

# H&R

# VANCARE®

## VANDERLIFT OPERATING MANUAL

Models: 450, 450 w/scale, 600, 600 w/scale, 1000



[WWW.VANCARE.COM](http://WWW.VANCARE.COM)



Made with Pride in the USA

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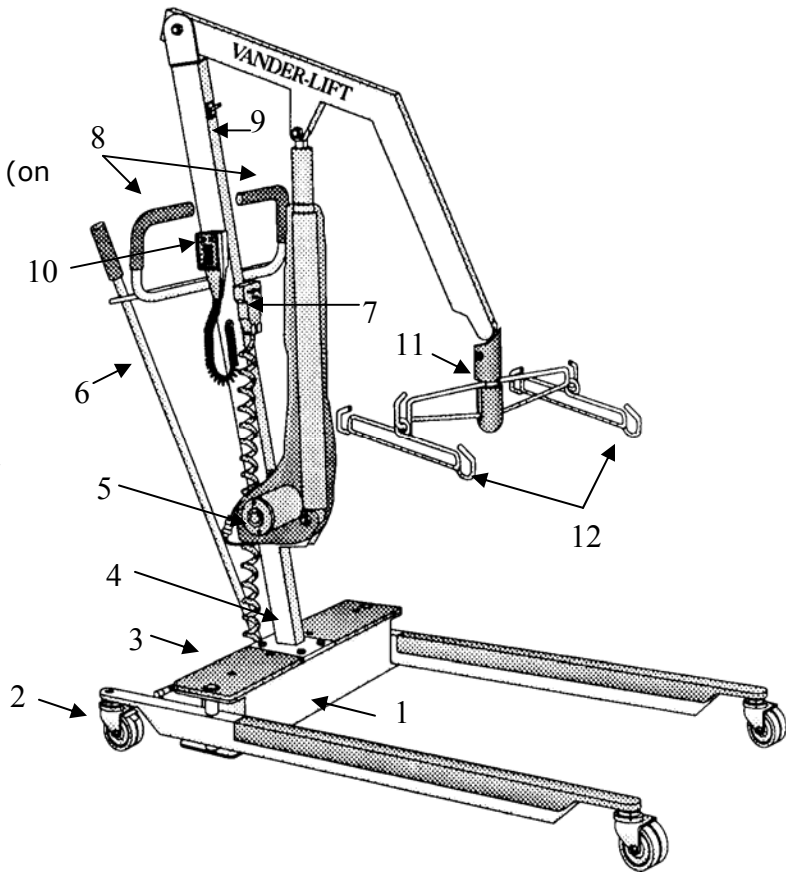
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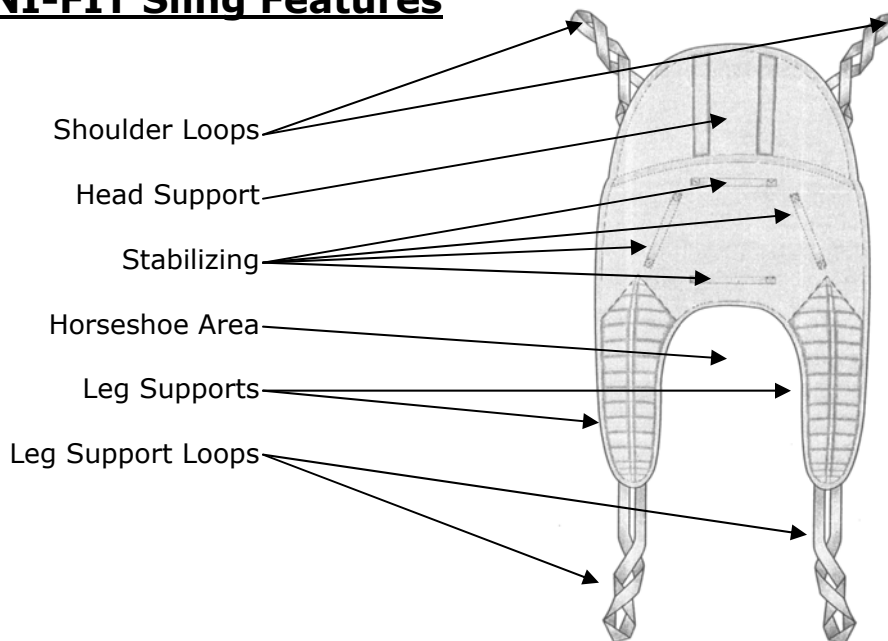
## Diagram and Features

### VANDER-LIFT™ 450 Pound Lifting Capacity

1. Lift base
2. Locking rear caster brakes
3. Emergency up/down switch (on back of base)
4. Mast
5. Emergency Down Crank
6. Shift bar
7. Re-charging plug
8. Mast hand grips
9. Emergency stop switch
10. Pendant switch with battery indicator lights
11. Hanger Bar Assembly
12. Hanger Rods

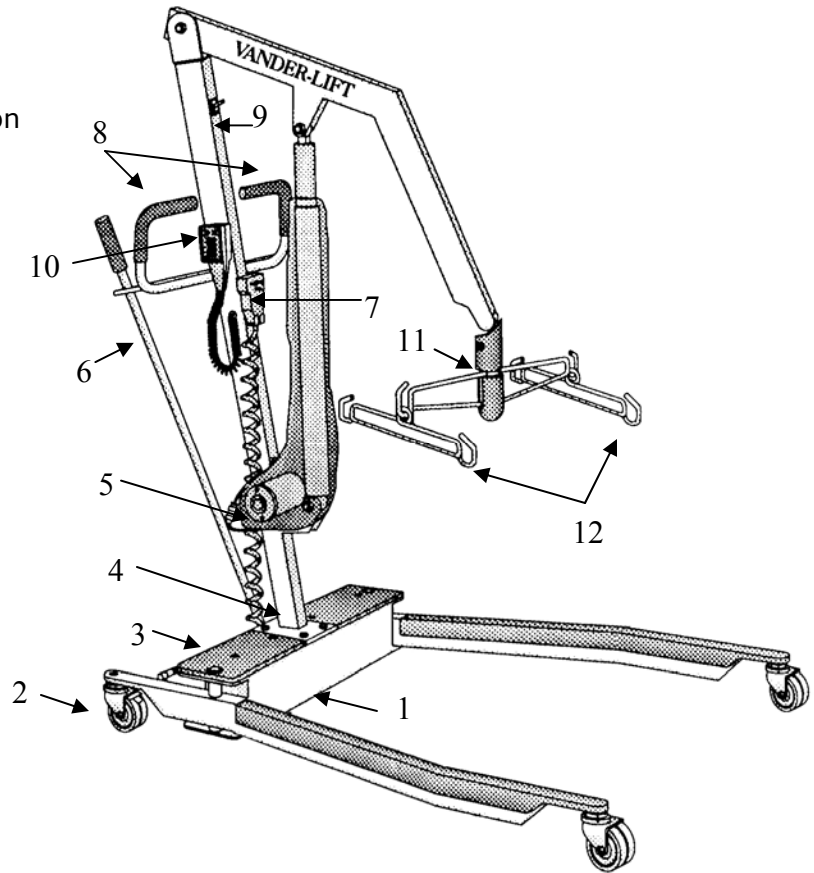


### UNI-FIT Sling Features



## **VANDER-LIFT™ 600 and 1000 Pound Lifting Capacity**

1. Lift base
2. Locking rear caster brakes
3. Emergency up/down switch (on back of base)
4. Mast
5. Emergency Down Crank
6. Shift bar
7. Re-charging plug
8. Mast hand grips
9. Emergency stop switch
10. Pendant switch with battery indicator lights
11. Hanger Bar Assembly
12. Hanger Rods



# Safety Information

## Warning Symbol



A warning symbol is used in this manual to alert the user to important safety information. Make sure your staff understands the meaning of the warning symbol and follows the instructions that follow it.

## Using the VANDER-LIFT™ and VANDER-LIFT™ Slings with Other Manufacturer's Equipment

### **WARNING**

VANDER-LIFT™ slings may be used with the VANDER-LIFT™ only. Using other manufacturer's patient lifts with VANDER-LIFT™ slings is also prohibited.

## Sling Care

When slings are soiled or contaminated, they should be washed with mild detergent in cold or warm water only.

### **Wash/Dry Instruction**

- 1) Standard VANCARE Sling: Slings may be tumble-dried on the "delicate" temperature cycle in the dryer. If the dryer in your facility does not have a "delicate" cycle, slings should be hung to air dry.
- 2) "C" Cloth Sling: Water Temperature of 167° F (75° C). Do not bleach. Air dry or dry at temperature below 167°. Inspect with each use.
- 3) "H" Cloth Sling: Water temperature of 200° F (93° C). Do not bleach. Air dry or dry at temperature below 200°. Inspect with each use.

### **WARNING**

**Bleach MAY NOT BE USED** as it can weaken the stitching and fabric. **It is important that the Laundry Department is told how to care for slings correctly.**

## Pre-Use and Monthly Inspections

VANCARE lifts are designed and manufactured to meet or exceed the safety requirements for patient care equipment. In addition, they have been tested and listed by a nationally recognized testing laboratory, MET Labs., to insure their safety. It is important, however, that you know that materials can fail due to normal wear caused by use over time. Doing the inspections described below will help your facility make sure that lifts, back belts and slings are kept in safe working condition and that potential problems are noted before hazardous conditions result.

** WARNING**

Before each patient transfer, it is important for staff to inspect the VANDER-LIFT™ to make sure no parts are missing or overly worn and that all parts work correctly. If a problem is noted, the lift should not be used until qualified maintenance staff has made repairs.

It is also required that qualified maintenance staff inspect the lift at least monthly for missing parts and excessive wear that might cause the lift to fail. A permanent record of each of these inspections and repairs made should be kept by the facility. (See Monthly VANDER-LIFT™ Inspection Checklist at the back of this manual.)

** WARNING**

Before each patient transfer, the sling must also be inspected for signs of damage, for loose and missing stitching, and for tears and excessive wear that might cause it to fail. If a sling is damaged or overly worn, it must be thrown away and replaced with an undamaged sling.

** It is important that qualified maintenance staff inspect all VANDER-LIFTS™ monthly**

It is also required that a nurse or professional rehabilitation staff member inspects all VANDER-LIFT™ slings for the above types of damage at least monthly. A permanent record of each of these inspections and action taken should be kept by the facility. (See Monthly VANDER-LIFT™ SLING Checklist at the back of this manual.)

** WARNING**

**It is important that a nurse or professional rehabilitation staff member inspects all VANDER-LIFT™ slings monthly.**

## **Leaving Slings Positioned Under Patients in Wheelchairs, etc.**

There are times when leaving the sling under a patient while he or she is seated in a wheelchair or chair would promote patient comfort and would enable staff to provide care. Before this can be done, however, the patient's posture must be evaluated by a nurse or professional rehabilitation department staff member to see if leaving the sling under the patient might contribute to the patient sliding out of, or falling off of, a wheelchair or chair. Secondly, the patient's clothing, the sling fabric, and the surface of the chair or wheelchair must be assessed for slipperiness.

** WARNING**

If leaving the sling under the patient places the patient at risk of sliding out of, or falling off of, the chair or wheelchair, the sling may not be left under the patient.

## **Staff Training**

After the VANDER-LIFT™ has been received from VANCARE, Inc., a manufacturer's representative will provide initial in-service training for your staff. Before using the VANDER-LIFT™ to transfer patients, all staff must be trained and authorized to use the VANDER-LIFT™. If additional training is needed, contact your local VANCARE distributor.

