

# EZ Way Classic Lift Competency Checklist

Purpose: To assist in the proper training of operating the EZ Way Classic Lift.

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Observed by: \_\_\_\_\_

Yes No

## 1. EZ Way Classic Lift Pre-Operation Check

- a) Demonstrate how and when to charge battery.
- b) Demonstrate how to use the power leg spreader.
- c) Locate emergency stop button and its purpose.
- d) Locate emergency lowering and demonstrate.
- e) Check to ensure sling is in good condition, no excessive wear (loops, etc.).
- f) Demonstrate how to raise / lower the resident or patient.

## 2. EZ Way Classic Lift Operation

- a) Do you lock the wheels? Why or why not?
- b) Demonstrate proper fitting of sling to the resident/patient.
- c) Do you cross the legs of the sling?
- d) Explain the different loops and their usage for positioning.
- e) Demonstrate proper attachment of sling to lift.
- f) What are the 3 straps on the back of the sling for?

## 3. EZ Way Classic Lift - Sling Removal

- a) Demonstrate proper removal of sling from resident/patient.

For any questions or concerns, please refer to the operator's instructions or the EZ Way Classic Lift video.

ANSWERS: 1a) Charge when control box makes an audible beep and LED on hand control flashes yellow. For regular charging, plug cord into control box and wall receptacle. 1b) Use the buttons located on the hand control to open and close legs. 1c) Red button located on control box on mast – unit will not operate when button is in down position. 1d) Red collar located at top of actuator shaft. Turn clockwise. 1e) Look for intact stitching & seams, look for fraying or ripped loops and/or material, inspect material for excessive wear by holding up to light. 1f) Use the buttons located on hand control to raise / lower. 2a) Never lock the wheels of an EZ Way Classic lift when lifting or transferring a patient. Unit self-adjusts center of gravity, wheels need to be unlocked to allow for this adjustment. 2b) At a minimum, top of sling to top of "horseshoe" portion of sling should run from patient's neckline to at least 2-inches below the tailbone, respectively. 2c) Crossing legs is the safest procedure. Multi-purpose sling may be used to cradle legs instead of threading straps between legs to cross. Caregiver must assess condition of patient to determine if this is appropriate. 2d) Leg loops: Shorter loops recline patient further; longer loops place body in upright sitting position. Shoulder loops: Longer loops recline patient; shorter loops place in upright sitting position. 2e) Once sling is applied underneath a patient, attach two loops of same color nearest the head and shoulders to the hangar bar hooks closest to the head. Once legs of sling have been fitted underneath legs and crossed, attach two loops of same color to the hangar bar hooks located nearest the feet. Ensure all loops securely fastened to hooks before lifting. 2f) Straps are for guiding patient and rotating patient while suspended; Also helps with upright seated positioning when the middle strap is held stationary, just prior to seating patient. 3a) If supine, log roll patient to one side folding half of sling and tuck under patient. Roll patient in other direction and remove entire sling from under patient. If seated, gently pull legs of sling from under patient's legs placing sling legs to side of patient. Grasp middle handle and gently pull upward, removing sling from behind patient.