HYGIENE SLINGS

COMPETENCY CHECKLIST



Describe and Demonstrate Sling Features	Yes	NO
Functions of the Hygiene Sling		
Transfer patient in seated position from bed to chair, commode or toilet and back. Can also be used with our car extractor. Please refer to the car extractor competency.		
Proper Fitting		
Refer to the Sling Sizing Guide.		
Verbalize correct sling size as indicated by patient's weight & body shape.		
Ensure patient's hips are securely in the sling; and trunk is supported.		
Note that this sling is NOT appropriate for patient that has an above the knee amputation.		
Lifting Bed to Chair		
Apply sling by log rolling patient or sliding down behind patient that is propped forward in bed.		
Ensure that sling label faces away from patient.		
Spreader bar should be PARALLEL to patient's shoulders & located just above the abdomen.		
Place leg straps evenly under each thigh.		
Ensure the fabric is not wrinkled under the thighs.		
Attach the shoulder loops first to the sling bar. (Short at the shoulder, long on the legs the patient will be more upright.)		
Cross leg loops by threading one strap through bottom of opposite strap.		
Hook longer leg straps up to the sling bar.		
Raise patient 1 – 2 inches above the surface		
STOP: Perform safety check - ensure loops are securely attached & sling is positioned properly.		
Lift patient to intended surface.		
Lifting Chair to Bed		
Lean patient forward, slide sling down their back below armpits.		
Ensure both leg straps are the same length.		
Follow steps above.		
Cleaning/Sanitizing		
Visibly inspect each sling prior to each use. Do not use if damaged, torn, worn, discolored or past its useful life.		
Patient Specific Slings: Spot clean only. Discard if damaged or soiled.		
Reusable slings: Machine wash, air dry, do not bleach. Follow package instructions.		
Wipeable/reusable sling: Wipe down after each use with germicidal cleaning solution products.		
Sling Precautions		
Do not use Hygiene Sling with above knee amputees.		
Never leave patient unattended in sling.		
Use proper number of caregivers as indicated by facility policy.		

Name: _____ **Title**: _____

Signature: _____ **Evaluator Signature**: _____

Date: _____

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Passed: ☐ **Needs Review:** ☐