*A video demonstrating transfer techniques and VANDER-LIFT™ care was sent to the facility with the lift. This video can be used, along with "hands on" training led by a nurse or professional rehabilitation staff member who has been designated as your facility's mechanical lift trainer, as part of your facility's mechanical lift education program. Only staff members who have been trained according to the procedures in this manual, by a manufacturer's representative or by a nurse or professional rehabilitation staff member designated as your facility's mechanical lift trainer, be allowed to use the VANDER-LIFT™.*

### **WARNING**

Watching the video without "hands on" training DOES NOT QUALIFY AS TRAINING. Staff members who have seen the video but who have not had "hands on" training described above may not use the VANDER-LIFT™.

# Patient Assessment Criteria for Transfers

## Transfer Criteria for the VANDER-LIFT™ 450

### **WARNING**

Before using the VANDER-LIFT™ 450, patients must be assessed by the facility's professional nursing or professional rehabilitation staff to determine which patients are suitable for transfer with the VANDER-LIFT™ 450, which VANDER-LIFT™ transfer technique to use, which size sling is appropriate, and the number of staff members necessary to transfer each patient.

### **WARNING**


*Although one person can perform patient transfers, certain patients or situations may require the help of one or more additional staff members. For example, patients with unpredictable behavior due to dementia may require additional help if their behavior poses risk of injury to themselves or to staff members, patients being transported in the VANDER-LIFT™ with a VANDERSCALE outside of the patient's room.*

The above information must be recorded in the patient's record and must be communicated to the staff.

### **1) The Patient Must:**

- a) Have no injuries or medical conditions that might be aggravated by the VANDER-LIFT™ transfer procedure
- b) Weigh less than 450 pounds

### **2) The Patient May:**

- a) Be non-weight bearing or unpredictably able to bear weight in his or her legs
- b) Be unable to follow simple directions
- c) Be seated or lying on the floor
- d) Have loose muscles with little tone
- e) Have a single or double leg amputations
- f) Use an abduction pillow between the knees during transfers
- g) Have unpredictable, resistive, or combative behavior  As long as the patient has been assessed first for the appropriate type of sling, for the safest method of connecting the sling to the hanger bar hooks, and as long as enough staff members are present to prevent the patient from injuring himself, herself or the staff.

## **Transfer Criteria for the VANDER-LIFT™ 600**

### **WARNING**

Before using the VANDER-LIFT™ 600, patients must be assessed by the facility's professional nursing or professional rehabilitation staff to determine which patients are suitable for transfer with the VANDER-LIFT™ 600, which VANDER-LIFT™ transfer technique to use, which size sling is appropriate, and the number of staff members necessary to transfer each patient.

### **WARNING**


*Although one person can perform patient transfers, certain patients or situations may require the help of one or more additional staff members. For example, patients with unpredictable behavior due to dementia may require additional help if their behavior poses risk of injury to themselves or to staff members, patients being transported in the VANDER-LIFT™ with a VANDERSCALE outside of the patient's room.*

The above information must be recorded in the patient's record and must be communicated to the staff.

### **1) The Patient Must:**

- a) Have no injuries or medical conditions that might be aggravated by the VANDER-LIFT™ transfer procedure
- b) Weigh less than 600 pounds

### **2) The Patient May:**

- a) Be non-weight bearing or unpredictably able to bear weight in his or her legs
- b) Be unable to follow simple directions
- c) Be seated or lying on the floor
- d) Have loose muscles with little tone
- e) Have a single or double leg amputations
- f) Use an abduction pillow between the knees during transfers
- g) Have unpredictable, resistive, or combative behavior  As long as the patient has been assessed first for the appropriate type of sling, for the safest method of connecting the sling to the hanger bar hooks, and as long as enough staff members are present to prevent the patient from injuring himself, herself or the staff.

## **Transfer Criteria for the VANDER-LIFT™ 1000**

### **WARNING**

Before using the VANDER-LIFT™ 1000, patients must be assessed by the facility's professional nursing or professional rehabilitation staff to determine which patients are suitable for transfer with the VANDER-LIFT™ 1000, which VANDER-LIFT™ transfer technique to use, which size sling is appropriate, and the number of staff members necessary to transfer each patient.

### **WARNING**


*Although one person can perform patient transfers, certain patients or situations may require the help of one or more additional staff members. For example, patients with unpredictable behavior due to dementia may require additional help if their behavior poses risk of injury to themselves or to staff members, patients being transported in the VANDER-LIFT™ with a VANDERSCALE outside of the patient's room.*

The above information must be recorded in the patient's record and must be communicated to the staff.

### **3) The Patient Must:**

- a) Have no injuries or medical conditions that might be aggravated by the VANDER-LIFT™ transfer procedure
- b) Weigh less than 1000 pounds

### **4) The Patient May:**

- a) Be non-weight bearing or unpredictably able to bear weight in his or her legs
- b) Be unable to follow simple directions
- c) Be seated or lying on the floor
- d) Be lying on a mattress on the floor
- e) Have loose muscles with little tone
- f) Have a single or double leg amputations
- g) Use an abduction pillow between the knees during transfers
- h) Have unpredictable, resistive, or combative behavior  As long as the patient has been assessed first for the appropriate type of sling, for the safest method of connecting the sling to the hanger bar hooks, and as long as enough staff members are present to prevent the patient from injuring himself, herself or the staff.

## **Two Methods of Connecting the UNI-FIT Sling to the VANDER-LIFT™**

### **METHOD ONE: Crossed Loop Connection**

Cross the leg loops for one leg support through the leg loop closest to the leg support on the other side of the sling. This method of connecting the sling to the lift is comfortable for many patients. The patient may be transferred in a sitting, half-lying, or lying position.

#### **1) The Patient Must:**

- a) Have predictable, cooperative behavior (patients with dementia who have resistive or combative behavior during transfers **SHOULD NOT** be transferred in this manner)
- b) Have normal to rigid muscle tone
- c) Have no injuries or medical conditions that might be aggravated by the crossed loop connection transfer
- d) Be able to separate the knees comfortably during transfers

#### **2) The Patient May:**

- a) Have one leg amputated below the knee, as long as the other leg is intact. (Patients who have had one or both legs amputated above the knee should be transferred in an lying or half-lying position with an amputee sling.)



### **METHOD TWO: Crossed Leg Support Connection**

Cross one leg support under both of the patient's legs then cross the other leg support under both of the patient's legs. The patient may be transferred in a sitting, half-lying, or lying position. When transferring patients who have loose muscles with little tone, it is safest to transfer them in a lying position.

#### **1) The Patient Must:**

- a) **Have behavior that does not pose risk of injury to himself, herself or to staff** during "crossed leg support transfers". (Examples of patients who have behavior that might make "crossed leg support transfers" risky are patients who bend forward while in the sling or patients who attempt to climb out of the sling during transfers. These patients should be transferred in a lying position with a one piece amputee sling that has double safety belts.)
- b) **Have normal to rigid muscle tone.** (Patients with loose muscle tone who are at risk of sliding through the small space at the horseshoe area of the sling should be transferred in a lying position with a one piece double safety belt amputee sling.)
- c) **Have at least one intact leg.** If one leg has been amputated, the amputation must be below the knee.

#### **2) The Patient May:**

- a) **Have unpredictable or uncooperative behavior**, such as resistive or combative behavior, as long as there are enough staff members present to prevent the patient from injuring himself, herself, or the staff.
- a) **Have had recent hip surgery and require an abduction pillow between the knees for transfer** (as long as the physician's other positioning requirements can be met).



\*Patients who are able to stand with assistance, or who are unable to stand but can sit erect; can be transferred safely with VANCARE's companion products, the VERA-LIFT™ or the VERA-LIFT II™. The VERA-LIFT™ and the VERA-LIFT II™ are designed to lift patients who require lower levels of care. For information about the VERA-LIFT™, contact VANCARE, Inc. at (800) 694 - 4525, or call your local VANCARE representative.

## **Sizing and Positioning the UNI-FIT Sling**

UNI-FIT SLINGS come in sizes from small to extra-large. When transferring a patient using the VANDER-LIFT™ and a UNI-FIT SLING, the sling should be long enough to fit from the patient's coccyx to the top of, or a few inches above, the patient's head and wide enough for sling fabric to extend at least two inches in front of the patient's anterior shoulder. When the correct size sling has been determined for the patient, the information should be documented in the patient's record and the information should be communicated to the nursing staff.

You can tell the size of the sling by looking at the color of the stabilizing handles on the back of the sling. A reference guide for sling sizes is on the VANDER-LIFT™ arm.

<b>Small</b>	Black Stabilizing Handles	<b>Medium</b>	Red Stabilizing Handles
<b>Large</b>	Blue Stabilizing Handles	<b>Extra Large</b>	Brown Stabilizing Handles
		<b>Ex Ex Large</b>	Green Stabilizing Handles

## **Specialty Slings**

In addition to the standard UNI-FIT SLING, VANCARE manufactures UNI-FIT SLINGS with fleece or STAPH-CHEK® lining. A number of other slings such as bathing slings, slings for transferring patients with amputations, and re-positioning slings for turning and repositioning large or difficult to move patients are also available. Contact your VANCARE distributor for further information.

On rare occasions, a non-standard size or shape sling will meet an individual patient's transfer needs more safely. If you have a patient with special sling needs, contact your VANCARE distributor.

# VANDER-LIFT™ Transfer Procedures

## Transfer from a Chair or Wheelchair

- 1) Make sure you understand which size sling and which method of connecting the sling to the hanger bars is to be used to transfer the patient.
- 2) **▲ Inspect the VANDER-LIFT™ and sling to make sure they are undamaged and in good working order.**
- 3) Make sure there is enough room in the patient's room to do the transfer. Move furniture or other things that may be in the way. The required number of staff members must be present.
- 4) Have the patient bend forward, helping as needed.
  - a) Some patients can pull themselves forward by holding onto chair or wheelchair arms, by holding onto the edge of a sink, or by holding onto a raised side rail.
  - b) If a patient is stiff, or can't help the staff member bend himself or herself forward, additional staff may be needed to support the patient.
- 5) Place the sling behind the patient with the stabilizing handles on the outside of the sling (facing away from the patient). Tuck the sling under the patient's buttocks until the bottom of the horseshoe area is over the patient's coccyx. The center of the sling should be over the patient's spine with the head support at, or a few inches above, the top of the patient's head.
- 6) Lift one of the patient's legs and pull the leg support under the leg, making sure not to twist or fold the leg support.
- 7) Lay the leg support loops across the patient's thigh.
- 8) Repeat the above steps for the patient's other leg.
  - a) If the patient fits snugly in the wheelchair, the sling can be placed under the patient more easily if the staff members:
    - b) Help the patient to lean to one side .
    - c) On the side the patient is leaning away from, remove the wheelchair arm and pull the leg support under the patient's leg.
    - d) Replace the wheelchair arm
    - e) Help the patient to lean to the other side and repeat steps b – d.
- 9) Pull the shoulder loops to the side of the sling.
- 10) Move the VANDER-LIFT™ into position with the hanger bar assembly about 15 inches in front of the patient's chin. Open the base to its widest position.
- 11) Connect the sling loops to the hanger bar hooks to transfer the patient in the desired sitting, half-sitting or lying position and with the leg supports in the required position (crossed loop or crossed leg support).
  - a) To transfer the patient in a sitting position, connect the closest shoulder loop to the sling and the farthest leg loop from the sling to the hanger bar hooks.

