Sling Safe Work Practice

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Disclaimer: Every sling manufacturer has a slight difference to their sizing. Make sure you read the instructions for the specific sling you are using.

Sling fitting (Universal sling, without head support):

Height: As per pictures above.
- Top of sling in line with top of shoulder, or approximately C7.
- Bottom of sling in line with the resident’s coccyx (tailbone).

Width:
- The edge of the sling should fall between the front of the shoulder and midline of the resident’s chest (front of resident).

Testing:
- Before testing, apply the sling and make sure the leg straps are long enough to provide support and comfort, but not so long that the resident can slide out of the sling.
- Once you have applied the sling, test it to make sure it is appropriate. When you lift the resident, stop before lifting off of the surface to ensure it fits well.
Sling fitting (Hammock sling with head support):

**Note:** Most Hammock slings in North America have the head support incorporated.

**Height:** As per pictures above.
- The attachment of the shoulder strap should lie between the shoulder and the top of the resident’s ear.
- Bottom of sling in line with the resident’s coccyx (tailbone).

**Width:**
- The edge of the sling should come up to the front of the shoulder at the crease in front (where the deltoid muscle and chest meet).
- As noted in the Prism Medical Sling Guide¹, the Hammock Sling “typically has a narrower fit than the Universal Sling and may not extend all the way to the anterior shoulder crease. When the client is in the sling, you should not be able to have both sides of the sling meet to fully encircle the client. This would signal that the sling is too big. However you should be able to come across the front of the client slightly, otherwise the sling will be too small.”

**Warnings from Prism Medical:**
- If it is noted that the straps or webbing of the sling contacts the skin, the sling is considered too small and should be exchanged for a larger sized sling.
- A sling that is too small with be uncomfortable for the client and may increase the chance of skin irritation. A sling that is too large will prevent the client from being positioned into an

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upright/chair-type position, may increase the difficulty of positioning a client into a chair, and may increase the risk of injury to the client (i.e., fall out of sling).

Testing:
- Before testing, apply the sling and make sure the leg straps are long enough to provide support and comfort, but not so long that the resident can slide out of the sling.
- Once you have applied the sling, test it to make sure it is appropriate. When you lift the resident, stop before lifting off of the surface to ensure it fits well.

Applying Sling with Slider Sheets

2. Apply two slider sheets as described in the slider sheet safe work practice.
3. Using two staff, place the sling between the slider sheets, starting at the head of the resident.
4. Be careful when applying. Hold the top sheet in place with the hand closest to the head of the bed and pull the sling down with the hand closest to the bottom of the bed. Adjust your hands as necessary to avoid over-reaching.
5. Once in place, you can make adjustments by moving the sling under the top sheet as your partner holds the top sheet in place or moving the top sheet on the sling while your partner holds the sling in place.
6. Then, fold one of the corners by the resident’s head under the slider sheet, but above the sling (between the sling and top slider sheet). Pass the corner under the resident’s neck and pull sheet away, as per previously instructed.
7. The sling is now in place and ready to be hooked up to the mechanical lift. This method can also be used to place a repositioning sling.

Removing the Sling with Slider Sheets

1. Ensure that there is one slider sheet on the receiving surface prior to moving the patient onto that surface.
2. Transfer the patient onto the receiving surface via mechanical lift.
3. Once the patient is on the receiving surface, roll up another slider sheet and unravel it between the patient and the sling, as per the instructions for slider sheets.
4. After the slider sheet is in place, both staff will position themselves between the patient’s hips and head, one staff on either side of the bed.
5. The instructions below are written for the staff member that is standing at the side of the bed facing the patient with the patient’s head on their right and the patient’s feet on their left.
   a. Grasp the top slider sheet with your left hand to keep it in place.
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b. Grab the sling at approximately the shoulder level of the patient with your right hand.

c. Pull the sling towards the head of the bed with your right hand, ensuring the slider sheet stays in place with your left hand. This may need to be repeated 3-4 times to avoid overreaching.

6. Once the sling has been removed, remove both slider sheets by grasping one of the corners of both sheets that are by the patient’s head, folding them under and passing under the patient’s neck where there is a natural space between the neck and the bed. The person on the other side grasps the corners and pulls them away from the patient, ensuring the sheets rub on themselves to minimize any potential for skin shearing.

**Repositioning Sling**


2. Best practice is to have this sling in place PRIOR to the patient being in the bed.

3. If not, can use the safe work practice for placing a sling under a patient with slider sheets.

4. When not being used, the straps of the repositioning sling should be tucked under the bed to ensure staff do not trip on them.

5. When turning a patient in bed, ensure the patient is moved to the opposite side of the bed that they are going to be rolled in order to ensure they have enough room to roll.

6. If the bed does not have an X-Y frame, move the bed under the patient when they are lifted with the repositioning sling.

7. Remember to place a pillow between the positioning sling and the patient’s head to avoid the sling wrapping around the patient’s head.

**Hygiene Sling**


2. Ensure that the patient has the following capabilities in order to use a hygiene sling:
   a. Good Trunk control - sitting balance
   b. Ability to follow directions (cognition)
   c. Head control
   d. Shoulder strength (ability to depress shoulders to avoid excessive shoulder abduction/falling out)
   e. Ability to extend hips to prevent sliding out of sling.
Medical Conditions Affecting Sling Selection

See the following for a list of medical conditions that affect sling selection:

http://www.tampavaref.org/safe-patient-handling/SlingMedicalConditions.pdf