

DIMENSIONAL HEALTH CARE ASSOCIATES, INC.

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-Train the Trainer-Hoyer Lift-

AGENCY: _____ DATE: _____

Skills Training Checklist

1. Gather supplies-Hoyer lift, sling (2 staff to perform this task preferably).
2. Wash hands.
3. Explain to the client what you will be doing.
4. Roll the client to one side of the bed.
5. Place Hoyer sling underneath of the client.
6. Roll them to the opposite side and adjust sling properly behind them, have client fold their arms across their body if possible.
7. Place Hoyer directly over client.
8. Attach top loops to Hoyer lift (colors must match).
9. Cross the leg straps under the patient's legs. Make sure the left loop is reaching across to hook to the right hook, while the right loop is reaching across to hook to the left hook, and that the hooks are set away from the boom of the lift apparatus. This crisscross helps the patient's legs stay together and keeps the patient from slipping out of the sling (colors must match).
10. Ensure Hoyer lift is not locked (Hoyer should never be locked unless being stored).
11. If moving client to wheelchair have wheelchair ready for transfer (wheels of wheelchair should be locked).
12. One staff should operate Hoyer and one should guide client's body.
13. Raise Hoyer just high enough to transfer.
14. Move to destination and ensure client is over the destination correctly.
15. Lower Hoyer lift and client into wheelchair.
16. Unhook loops.
17. Roll the client from side to side, and fold and remove the sling if the client is on a bed or a stretcher OR tug gently upwards to slide the sling out from behind the client if the client is in a wheelchair or a car.
18. Place seatbelt on client in wheelchair.
19. Wash hands.

The unlicensed staff member's competency in the use of a Hoyer lift has been verified by the nurse. The nurse has witnessed the staff member competently train other staff members in this skill. The unlicensed staff member listed below may now train other unlicensed staff members in the skill. The unlicensed staff member below will obtain written proof of all Hoyer lift trainings, forward to DHCA and keep on record.

STAFF NAME: _____ STAFF SIGNATURE: _____

NURSE NAME: _____ NURSE SIGNATURE: _____