- b) To transfer the patient in a half-sitting position, connect the middle shoulder loop and the one of the leg loops to the hanger bar hooks. (Each different loop combination will change the patient's position.)
  - c) To transfer the patient in a lying position, connect the farthest shoulder loop from the sling and the closest leg loop to the sling to the hanger bar hooks.
- 12) **⚠️ Double check the sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.**
  - 13) **⚠️ Leaving the caster brakes unlocked, lift the patient about 2 inches off of the wheelchair seat, etc. and back the VANDER-LIFT™ away. Leaving the brakes unlocked will allow the lift to "walk forward" to center itself over the patient's center of gravity as it raises. This increases the stability of the lift. The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface.**
  - 14) When the patient is away from the wheelchair, lower the patient so his or her feet are at the top of the base of the lift and, **⚠️ slowly turning the lift, move the patient to the desired location.**
  - 15) Raise the lift, if needed, so the patient will be about 2 inches above the bed, wheelchair seat, etc.
  - 16) Push the lift forward until the patient's buttocks are positioned correctly over the bed or at the back of the chair seat.
  - 17) Lower the patient until the shoulder and leg loops are loose.
  - 18) Unhook the sling loops from the hanger bar hooks.
  - 19) Back the lift away and remove the sling.
  - 20) Make sure the patient is safely positioned before removing the VANDER-LIFT™ and sling from the room.

## **Transfer from a Bed or Stretcher**

- 1) Make sure you understand which size sling and which method of connecting the sling to the hanger bars is to be used to transfer the patient.
- 2) **⚠️ Inspect the VANDER-LIFT™ and sling to make sure they are undamaged and in good working order.**
- 3) Make sure there is enough room in the patient's room to do the transfer. Move furniture or other things that may be in the way. Make sure the required number of staff members are present.
- 4) Help the patient turn to his or her side.
- 5) Fold the sling and position it with the stabilizing handles on the outside of the sling (facing away from the patient) and with the center of the sling over the patient's spine. The bottom of the horseshoe area should be over the patient's coccyx and the top of the head support should be at, or a few inches above, the top of the patient's head.
- 6) Tuck the folded edge of the sling under the patient's side.
- 7) Help the patient turn to the other side and straighten the sling making sure to smooth out any wrinkles.
- 8) Help the patient turn onto his or her back. The patient should be centered on the sling.
- 9) Pull the shoulder loops to the side of the sling.
- 10) To position the leg supports:
  - a) Lift one of the patient's legs and pull the leg support under the leg, being sure not to twist or fold the leg support.
  - b) Lay the leg support loops across the patient's thigh.
  - c) Repeat the above two steps for the patient's other leg.
- 11) Move the VANDER-LIFT™ into position with the hanger bar assembly about 15 inches above the patient's stomach. Open the base to its widest position.
- 12) Connect the sling loops to the hanger bar hooks to transfer the patient in the desired sitting, half-sitting or lying position and with the leg supports in the required position (crossed loop or crossed leg support).
  - a) To transfer the patient in a sitting position, connect the closest shoulder loop to the sling and the farthest leg loop from the sling to the hanger bar hooks.
  - b) To transfer the patient in a half-sitting position, connect the middle shoulder loop and one of the leg loops to the hanger bar hooks. (Each different leg loop combination will change the patient's position.)
  - c) To transfer the patient in a lying position, connect the farthest shoulder loop from the sling and the closest leg loop to the sling to the hanger bar hooks.
- 13) **⚠️ Double check the sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.**

- 14) Leaving the caster brakes unlocked, lift the patient about 2 inches off of the bed or stretcher and back the VANDER-LIFT™ away. Leaving the brakes unlocked will allow the lift to “walk forward” to center itself over the patient’s center of gravity as it raises. This increases the stability of the lift. The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface.
- 15) When the patient is away from the bed or stretcher, lower the patient so his or her feet are at the top of the base of the lift and, **▲ slowly turning the lift, move the patient to the desired location.**
- 16) Raise the lift, if needed, so the patient will be about 2 inches above the bed, wheelchair seat, etc.
- 17) Push the lift forward until the patient’s buttocks are positioned correctly over the bed or at the back of the wheelchair or chair seat.
- 18) Lower the patient until the shoulder and leg loops are loose.
- 19) Unhook the sling loops from the hanger bar hooks.
- 20) Back the lift away from the wheelchair, chair, etc. and remove the sling.
- 21) Make sure the patient is safely positioned before removing the VANDER-LIFT™ and sling from the room.

## **Transfer from the Floor**

- 1) Make sure you understand which size sling and which method of connecting the sling to the hanger bars is to be used to transfer the patient.
- 2) **⚠️ Inspect the VANDER-LIFT™ and sling to make sure they are undamaged and in good working order.**
- 3) Make sure there is enough room to do the transfer. Move furniture or other things that may be in the way. Make sure the required number of staff members are present.
- 4) Help the patient turn to his or her side.
- 5) Fold the sling and position it with the stabilizing handles on the outside of the sling (facing away from the patient) and with the center of the sling over the patient's spine. The bottom of the horseshoe area should be placed over the patient's coccyx and the top of the head support should be at, or a few inches above, the top of the patient's head.
- 6) Tuck the folded edge of the sling under the patient's side.
- 7) Help the patient turn to the other side and straighten the sling making sure to smooth out any wrinkles.
- 8) Help the patient turn onto his or her back. The patient should be centered on the sling.
- 9) Pull the shoulder loops to the side of the sling.
- 10) Cross the leg supports under both of the patient's legs. Place a pillow under the patient's head for comfort.
- 11) Open the base of the VANDER-LIFT™ to its widest position.
- 12) Pick up the patient's feet and slowly move the lift into position with the patient lying diagonally between the legs of the lift. The patient's knees should be close to the base of the lift and the patient's head should be toward the open end. The patient's legs should be over one of the legs of the lift and the lift should be as close to the patient as possible.
- 13) Lower the lift as close to the floor as it will go.
- 14) Connect the farthest shoulder and leg support loops from the sling to the hanger bar hooks so the patient will be in a lying position.



- 15) **⚠️ Double check the sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.**
- 16) **⚠️ Leaving the caster brakes unlocked, lift the patient until his or her feet are at the top of the base of the lift and, ⚠️ slowly turning the lift, move the patient to the desired location. Leaving the brakes unlocked will allow the lift to “walk forward” to center itself over the patient’s center of gravity as it raises. This increases the stability of the lift. The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface.**
- 17) Raise the lift, if needed, so the patient will be about 2 inches above the bed, wheelchair seat, etc.
- 18) Push the lift forward until the patient’s buttocks are positioned correctly over the bed or at the back of the wheelchair or chair seat.
- 19) Lower the patient until the shoulder and leg loops are loose.
- 20) Unhook the sling loops from the hanger bar hooks.
- 21) Back the lift away and remove the sling.
- 22) Make sure the patient is safely positioned before removing the VANDER-LIFT™ and sling from the room.

## **Transfer with the Amputee Sling**

### **Patient Selection for Amputee Sling Transfer**


Patients with a single below the knee amputation can generally be transferred with the standard UNI-FIT SLING. Patients with two leg amputations can safely be transferred using the VANDER-LIFT™ and the AMPUTEE SLING. Patients with leg amputations should be transferred in a half-sitting or lying position.

### **Determining the Correct Amputee Sling Size**

While the patient is in bed, help the patient turn to his or her side. Select the sling that fits from the top of the patient's head to:

- a. the back of the knee (if the amputations are below the knee).
- b. the bottom of the longest stump (if the amputations are above the knee).

Note the correct size sling on the patient's record. \* If patients have special sling needs, contact your VANCARE distributor and a sling can be ordered to meet their specific needs.

- 1) Make sure you understand which size sling and which method of connecting the sling to the hanger bars is to be used to transfer the patient.
- 2)  **Inspect the VANDER-LIFT™ and sling to make sure they are undamaged and in good working order.**
- 3) Make sure there is enough room in the patient's room to do the transfer. Move furniture or other things that may be in the way. Make sure the required number of staff members are present.
- 4) Position the patient on the AMPUTEE SLING with the stabilizing handles on the outside of the sling and the bottom of the sling hem:
  - a. behind the knee (if the amputation(s) is/are below the knee)
  - b. at the level of the longest stump (if the amputations are above the knee)
- 5) Fasten the optional chest and thigh safety belts.
- 6) Move the VANDER-LIFT™ into position with the hanger bar assembly so that it is:
  - a. about 15 inches in front of the patient at chin level, when the patient is seated.
  - b. about 15 inches above the patient's stomach, when the patient is lying down.
- 7) Open the base of the lift to its widest position.
- 8) Connect the AMPUTEE SLING to the hanger bar hooks with the patient in
  - a. a half-sitting or lying position (if the patient has unilateral or bilateral below the knee amputations)
  - b. lying position (if the patient has unilateral or bilateral above the knee amputations)

- 9) **⚠️ Double check the sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.**
- 10) **⚠️ Leaving the caster brakes unlocked, lift the patient about 2 inches off of the bed or out of the chair and back the VANDER-LIFT™ away. Leaving the brakes unlocked will allow the lift to “walk forward” to center itself over the patient’s center of gravity as it raises. This increases the stability of the lift. The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface.**
- 11) When the patient is away from the bed, wheelchair, etc., lower the patient so the patient’s chest is at the height of the handgrips and, slowly turning the lift, move the patient to the desired location.
- 12) Raise the lift, if needed, so the patient will be about 2 inches above the bed, wheelchair seat, etc.
- 13) Push the lift forward until the patient’s buttocks are positioned correctly over the bed or at the back of the wheelchair or chair seat.
- 14) Lower the patient until the shoulder and leg loops are slack.
- 15) Unhook the sling loops from the hanger bar hooks.
- 16) Back the lift away and remove the sling.
- 17) Make sure the patient is safely positioned before removing the VANDER-LIFT™ and sling from the room.

## **VANDER-LIFT™ Turning and Positioning with the Re-positioning Sling**

Re-positioning slings may be left under patients as long as lying on the re-positioning sling poses no risk for the patient.

### **Determining the Correct Re-positioning Sling Size**

The re-positioning sling should be long enough to fit from 1 – 2 inches above the top of the patient's head to the bottom of the patient's calf, or longer.

- 1) Make sure you understand which size re-positioning sling is to be used to turn and re-position the patient.
- 2) Inspect the VANDER-LIFT™ and re-positioning sling to make sure they are undamaged and in good working order.
- 3) Make sure there is enough room in the patient's room to turn and re-position the patient. Move furniture or other things that may be in the way. Make sure the required number of staff members are present.
- 4) Help the patient turn to his or her side.
- 5) Fold the re-positioning sling and position it with the stabilizing handles on the outside of the re-positioning sling (facing away from the patient) and with the center of the re-positioning sling over the patient's spine. The top of the re-positioning sling (the end with the tag) should be an inch or two above the top of the patient's head.
- 6) Tuck the folded edge of the re-positioning sling under the patient's side.
- 7) Help the patient turn to the other side and straighten the re-positioning sling making sure to smooth out any wrinkles.
- 8) Help the patient turn onto his or her back. The patient should be centered on the re-positioning sling.
- 9) Pull the loops to the side of the re-positioning sling.
- 10) Move the VANDER-LIFT™ into position with the hanger bar assembly about 15 inches above the patient's stomach. Open the base to fit around side rails, if needed.
- 11) Connect the upper, middle, and lower sling loops to the hanger bar hooks. (The hanger bar assembly should be in the "H" position above the patient rather than in the "I" position.)
- 12) The re-positioning sling loops closest to the patient's head should be connected to the hanger bar hook closest to the top of the re-positioning sling.
- 13) The middle set of re-positioning sling loops should be connected to the hanger bar assembly hooks that will enable the patient to be lifted on a level plane. (The patient's head should be level with his or her middle and with the patient's legs.)

