) (Add brand name and model)				
<ul style="list-style-type: none"> 1) Describes use of matt for one patient only and disposal when soiled or after lateral transfer event(s) is completed 				
<p>2) Verbalize safety precautions for use of Air Assist Mat:</p> <ul style="list-style-type: none"> a) Disposable Air Assist Mat are for single patient use only but they can be used many times for the same patient b) Never leave a patient unattended on an <u>inflated</u> Air Assist Mat. c) <u>Remove</u> deflated Air Assist Mat. e.g., during imaging procedures if <u>patient is agitated</u> and there is a risk of sliding off the table and/or gurney (if patient is left unattended). d) Do not perform CPR on inflated Air Assist Mat. e) Patients with 'unclear' spine – do not use Air Assist Mat unless rigid back board is available and nurse or physician approves use. f) Patient should be centered on the Air Assist Mat. Otherwise re-applying the Air Assist Mat – do not manually reposition patient g) Always perform the transfer slowly for safety and to minimize static interference with VAD devices. h) Always use a patient's head and shoulders as landmarks (not the Air Assist Mat) to center a patient on an exam table or gurney etc. before deflating a Mat after completing a transfer or repositioning task. i) Can be used in all Imaging dept. inc. MRI (with 25 ft hose); can be used to position x-ray plate under patient's chest or hips etc j) Allowable gap between transfer surfaces 				

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<p>3) Demonstrates the following correctly:</p> <ul style="list-style-type: none"> a) Correct orientation b) Use of <i>Tip and Tuck</i> technique to place patient onto mat c) Patient position on mat d) Securing safety straps e) Adjustment of transfer surfaces to proper height f) Application of brakes on bed or gurney g) Attaching air supply h) Turning on and off air and i) Transfer and repositioning of patient from/to gurney or bed SLOWLY using good body mechanics and avoiding extended reaches if possible. USE EXTRA STAFF when transferring to/from narrow table e.g., nuclear medicine or when using matt with Bariatric patient j) Repositioning a patient in bed (turning and boosting) k) Proning a patient (as applicable) l) Use of bed/gurney controls to correctly to assist with process m) Use of neutral body postures when performing tasks 				

Air Assist Lift Device – Fall Recovery (Add brand name and model)

<p>1) Describes</p> <ul style="list-style-type: none"> a) Approved method to clean device after use and use of a barrier between Air Assist Lift Device and patient. Air Assist Lift Device cannot be sent to laundry b) Use of barrier sheet between Air Assist Lift Device and patient; use of an Air Assist Mat with Air Assist Lift Device 				
<p>2) Verbalizes safety precautions for use of Air Assist Lift Device:</p> <ul style="list-style-type: none"> a) RN or physician to assess patient before moving b) One staff member at patient's head during inflation, deflation, and transfers c) Ensure red caps are secured before inflation and reapplied after deflation d) Use of rigid backboard with Air Assist Lift Device for spine precautions e) Cannot perform CPR on inflated Air Assist Lift Device f) When to deflate the Air Assist Lift Device for CPR (e.g., for larger patients if they cannot be quickly & safely transferred to a bed for CPR) 				

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<p>3) Demonstrates the following correctly:</p> <ul style="list-style-type: none"> a) Correct orientation under patient b) Use of <i>Tip and Tuck</i> technique to place Air Assist Lift device under patient (with or without Air Assist Mat) c) Attaching safety straps and air supply, d) Tightening of red caps before inflation, e) Correct inflation and movement of Air Assist Lift Device f) Turning on and off air g) Use of quick release for CPR with adequate help to stabilize Air Assist Lift Device as it deflates h) Application of brakes on bed or gurney when transferring patient from Air Assist Lift Device; caregivers to brace against Air Assist Lift Device during a lateral spine transfer as device does not have brakes i) Use of Air Assist Mat on Air Assist Lift Device to transfer patient to gurney or bed j) Use of Air Assist Lift Device to lift patient partially from floor; conduct a SPHM mobility check and then have patient mobilize from seated position k) Use of neutral body postures when performing tasks 				

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SPHM equipment and sling manufacturer's instructions – i.e., List manufacturers