**VALIDATION OF COMPETENCY**

 **TOTAL LIFT**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| PERFORMANCE CRITERIA: | YES | NO |  COMMENTS |
| 1. Does the employee verbalize indication/contraindications for use of the equipment?
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| 1. Does the employee explain the procedure to the resident before use of the equipment?
 |  |  |  |
| 1. While preparing the resident for transfers, are safe techniques demonstrated by:
 |  |  |  |
| 1. Placing the equipment in position?
 |  |  |  |
| 1. Inspection of the sling?
 |  |  |  |
| 1. Positioning the sling under the resident?
 |  |  |  |
| 1. Positioning the wheelchair and locking wheelchair wheels (if resident is moving to a wheelchair)?
 |  |  |  |
| 1. Does the employee properly demonstrated:
 |  |  |  |
| 1. Attachment of sling loops on cradle?
 |  |  |  |
| 1. Raising/lowering of resident using hand control?
 |  |  |  |
| 1. Removal/replacement of sling once resident is in the seated position?
 |  |  |  |
| 1. Does the employee clearly demonstrate Emergency Lowering of Mechanical Lift?
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| 1. Does the employee demonstrate clear understanding of the resident transfer identification system?
 |  |  |  |
| 1. Can employee clearly state where/who to report any defects of the mechanical lift?
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