- 14) The re-positioning sling loops closest to the patient's feet should be connected to the hanger bar hook closest to the foot of the re-positioning sling.
- 15) Double check the re-positioning sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.
- 16) Leaving the caster brakes unlocked, lift the patient about 2 inches off of the bed. Leaving the brakes unlocked will allow the lift to "walk forward" to center itself over the patient's center of gravity as it raises. This increases the stability of the lift.
- 17) Check to see that the patient is level. If the patient's head, middle and feet are not level, lower the patient onto the bed and adjust the sling loops. Lift the patient about 2 inches off of the bed and check the patient's position again.
- 18) When the patient is level, move the patient to the desired location over the bed, making certain the patient will be positioned in the middle of the bed with the patient's head in the desired location when the patient is turned onto his or her side.
- 19) Lower the patient until the shoulder and leg loops are loose.
- 20) Unhook the re-positioning sling loops from the hanger bar hooks on the side you want to turn the patient toward leaving the re-positioning sling loops on the side you want to turn the patient away from attached to the hanger bar hooks. (If the re-positioning sling is to be removed, fold the loops that have been unhooked from the VANDER-LIFT™ and the edge of the re-positioning sling under the patient's side.)
- 21) Raise the lift to turn the patient onto his or her side.
- 22) Remove the re-positioning sling if needed and support the patient in the desired position with pillows or other positioning aids used in the facility.
- 23) Make sure the patient is safely positioned in the middle of the bed before removing the VANDER-LIFT™ and re-positioning sling from the room.

## **EMERGENCY Transport Procedure**

### **▲ FOR USE IN EMERGENCY SITUATIONS ONLY**

#### **Patient Selection for VANDER-LIFT™ Transport**

In order for a patient to be transported from one room to another safely in the VANDER-LIFT™, the patient must be able to remain positioned in a half-sitting or lying position throughout the transport procedure. If a UNI-FIT SLING is used to transport a patient, the leg supports must be crossed under both legs. An amputee sling may also be used.

#### **▲ WARNING**

Patients whose behavior is unpredictable (ex. patients whose behavior can become combative during transfers, patients who bend forward while in the sling, patients who attempt to climb out of the sling during transfers, etc.) should not be transported using the VANDER-LIFT™.

#### **Before Transport**

The patient must be assessed by the professional staff and approved for transport with the VANDER-LIFT™ and this information should be documented and communicated to staff.

#### **Transport Procedure**

- 1) Make sure you understand which type and size sling, and which method of connecting the sling to the hanger bars is to be used to transport the patient.
  - 2) **▲ Inspect the VANDER-LIFT™ and sling to make sure they are undamaged and in good working order.**
  - 3) Make sure there is enough room in the patient's room to do the transfer. Move furniture or other things that may be in the way. The required number of staff members must be present. Although one person can transport the patient, certain patients or situations require the help of one or more additional staff members. The presence of more than one staff member increases safety when:
    - a. transporting around corners.
      - i. Additional staff to hold onto sling handles when turning corners prevents the patient from swaying thereby decreasing the possibility of tipping the VANDER-LIFT™.
      - ii. Additional staff walking in front of the VANDER-LIFT™ can prevent the person pushing the VANDER-LIFT™ from colliding with people or things in the hallway when turning corners.
    - b. moving the VANDER-LIFT™ through crowded areas.
- ▲ Transporting patients in a VANDER-LIFT™ with a VANDERSCALE requires at least two staff members: one to push the lift and one holding onto the sling's stabilizing handles to keep the patient from swinging.**
- 4) Position the patient on the sling.

- 5) Open the base of the VANDER-LIFT™ to its widest position and move the lift into position.

**⚠️ The base should remain in its widest position for transport. The base may be closed when going through doorways but must be opened when the VANDER-LIFT™ has passed through the doorway.**

- 6) Connect the sling to the hanger bar hooks. If a UNI-FIT SLING is used, the “crossed leg support” method of connecting the sling to the lift should be used with the patient in a half-sitting or lying position.
- 7) **⚠️ Double-check the sling loop connection to the hanger bar hooks to make sure the sling is securely attached with the loops in the bottom of the hanger bar hooks.**
- 8) **⚠️ Leaving the caster brakes unlocked, lift the patient about 2 inches off the bed or out of the chair and back the VANDER-LIFT™ away. Leaving the brakes unlocked will allow the lift to “walk forward” to center itself over the patients’ center of gravity as it raises. This increases the stability of the lift. The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface.**
- 9) When the patient is away from the bed, wheelchair, etc., lower the patient so the patient’s feet are at the top of the base of the lift.
- 10) Transport the patient to the desired location.

## **Toileting Procedure**

In order to promote comfort for patients, to decrease physical stress for staff, and to speed the toileting process for both, it is preferable if patients who prefer to wear pants wear adaptive pants (pants with extended zippers on both side seams or a back flap that extends from side seam to side seam) when they are no longer able to do standing transfers. Refer to adaptive clothing catalogues for ideas. Contact VANCARE, Inc. if further assistance is required.

### **Follow the VANDER-LIFT™ “Transfer from a Wheelchair” procedure through step “4” and continue with the following steps:**

- 5) Adjust the patient’s clothing:
  - a) Spread the back of split back dresses or wrap around skirts.
  - b) Unzip side zippers and roll back of pants toward the patient’s buttocks or open back flap of pants.
  - c) Untape the Brief, fold front side panels in and roll the back of the Brief toward the patient’s buttocks so the clean outer surface of the Brief is touching patient’s clothing  
*OR*  
Unbutton elastic belt for button-type incontinence products *OR*  
Roll patient’s underwear as close to the bottom of the patient’s buttocks as possible.
- 6) Position the sling behind the patient with the bottom of the sling approximately 1 inch above the top of the rolled down pants and Brief, if used.

### **Continue with steps “6 – 13” of the VANDER-LIFT™ “Transfer from a Wheelchair” procedure, and then follow these steps:**

- 14) Move the patient to the desired location in front of the toilet or commode with the back of the patient’s legs positioned against the toilet or commode. Raise the patient, if needed, to position the patient over the toilet or commode seat.
- 15) Adjust the patient’s clothing if necessary and, leaving the caster brakes unlocked, lower the patient onto the toilet or commode seat.
- 16) Lock the caster brakes. Leave the sling attached securely to the lift with the lift in front of the patient.

** NEVER LEAVE THE PATIENT UNATTENDED DURING THE TOILETING PROCEDURE.**

- 17) After the patient has finished, lift the patient approximately 2 inches off of the toilet or commode seat and help with peri care as needed.
- 18) Unlock the VANDER-LIFT™ brakes and back the lift away.
- 19) Apply a clean incontinence product, if needed, and readjust patient’s clothing.

### **To finish, continue with steps “14 – 20” of the VANDER-LIFT™ “Transfer from a Wheelchair” procedure.**

## Other Procedures

### **Emergency Stop Switch**

A red emergency stop switch is located on the inside of the mast.

#### **⚠ WARNING**

If the hand control fails and the lift continues to raise or lower, push down on the emergency stop switch to stop the lift.

### **Base Adjustment**

The base of the VANDER-LIFT™ should be open to its widest position for all transfers. The base may be narrowed to go through doorways but must be opened after the lift has cleared the door. To adjust the width of the base, stand behind the lift and grasp the soft rubber handle on the spreader bar located at the rear of the lift. Adjust as follows:

Closed	Move the spreader bar to the right hand position.
Half Open	Move the spreader bar to the center position.
Open	Move the spreader bar to the left hand position.

### **Rear Caster Brakes**

The VANDER-LIFT™ is equipped with caster brakes on the rear wheels. To lock the brakes, step down on the end of each brake tab. To release the brakes, push forward on the tab located on the top of each brake.

#### **⚠ WARNING**

The only time the brakes should be locked during transfers is when the patient is being lifted from a ramp or some other sloping surface, or when toileting a patient with the VANDER-LIFT™.

### **Emergency Up/Down Switch**

#### **⚠ WARNING**

If the pendant switch fails, use the emergency up/down switch located on the back of the lift base. To use it, push up on the switch to raise the lift and down to lower the lift. This switch should only be used in emergency situations when the pendant switch fails.

**⚠ Do not press on the hand held pendant switch buttons and on the emergency up/down switches at the same time.**

## **Emergency Down Crank**

### **⚠ WARNING**

In the unlikely event the pendant switch fails at the same time the emergency up/down switch fails, an emergency down crank is located in a pocket under the actuator cover. Place the end of the emergency down crank in the same shaped hole in the middle of the motor and turn the crank. Turning the emergency down crank clockwise will raise the patient and turning it counter-clockwise will lower the patient.

## **Charging the Batteries**

The VANDER-LIFT™ has a built-in charger, which works when the power cord is plugged into a standard 120 volt AC outlet. (See charging instructions on the lift.) Plugging the lift into an outlet continuously for 7 hours, such as at night, will charge the batteries enough for a full day of patient transfers. Emergencies can arise, however, which may cause the staff to forget to plug the lift in (example: an emergency near the end of the evening shift). In order to make sure the VANDER-LIFT™ batteries will always be charged, the lift may be plugged into an outlet whenever it is not being used. Either charging procedure is acceptable.

### **⚠ WARNING**

Be sure to unplug the power cord from the wall outlet before moving the VANDER-LIFT™ to prevent damage to the lift.

When the VANDER-LIFT™ is plugged in, the green "battery charge" light on the pendant switch will be lit and you will hear a click, which indicate the batteries are being charged.

### **⚠ WARNING**

For your protection, the lift will not work while it is charging.

## **Pendant Switch Battery Indicator Lights**

The pendant switch has a green "battery charge" light and a red "low battery" light. The "battery charge" light will shine when the power cord is plugged into a 120 volt outlet and the batteries are charging. The "low battery" light will shine when the batteries have used about 70% of their charge. Although enough charge will remain to do several more transfers when the "low battery" light is lit, it is important for staff to plug the power cord in and recharge the batteries.

# Product Care

## Sling Care

When slings are soiled or contaminated, they should be washed with mild detergent in cold or warm water only.

### **Wash/Dry Instruction**

- 1) Standard VANCARE Sling: Slings may be tumble-dried on the "delicate" temperature cycle in the dryer. If the dryer in your facility does not have a "delicate" cycle, slings should be hung to air dry.
- 2) "C" Cloth Sling: Water Temperature of 167° F (75° C). Do not bleach. Air dry or dry at temperature below 167°. Inspect with each use.
- 3) "H" Cloth Sling: Water temperature of 200° F (93° C). Do not bleach. Air dry or dry at temperature below 200°. Inspect with each use.

### **⚠ WARNING**

**Bleach MAY NOT BE USED** as it can weaken the stitching and fabric. **⚠ It is important that the Laundry Department is instructed to care for slings correctly.**

## Monthly Sling Inspection

### **⚠ WARNING**

A nurse or professional rehabilitation staff member must inspect slings at least once a month for signs of damage, loose and missing stitching, and/or tears and excessive wear that might cause them to fail. If a sling is damaged or overly worn, it must be thrown away and replaced with an undamaged sling. A permanent record of each of these inspections and action taken should be kept by the facility. (See Monthly VANDER-LIFT™ Sling Inspection Checklist at the back of this manual.)

**⚠ It is important that a nurse or professional rehabilitation staff member inspects all slings monthly.**

## **Monthly VANDER-LIFT™ Inspections**

### **WARNING**

The VANDER-LIFT™ must be inspected by qualified maintenance staff at least monthly for missing parts and excessive wear that might cause the lift to fail. If a problem is noted, the lift should not be used until repairs have been made by qualified maintenance staff. A permanent record of each of these inspections and repairs made should be kept by the facility. (See Monthly VANDER-LIFT™ Inspection Checklist at the back of this manual.)

** It is important that qualified maintenance staff inspect all VANDER-LIFT™ units monthly.**

## **Cleaning the VANDER-LIFT™**

When the VANDER-LIFT™ gets soiled; it may be wiped clean with a damp cloth and mild detergent.

### **WARNING**

The VANDER-LIFT™ should NEVER be cleaned in a shower, as water will damage the electronics in the base of the lift. Damage from failure to follow this cleaning procedure is NOT covered under warranty.

## **Factory Service and Ordering Replacement Parts**

For factory-authorized service or to order replacement parts, contact your local authorized VANCARE Distributor.

## **Further Questions**

If you have questions about any of the material covered in this manual, contact your local VANCARE Distributor. Your local distributor's name, address and phone number is located on the back page of this manual. If you are unable to locate your local distributor, call VANCARE directly using the phone number on the front cover.



## Care and Maintenance of Vancare

Mobile Lifts  
Ceiling Lifts  
Sit to Stand Lifts  
Lift Stretchers

*This instruction applies to Vancare mobile lifts, ceiling lifts, sit to stand lifts, and lift stretchers, yet in this text we refer only to lifts.*

To avoid possible transmission of infectious disease, it is important to clean the lift if it has become soiled or if it is to be used by another patient. Also refer to your facility's cleaning and disinfection policies for any additional guidelines on frequency.

It is important to follow the recommendations in this manual to maintain the warranty and expected life time.

This manual gives detailed cleaning and disinfecting procedures for Vancare lifts. The instructions in this manual do not replace your facility's cleaning and disinfection policies.

This manual is intended for use by facility-approved persons only. To ignore this restriction could cause severe injury to people and serious damage to equipment.

Vancare recommends that the lift be disinfected prior to first use.

Vancare recommends to disinfect the lift prior to disposal in accordance with local environmental regulations.

Vancare's products undergo continuous development, which is why we reserve the right to make product changes without prior notice. The only warranty Vancare makes is the express written warranty extended on the sale or rental of its products.

The information contained in this manual is subject to change without notice. Visit our website [www.vancare.com](http://www.vancare.com) for updated versions of this manual or contact your local Vancare representative for advice or more information.

### **Safety recommendations**

- Wear protective equipment according to manufacturer's instruction and per facility protocol throughout the cleaning operations, such as: rubber gloves, goggles, apron, face mask and shoe covers.
- Unplug mains (AC power source) before cleaning and disinfection.
- Never clean the lift by pouring water on it, steam cleaning it, or by using a high-pressure jet.
- Refer to the recommendations made by the cleaning and disinfecting product manufacturer.

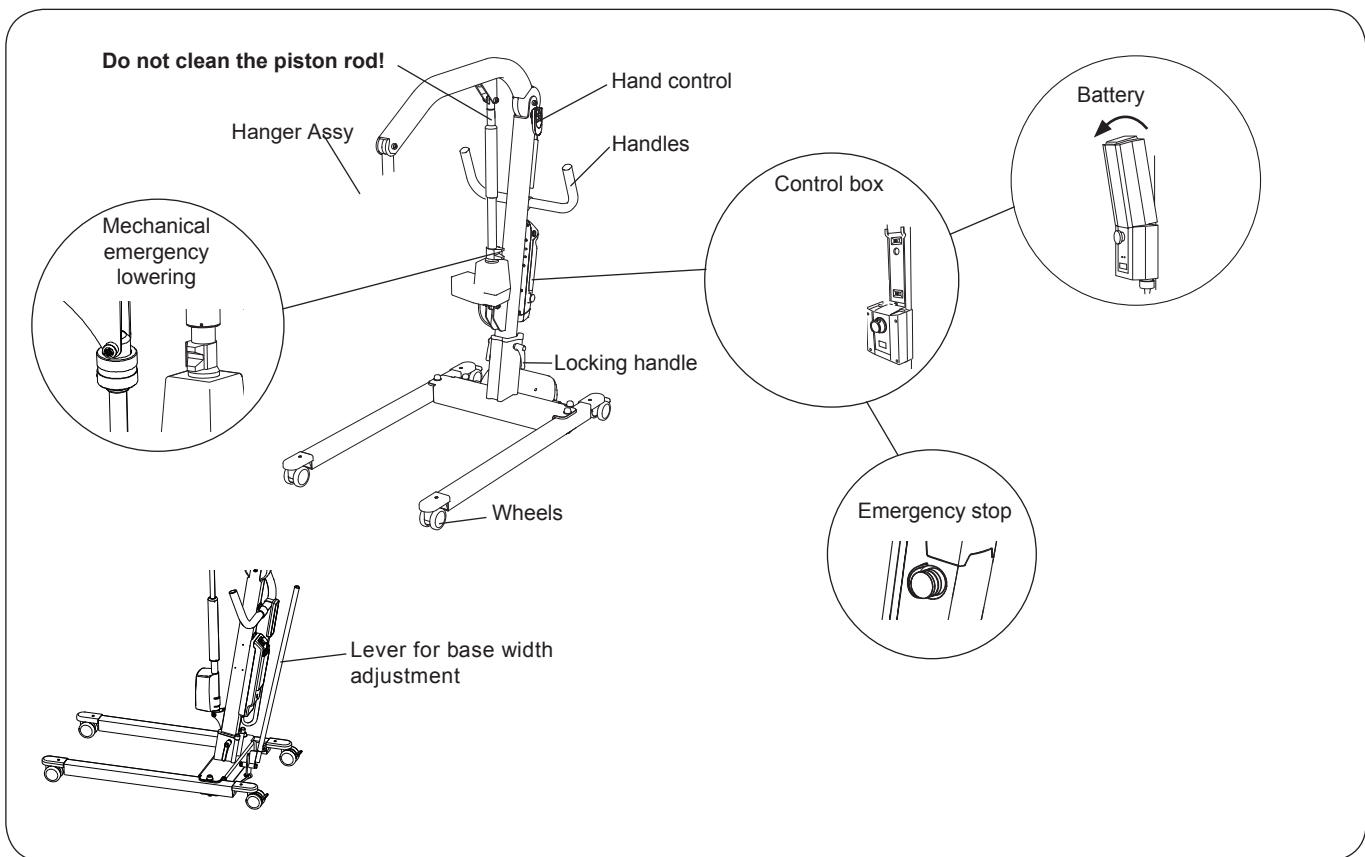
**△ Inadequate cleaning may increase risk of cross contamination!**

# Vancare Vanderlifts & VanGo Cleaning Instruction

1. **△ Unplug mains (AC power source) before cleaning and disinfection.**
2. Clean the lift with a moist cloth, using warm water and a facility approved neutral detergent. A soft brush can be used to remove stains and resistant soil.
3. Wipe down the entire lift starting from the top down. Do not use a cloth that is dripping wet. To have access to all areas run the lift into the highest and lowest positions and extend the base width adjustment entirely in and out. Remove the Battery to have access behind the battery.

**NOTE! Do not clean the piston rod!**

4. Pay special attention to the following areas:
  - Hanger Assembly (different designs)
  - Mechanical emergency lowering (different designs)
  - Handles
  - Hand control (different designs)
  - Emergency stop
  - Operation panel/display (where applicable)
  - Lever for base width adjustment (where applicable)
  - Pedal for base width adjustment (where applicable)
  - Locking handles
  - Wheels



## Disinfect

Follow the manufacturer's instructions for proper use of the disinfectant. After you disinfect the lift, wipe the lift with a moist cloth using clean water to remove all disinfectant residue.

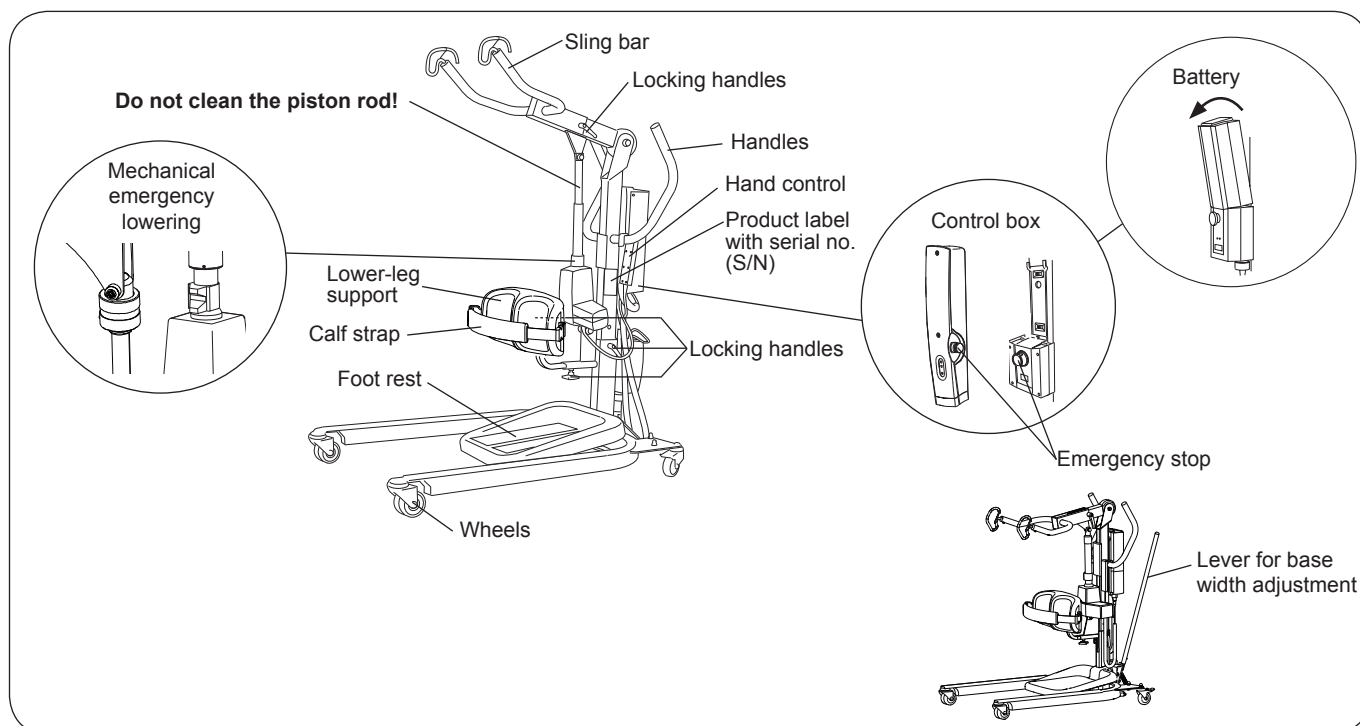
**△ The lift may be disinfected by using only Vital Oxide or a chemically equivalent product.**

## Vera & Vera Lift II Cleaning Instruction

1. **△ Unplug mains (AC power source) before cleaning and disinfection.**
2. Clean the lift with a moist cloth, using warm water and a facility approved neutral detergent. A soft brush can be used to remove stains and resistant soil.
3. Wipe down the entire lift starting from the top down. Do not use a cloth that is dripping wet. To have access to all areas run the lift into the highest and lowest positions and extend the base width adjustment entirely in and out. Remove the Battery to have access behind the battery. The calf strap may be machine washed 60-80°C (140-176°F), see "Care and Maintenance of Vancare Slings" for more information.

### **NOTE! Do not clean the piston rod!**

4. Pay special attention to the following areas:
  - Sling bar (different designs)
  - Side support (where applicable)
  - Handles
  - Mechanical emergency lowering (different designs)
  - Hand control
  - Emergency stop
  - Lower-leg support
  - Foot rest
  - Locking handles
  - Wheels
  - Lever for base width adjustment (where applicable)



### **Disinfect**

Follow the manufacturer's instructions for proper use of the disinfectant. After you disinfect the lift, wipe the lift with a moist cloth using clean water to remove all disinfectant residue.

1. **△ The lift may be disinfected by using only Vital Oxide or a chemically equivalent product.**

February 2, 2015

## Vital Oxide

### Section 1: Product and Company Identification

<b>Product Name</b>	Vital Oxide	Aqueous Oxidant												
<b>Manufacturer/Distributor</b>	Vital Solutions, LLC. PO Box 9932 West Palm Beach, FL 33419	<table border="1"> <tr><td>H</td><td>0</td><td></td></tr> <tr><td>F</td><td>0</td><td></td></tr> <tr><td>R</td><td>0</td><td></td></tr> <tr><td>PE</td><td>--</td><td></td></tr> </table>	H	0		F	0		R	0		PE	--	
H	0													
F	0													
R	0													
PE	--													
<b>Phone Numbers</b>														
<b>Product Information Medical Emergency</b>	(561) 848-1717 (800) 222-1222													

### Section 2: Composition/ Information on Ingredients

Ingredients	CAS Number	Wt %
Oxychlorine Compounds	Mixture	0.200
n-Alkyl Dimethyl Benzyl Ammonium Chloride	68391-01-5	0.125
n-Alkyl Dimethyl Ethylbenzyl Ammonium Chloride	85409-23-0	0.125
Inert Ingredients	Mixture	99.55

At these concentrations none of the ingredients are known to pose any hazards to human health.

### Section 3: Hazards Identification

#### Emergency Overview

Colorless liquid with mild fresh odor. Avoid contact with eyes. Keep out of reach of children.

**HMIS Rating:**      **Health:** 0      **Flammability:** 0      **Reactivity:** 0      **PPE:** None

#### Potential Health Effects

Eye Contact: Eye contact may cause mild eye irritation with discomfort.

Skin Contact: Does NOT cause skin irritation and the product is NOT skin sensitizer.

Inhalation: Does NOT cause any respiratory irritation. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors and allow adequate time for the vapors to disperse before re-entering the restricted area.

Ingestion: Non-Toxic

**Carcinogenicity Information** None of the components present in this material at concentrations equal to or greater than 0.1% are listed by IARC, NTP, OSHA, and ACGIH as carcinogens.

MSDS No: VO020215

## Section 4: First Aid Measures

### Inhalation

Does NOT cause any respiratory irritation. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors, and allow adequate time for the vapors to disperse before re-entering the restricted area.

### Skin Contact

Does NOT cause skin irritation.

### Eye Contact

In case of contact, flush eyes with plenty of water.

### Ingestion

Non-toxic. Give a glass of water.

## Section 5: Fire Fighting Measures

**Flammable Properties: Flash Point:** Not Available (Non Flammable)

**Flammable Limits: Lower Flammable Limit:** Not Established

**Burn Rate:** Unknown

**Upper Flammable Limit:** Not Established

**Flammability Classification:** Non-Flammable liquid **Autoignition Temperature:** Not Established

**Hazardous Combustion Products:** Thermal or other decomposition may yield chlorine dioxide or chlorine.

**Extinguishing Media:** N/A (Non-Flammable liquid) **Additional Considerations:** None

**FIRE FIGHTING INSTRUCTIONS:** Non-Flammable liquid

**NFPA Rating:** **Health:** 0 **Flammability:** 0 **Reactivity:** 0 **PPE:** NONE

## Section 6: Accidental Release Measures

### Spill Clean Up

No special cleanup measures are required for the consumer product. To avoid the possibility of "bleaching" the spill should be absorbed with paper towels, and the area rinsed with clean water.

### Accidental Release Measures

Spills are slippery and should be cleaned up promptly.

## Section 7: Handling and Storage

**Handling:** Keep away from heat and strong acids. Do not ingest. Keep container closed. Use only with adequate ventilation.

**Storage:** Keep container tightly closed and sealed until ready for use. Keep container in a well-ventilated place. Do not store above 120°F or near fire or open flame. Store large quantities in buildings to comply with OSHA 1910.106. Do not transfer contents to bottles or other unlabeled containers. Do not reuse empty containers. Keep out of reach of children.

**Incompatible materials:** Strong acids

**Special Packaging Materials:** None

MSDS No: VO020215

## Section 8: Exposure Control/ Personal Protection

**Engineering Controls:** Use in adequately ventilated areas.

**Personal Protective Equipment:**

**Eye/Face Protection:** Not required for consumer product.

**Skin Protection:** Not required for consumer product.

**Respirators:** None required for normal use. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors, and allow adequate time for the vapors to disperse before re-entering the restricted area.

**Exposure Limits:**

**Oxychlorine Compounds: n-Alkyl Dimethyl Ethylbenzyl Ammonium Chloride:**

PEL (OSHA): Not available	PEL (OSHA):	Not available
TLV (ACGIH): Not available	TLV (ACGIH):	Not available

**n-Alkyl Dimethyl Benzyl Ammonium Chloride:**

PEL (OSHA):	Not available
TLV (ACGIH):	Not available

## Section 9: Physical and Chemical Properties

<b>Appearance:</b>	Colorless liquid	<b>Odor:</b>	Mild-Fresh
<b>Physical State:</b>	Liquid	<b>pH:</b>	8 - 9
<b>Boiling Point (°F):</b>	212	<b>Solubility in Water:</b>	100%
<b>Freezing Point (°F):</b>	32	<b>Vapor Pressure (mm Hg):</b>	Not Available
<b>Volatile Organic Compounds (VOC):</b>	None	<b>Evaporation Rate:</b>	Less than Ether
<b>Specific Gravity:</b>	1.003 @ 68°F (20°C)	<b>Density (lb/gal):</b>	8.40 @ 68°F (20°C)

## Section 10: Stability and Reactivity

**Chemical Stability:** The product is stable.

**Incompatibility with other Materials:** Strong acids

**Conditions to avoid:** Contact with strong acids

**Hazardous Polymerization:** Will not occur.

**Hazardous Decomposition Products:** Thermal or other decomposition may yield chlorine dioxide or chlorine.

## Section 11: Toxicological Information

**TOXICITY TESTING – ACUTE Inhalation** – Studies with Wistar Albino rats exposed to a respirable aerosol made from a solution of Vital Oxide at a level of 2.08 mg/l for four hours resulted in no deaths and no abnormal necropsy observations. **Eye Contact** – Studies with New Zealand white rabbits showed this product is a very mild ocular irritant; mild conjunctival irritation was observed, but cleared within 24 hours. **Skin Contact** – Study of dermal toxicity in New Zealand white rabbits showed the product to be non-toxic: Dermal LD<sub>50</sub>> 5,000 mg/kg of body weight; Study of dermal irritation in New Zealand white rabbits showed the product is not a dermal irritant. In Dermal Sensitization studies, Vital Oxide was determined not to be a sensitizer. **Swallowing** - Acute oral toxicity in albino rats: Non-toxic LD<sub>50</sub>>5,000 mg/kg of body weight.

**EPA TOXICITY RATING – IV** This is the lowest category on the scale and is designed for substances that are the least hazardous.

**Section 12: Ecological Information**

**Environmental Hazards:** Not data available.

**Environmental Fate:** Not data available.

**Section 13: Disposal Considerations**

**Waste Disposal:** Treatment, storage, transportation, and disposal must be in accordance with applicable Federal, State/Provincial and Local regulations.

**Section 14: Transport Information**

**Shipping Information:** Not regulated by DOT, IMO/IMDG and IATA/ICAO for ground, air or ocean shipments.

**Section 15: Regulatory Information****U.S. Federal Regulations:**

**TSCA:** All components appear in TSCA Inventory

**OSHA:** Refer to Section 8 for exposure limits.

**CERCLA SARA Hazard Category:**

**Section 311 and 312:** This product has been reviewed according to the EPA "Hazard Categories" promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to meet the following categories: Information not available.

**Section 313:** This product contains following substances subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372: None

**State regulations:**

State Right to Know information is not provided.

**California prop. 65 (no significant risk level):** None

**International Regulations:**

**Canadian WHMIS:** Not controlled

**Canadian Environmental Protection Act (CEPA):** Additional information available upon request.

**EU Regulations:** Additional information available upon request.

**Section 16: Other Information**

The information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of Vital Solutions, LLC. The Data on this sheet related only to the specific material designed herein. Vital Solutions, LLC assumes no legal responsibility for the use or reliance on this data.

End of MSDS

MSDS No: VO020215  
March 2019

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# VANDER-LIFT™ Sling Ordering Information

## UNI-FIT Slings (THE STANDARD SLING)

The UNI-FIT sling can be used to transfer patients who are unpredictably able to bear weight on their legs, who bear weight too poorly to transfer safely with a sit to stand mechanical lift or who are non-weight bearing. Patients need to have normal to rigid muscle tone and have one intact leg. (Patients who bend forward while being transferred in the UNI-FIT sling, patients who attempt to climb out of the sling during transfers and patients who have loose muscle tone and are at risk of sliding through the small space at the horseshoe area of the sling should be transferred with the one piece amputee sling that has double safety belts.)



### **Material**

Uni-fit slings are available in your choice of standard polyester, high-heat polyester (which withstands temperatures up to 200°), and mesh. You may also choose cool-heat polyester (which withstands temperatures up to 167°) and has a non-absorbent coating on one side for easy spot cleaning.

### **Sizing**

UNI-FIT SLINGS should be long enough to fit from the bottom of the patient's coccyx to the top of, or a few inches above, the patient's head and wide enough for sling fabric to extend at least two inches in front of the patient's anterior shoulder.

<b>Size</b>	<b>Length x Width</b>	<b>Part Number</b>
Small	34 x 35 inches	4-011000
Medium	37 x 36 inches	4-012000
Large	41 x 40 inches	4-013000
Ex-large	43 x 46 inches	4-014000
XX-large	54 x 52 inches	4-015000
XXX-large	70 x 66 inches	4-016000

Measurements are from the top of the head support to the bottom of the horseshoe area.

## Bathing Slings

Bathing slings are constructed of a polyester mesh fabric for decreased water absorption and faster drying.

### **Material**

Bathing slings are available in mesh only.

<b>Size</b>	<b>Length x Width</b>	<b>Part Number</b>
Small	34 x 35 inches	4-031000
Medium	37 x 36 inches	4-032000
Large	41 x 40 inches	4-033000
Ex-large	43 x 46 inches	4-034000
XX-large	54 x 52 inches	4-035000



## **Amputee Slings**

The amputee sling can be used to transfer patients who have unilateral or bilateral above the knee amputations and patients with intact lower extremities who have loose muscle tone and are at risk of sliding through the small space at the horseshoe area of the UNI-FIT sling.

### **Material**

Slings are available in your choice of standard polyester, high-heat polyester (which withstands temperatures up to 200°), and mesh. You may also choose cool-heat polyester (which withstands temperatures up to 167°) and has a non-absorbent coating on one side for easy spot cleaning.



### **Sizing**

The amputee sling should be long enough to fit from behind the knees (if the amputation(s) are below the knee), or from the bottom of the longest stump (if amputations are above the knee), to the top of the patient's head.

<b>Size</b>	<b>Length x Width</b>	<b>Part Number</b>
Small	55 x 36 inches	4-021022
Medium	59 x 36 inches	4-022022
Large	66 x 37 inches	4-023022
X-Large	75 x 44 inches	4-024022

Measurements are from the top of the head support to the bottom of the sling.

## **New Style Amputee Slings**

The New Style Amputee can be used to transfer patients who have unilateral or bilateral above the knee amputations and patients with intact lower extremities who have loose muscle tone and are at risk of sliding through the small space at the horseshoe area of the UNI-FIT sling.

### **Material**

Slings are available in your choice of standard polyester, high heat polyester (which withstands temperatures up to 200°), and mesh. You may also choose cool-heat polyester (which withstands temperatures up to 167°) and has a non-absorbent coating on one side for easy spot cleaning.



### **Sizing**

The New Style Amputee Sling should be large enough to fit from behind the knees (if the amputation(s) are below the knee), or from the bottom of the longest stump (if amputations are above the knee), to the top of the patient's head. The sling should be wide enough to have at least 2" past the patient's anterior shoulder. To estimate sizing of the New Style Amputee Sling, measurements needed are from the TOP of the head to mid gluteal fold and around the waist or widest part of the patient's body. Please note this is a general sizing application and final fitment will need to be verified/checked and noted by responsible personnel before any type of transfer is attempted.

<b>Size</b>	<b>Length x Width</b>	<b>Part Number</b>
Small	55 x 36 inches	4-021020
Medium	59 x 36 inches	4-022020
Large	66 x 37 inches	4-023020
X-Large	75 x 44 inches	4-024020

Measurements are from the top of the head support to the bottom of the sling.

## **Re-Positioning Slings**

Repositioning slings can be used for turning large or difficult to move patients from side to side and for repositioning them in bed.

### **Material**

Slings are available in your choice of standard polyester, high-heat polyester (which withstands temperatures up to 200°), and mesh. You may also choose cool-heat polyester (which withstands temperatures up to 167°) and has a non-absorbent coating on one side for easy spot cleaning.



<b>Size</b>	<b>Length x Width</b>	<b>Part Number</b>
Small	48 x 35.5 inches	4-041000
Medium	54 x 42 inches	4-042000
Large	54 x 50 inches	4-043000
Ex-large	54 x 59 inches	4-044000
XX-large	53 x 69 inches	4-045000

Measurements are top to bottom (length) and side to side (width).

## **Sling Options**

Slings can be manufactured with optional fleece or STAPH-CHEK® sewn in moisture proof lining. Moisture proof STAPH-CHEK® slip on sling protectors are also available.

### **SPECIAL ORDERS**

On rare occasions, a non-standard size or shape sling will meet an individual patient's transfer needs more safely. Contact your distributor for custom order requirements.

## **FOR INFORMATION ON CURRENT PRICING, OR TO PLACE AN ORDER, CONTACT YOUR DISTRIBUTOR**

### **WARRANTY INFORMATION**

VANCARE back belts and slings are guaranteed for one year from the date of purchase for defects in materials and manufacture. Damage caused by misuse or improper care is not covered.

## MONTHLY VANDER-LIFT™ INSPECTION CHECKLIST

INSTRUCTIONS: Use one page for each VANDER-LIFT™. Check each blank as that item is inspected. Note date inspected, initials of maintenance staff member who performed inspection and repairs or adjustments made in the "COMMENTS" column.

Serial Number of Lift \_\_\_\_\_

Year \_\_\_\_\_

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	COMMENTS
Check nuts & bolts for tightness													
Inspect welds for cracks, rusting & damage													
<b>Inspect hanger bar welds &amp; tolerance</b> (see diagram below)													
Remove lids & inspect wire connections													
Check casters for tightness/lint													
Check battery voltage while lift is in operation*													
Check battery charger output (27.6 volts + or - .5 volts)													

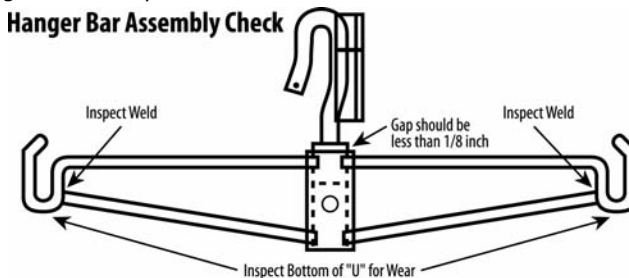
\*13.2 volts if fully charged, approx. 12.0 volts if partially discharged (+ or - .5 volt). If voltage decreases by 4 - 5 volts, change the battery.

HANGER ROD DIAGRAM



Please follow the maintenance and inspection procedures outlined in the product manuals and record accordingly. Based on institutional average usage data, Vancare recommends that all lifts be replaced every ten years or sooner based upon the facilities usage and the findings during regular use, maintenance and inspections.

Hanger Bar Assembly Check



Verify grommets and hanger rods are present and in working condition.



## MONTHLY VANDER-LIFT™ SLING INSPECTION CHECKLIST

INSTRUCTIONS: All slings in the facility must be checked monthly. Slings that are damaged or excessively worn must be removed from service and replaced with undamaged slings. Check each blank as that item is inspected. Note the date inspected, the initials of the nurse or professional rehabilitation department staff member who performed the inspection, and action taken, if any, in the "CORRECTIVE ACTION" column.

**YEAR** \_\_\_\_\_

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CORRECTIVE ACTION
Total number of slings.													
Is loose and/or missing stitching present?													
On slings with safety belts, does Velcro or plastic connector fasten securely?													
Are tears present?													
Is excessive wear present?													
Is color fading on stabilizing handles?*													
Is the padding inside the leg straps smooth?***													

\*If the color is fading on the stabilizing handles, this indicates the sling is being laundered with bleach or with a harsher detergent than is recommended. The sling must be removed from service immediately and discarded as bleach or harsh detergent can weaken the fabric and stitching.

\*\*If the padding inside the leg straps is bunched (no longer smooth), this indicates the sling has been dried in a hot dryer. The sling must be removed from service immediately and discarded as too much heat can damage the sling.



# Optional Built-in or Hanging VANDERSCALE®

Thanks to such features as push-button operation and automatic zeroing, optional built-in or hanging **VANDERSCALES®** weigh residents with extraordinary ease and accuracy.

## **Built-In VANDERSCALE®**

### **Operation**

1. To turn on the scale, press the "ON/ZERO" pad. The display will perform a startup sequence, showing the firmware version (V 1.0) and the current battery voltage (b 6.7), then settle on some weight.
2. Place the sling onto the spreader bar. Make sure that no part of the sling or spreader-bar is touching the floor or any object. Press the "ON/ZERO" pad to zero the display. The display will show the word "ZEro" while the pad is pressed, then will count down from -3- to -0-.
3. Place the sling around the patient per the Lift Manufacturer's instructions. Lift the patient clear of all contact with the bed/chair. Read the patient's weight on the scale display. If the display turned off before lifting the patient, simply press the "ON/ZERO" pad to turn the scale on and read the weight (be careful to press the "ON/ZERO" pad only once to turn the scale on, or the display may be inadvertently zeroed while the patient is in the sling).
4. To change the display unit from lb to kg or from kg to lb, press and hold the "LB/KG" pad for approximately 3 to 4 seconds. The display will show the "conv" message then blank and the unit annunciator will change from LB to KG or from KG to LB. Release the "LB/KG" pad after the unit annunciator changes.
5. To recall the last patient's weight, the scale must first be turned on. Press the center of the "VANCARE" logo to the left of the "ON/ZERO" pad on the front of the scale. The display will show the message "rECL" then alternately flash between the stored weight and the "rECL" message.
6. If the battery symbol appears, replace the battery with a AA alkaline battery. The battery access cover is on the bottom of the scale.

### **Calibration**

1. Should calibration be necessary, all that is required is a 25 lb precision weight (do NOT use bags of flour or other packaged goods for weights - contact the Lift Manufacturer to purchase precision weights).
2. To enter the calibration mode, first press and hold the "ON/ZERO" pad. While holding the "ON/ZERO" pad press and hold the "LB/KG" pad. After approximately 3 seconds the message on the display will change from "ZEro" to "CAL". Release both pads at this time and the display will show the "C 0" message.

3. Make sure the sling is empty and press the "ON/ZERO" pad. The indicator will count down from -8- to -0- while taking readings and store the zero point. When finished, the indicator will show the "C25" message.
4. Place a 25 lb test weight in the sling and press the "ON/ZERO" pad once again. The indicator will count down from -8- to -0- while taking readings and calculate and store the span calibration. The indicator then automatically returns to the normal weighing mode. Calibration is now complete.

## **Hanging VANDERSCALE® IMS**

### **Installation**

1. Attach the **VANDERSCALE®** to the **VANDER-LIFT™** per the Lift Manufacturer's instructions.
2. Hang the spreader-bar assembly from the **VANDERSCALE®** per the Lift Manufacturer's instructions.

### **Operation**

1. To turn on the scale, press the "ON/ZERO" pad. The display will perform a startup sequence, showing the firmware version (V 1.0) and the current battery voltage (b 6.7), then settle on some weight.
2. Place the sling onto the spreader bar. Make sure that no part of the sling or spreader-bar is touching the floor or any object. Press the "ON/ZERO" pad to zero the display. The display will show the word "ZEro" while the pad is pressed, then will count down from -3- to -0-.
3. Place the sling around the patient per the Lift Manufacturer's instructions. Lift the patient clear of all contact with the bed/chair. Read the patient's weight on the scale display. If the display turned off before lifting the patient, simply press the "ON/ZERO" pad to turn the scale on and read the weight (be careful to press the "ON/ZERO" pad only once to turn the scale on, or the display may be inadvertently zeroed while the patient is in the sling).
4. To change the display unit from lb to kg or from kg to lb, press and hold the "LB/KG" pad for approximately 3 to 4 seconds. The display will show the "conv" message then blank and the unit annunciator will change from LB to KG or from KG to LB. Release the "LB/KG" pad after the unit annunciator changes.
5. To recall the last patient's weight, the scale must first be turned on. Press the center of the "VANCARE" logo to the left of the "ON/ZERO" pad on the front of the scale. The display will show the message "rECL" then alternately flash between the stored weight and the "rECL" message.
6. If the battery symbol appears, replace the battery with a AA alkaline battery. The battery access cover is on the rear of the scale.

## **Calibration**

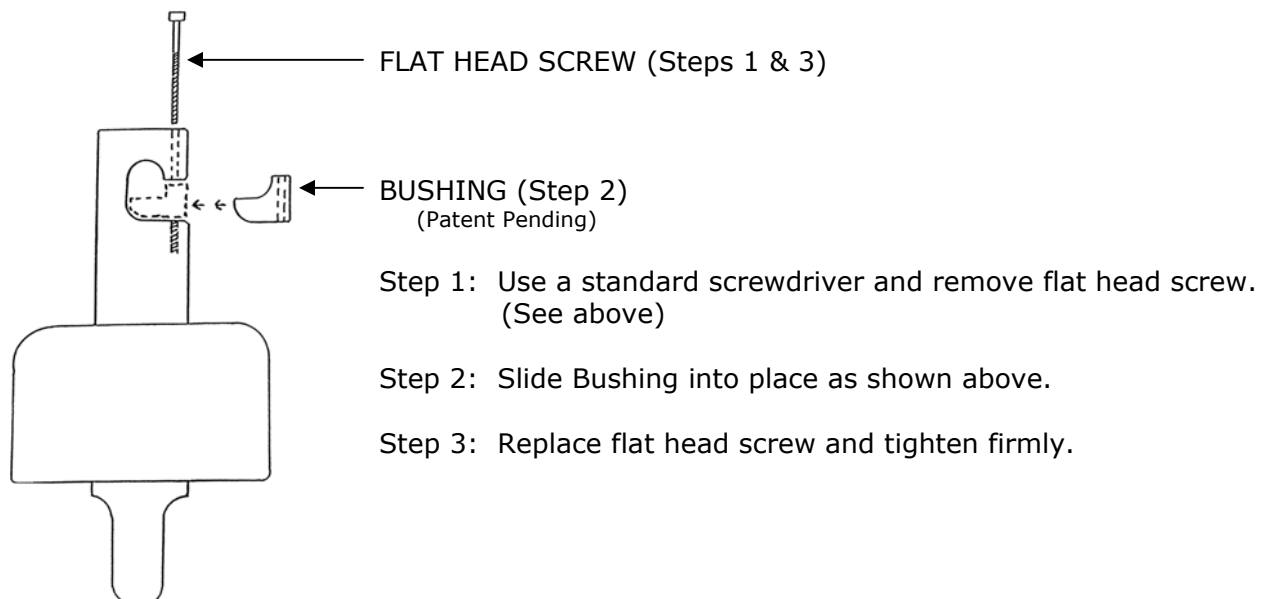
1. Should calibration be necessary, all that is required is a 25 lb precision weight (do NOT use bags of flour or other packaged goods for weights - contact the Lift Manufacturer to purchase precision weights).
2. To enter the calibration mode, first press and hold the "ON/ZERO" pad. While holding the "ON/ZERO" pad press and hold the "LB/KG" pad. After approximately 3 seconds the message on the display will change from "ZErO" to "CAL". Release both pads at this time and the display will show the "C 0" message.
3. Make sure the sling is empty and press the "ON/ZERO" pad. The indicator will count down from -8- to -0- while taking readings and store the zero point. When finished, the indicator will show the "C25" message.
4. Place a 25 lb test weight in the sling and press the "ON/ZERO" pad once again. The indicator will count down from -8- to -0- while taking readings and calculate and store the span calibration. The indicator then automatically returns to the normal weighing mode. Calibration is now complete.

## **Safety Alert!**

It has been brought to our attention that the IMS Scale to be installed on your VANDER-LIFT™ can become lodged on the boom, thereby causing inaccurate weights. The potential also exists that when so lodged it may break the safety pin, thereby causing the scale to unhook. **THIS COULD CAUSE AN INJURY TO A RESIDENT AND/OR STAFF MEMBER.**

Shown below is a part called a bushing. This part is designed to help prevent this problem from occurring.

### **Installation of Bushing / IMS & SR Scales**



## **Hanging VANDERSCALE® SR**

The 825VST Weight Module is a compact precision scale system designed for use with the **VANDER-LIFT™** patient lift or other \***approved** lifter designs employing compatible boom and hanger configurations.

Completely self-contained, the 825VST combines the latest in precision strain gauge technology and microprocessor signal conditioning to provide stable, accurate and repeatable weight data with a calibrated accuracy of 0.1%.

One Button Auto-Zero Electronics makes patient weighing quick and easy.

The 825VST derives its' power from a single AA battery which will provide up to 3000 weight readings:

### **Installation**

1. Attach the top hook of the 825VST Scale to the boom loop of the lifter making sure that the hook is fully engaged.
2. **IMPORTANT:** Tighten Retainer Screw until fully engaged.
3. Attach the swivel bar to the bottom of the scale system then attach the selected sling.

### **Operation**

1. Attach the scale system as described in the installation instructions. **Make sure that the hook is fully engaged in the loop and the retainer screw is properly installed.**
2. With the sling in place, press the "ZERO" button to set the system to zero. The digit "0" will pan across the display for a few seconds then the display will read "0.0".
3. Remove the sling (or stretcher), position the patient into the sling, and then reattach to the swivel bar.
4. Carefully lift the patient. When the motion has stabilized, press the "WEIGH" button to display the weight data.

NOTE: The display will automatically turn itself off after approx. 60 seconds to conserve battery power. If the display turns off before you are able to view the weight data, simply press the "WEIGH" button once again.

5. Carefully lower the patient after reading weight.

### **ALWAYS RE-ZERO THE SCALE SYSTEM BEFORE WEIGHING (step 3)**

#### **CAUTION**

This device is intended to obtain patient weight during transfer (i.e. bed to chair). This device is **NOT** intended for use during patient transport and should be removed in such case.

### **825VST System Specifications**

WEIGHT RANGE	453KG / 1000LB*
DISPLAY RESOLUTION	0.1KG / 0.1LB
ACCURACY	0.1% + /- 1 DIGIT OF READING
DISPLAY TYPE	LIQUID CRYSTAL DISPLAY
SIZE	3" X 3" X 4"
WEIGHT 1	POUND
POWER SUPPLY	9-VOLT LITHIUM BATTERY
BATTERY LIFE	APPROX. 3000 READINGS

\*Do Not Exceed Lifter Capacity

### **Battery Replacement**

A single AA battery powers the 825VST Scale System. This battery should provide approximately \*3000 readings before needing replacement.

When battery replacement is needed, an indicator will appear on the display. Simply remove the two screws on the case to access the battery.

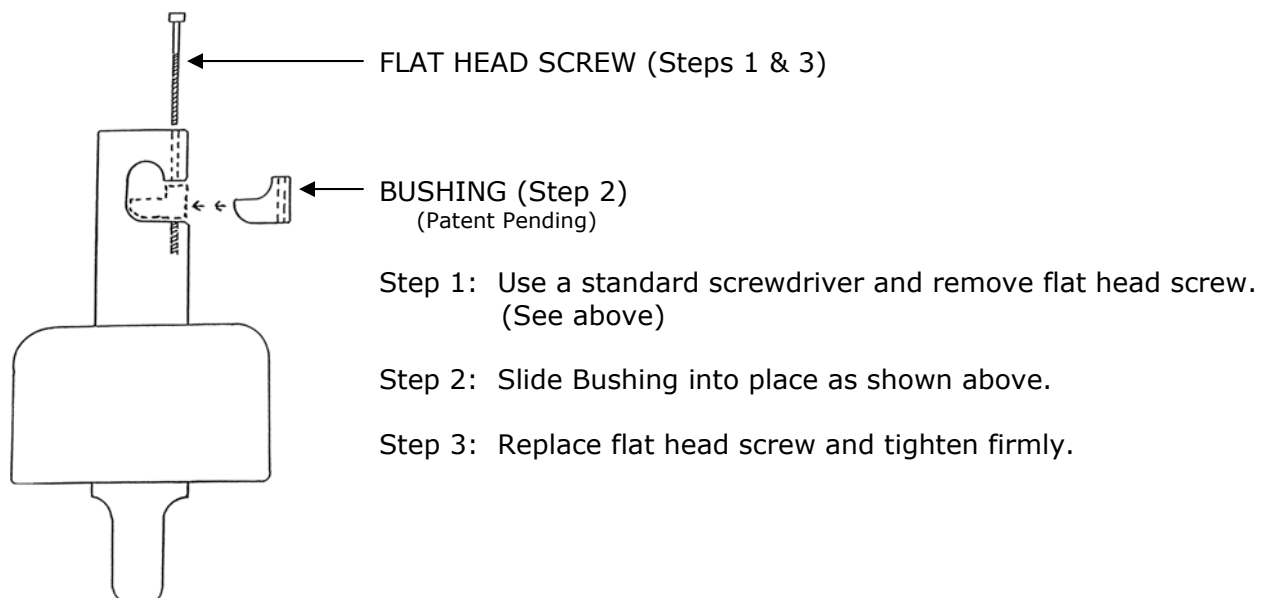
**NOTE:** The Load Cell contains no user serviceable components and should be serviced by authorized personnel only. Any unauthorized tampering will void the warranty. If you should have any questions or comments regarding the operation of the 825VST please call your local distributor.

### **Safety Alert!**

It has been brought to our attention that the SR Instrument Scale to be installed on your VANDER-LIFT™ can become lodged on the boom, thereby causing inaccurate weights. The potential also exists that when so lodged it may break the safety pin, thereby causing the scale to unhook. **THIS COULD CAUSE AN INJURY TO A RESIDENT AND/OR STAFF MEMBER.**

Shown below is a part called a bushing. This part is designed to help prevent this problem from occurring.

### **Installation of Bushing / IMS & SR Scales**



## VANDER-LIFT, VANDER-LIFT II & VANGO Skills Observation Assessment

Staff Member Observed \_\_\_\_\_

Date \_\_\_\_\_

### PROCEDURE - DID THE EMPLOYEE:

- Have the required number of staff members present?
- Select the correct size sling?
- Inspect the sling and lift for damage and proper operation?
- If **DAMAGED**, did the employee get another lift/sling and notify charge nurse?
- Correctly position the sling so that the bottom center of the sling is at the tailbone?
- Perform environment assessment and move objects that would impede operation of lift?
- Move the lift into position with the hanger bar in the “H” position in front of the resident and the base properly opened?
- Properly use the locking casters (locking only on “ramped surfaces”)?
- Lower the lift using the Pendant Switch?
- Connect the sling loops to the hanger bar hooks? Use the same loops on each side?  
Double check the sling attachment to the lift?
- Lift the resident only as high as necessary?
- Moving the lifter with a patient in the sling? (1 person pushes lift, while the other controls the resident, using the “hand-loops”.)
- Lower the lift until the resident is sitting on the chair or lying on the bed?
- Remove the sling loops from the hanger bar hooks, and prevent the hanger bars from coming in contact with the patient?
- Back the lift away from the resident and remove the sling?
- Make certain the resident is safe and comfortable before leaving?

### KNOWLEDGE – CAN THE EMPLOYEE:

- Identify lifting capabilities (maximum weight)?
- Identify location and use of Emergency Stop Switch?
- Identify location and use of Emergency Lowering?
- Identify location and use of Auxiliary Up/Down Switch?
- Identify Low Battery Indicator light?
- Demonstrate how and when to recharge batteries?
- Properly use the Scale attachment?
- Identify sling parts: head support, shoulder loops, leg supports, leg loops, stabilizing handles?
- Demonstrate ability to adjust angle of recline to maintain hip precautions?
- Demonstrate transfer of patient, using Vander-Lift, Vander-Lift II and VanGo, from bed to to chair, chair to bed, and floor to bed?
- Demonstrate proper understanding of how to clean the sling and lift?

*Refer to Operator’s Manual for more detailed description of transfer technique.*

Pass

Fail

Observations \_\_\_\_\_

Observer’s Name \_\_\_\_\_

Observer’s Signature \_\_\_\_\_