SAFE MANUAL TRANSFERS

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Initiative Overview

- The musculoskeletal injury (MSKI) rates have been increasing in the last couple of years related to the non-compliance with policy.

- Teamwork is critical to staff compliance with the policies and procedures. Nurses are used to working in team environment, where we are partner not only with other nurses and other regulated professionals.
Annual MSKI Statistics

Annual totals

0 2 4 6 8 10 12 14 16 18

2009 2010 2011

Annual totals
Objectives

1. To reduce and prevent staff MSKI

2. To increase awareness of P & P re: Minimal lift and Safe Patient Handling

3. To promote teamwork and provide quality patient care.
Barriers identified preventing reduction of MSKI

- Clinical staff stated workload is heavy and have no time to get assistance or assist other staff with transfers and repositioning.

- Poor body mechanics, awkward postures and repetition have been observed.

- Refresher of information required but state don’t have time to attend education sessions.

- Ineffective or no MSK warm up prior to actions.
Preparation

1. Inquire re: current practice from clinical staff
2. Compare current practice with policy.
3. Pre-education audits on transferring & repositioning.
4. Create teaching tool that staff can access when they have time – iconnect/intranet.
5. Schedule training sessions.
6. Staff to validate on skills checklist after watching videos.
7. Perform one randomly selected transfer and repositioning in return demonstration.
8. Develop checklist for transfer & repositioning.
9. Develop a survey for effectiveness of training.
10. Complete post-education audits – transferring and repositioning
Development/Teaching plan

- A pre–audit of nurses’ knowledge on minimal lift and safe handling policies and procedures was conducted by the committee members created for this initiative and identified a knowledge gap existed.

- The learning module includes three learning styles: visual, auditory and kinaesthetic. The Safe Manual Transfer power point remains available on the intranet for future staff reference and use during orientation of new staff.
## Outcomes Pre and Post Audit on Transfer

<table>
<thead>
<tr>
<th>Outcome of Transfer Audit</th>
<th>Pre–Ed</th>
<th>Post–Ed</th>
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</thead>
<tbody>
<tr>
<td>Care plan/logo checked</td>
<td>80%</td>
<td>100%</td>
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<tr>
<td>Clear barriers, area safety</td>
<td>70%</td>
<td>100%</td>
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<tr>
<td>Explain to patient</td>
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<tr>
<td>Seek staff assistance</td>
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<td>98%</td>
</tr>
<tr>
<td>Check equipment</td>
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<td>100%</td>
</tr>
<tr>
<td>Side rails down &amp; adjust bed height</td>
<td>62%</td>
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</tr>
<tr>
<td>Use mechanical lift/turn assist</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Allow sufficient time for transfer</td>
<td>90%</td>
<td>100%</td>
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<tr>
<td>Good Body mechanics</td>
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<tr>
<td>Good alignment of patient</td>
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<td>98%</td>
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</table>
# Outcomes Pre and Post Repositioning Audit

<table>
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<tr>
<th>Item</th>
<th>Pre–Ed</th>
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<tbody>
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<tr>
<td>Clear barriers, area safety</td>
<td>82%</td>
<td>97%</td>
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<tr>
<td>Explain to patient</td>
<td>92%</td>
<td>97%</td>
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<tr>
<td>Seek staff assistance</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Side rails down and adjust bed height</td>
<td>82%</td>
<td>100%</td>
</tr>
<tr>
<td>Use mechanical lift/turn assist</td>
<td>63%</td>
<td>100%</td>
</tr>
<tr>
<td>Communication with staff</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Allow sufficient time for transfer</td>
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<td>97%</td>
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<tr>
<td>Good body mechanics</td>
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<td>100%</td>
</tr>
<tr>
<td>Good alignment of patient</td>
<td>100</td>
<td>97%</td>
</tr>
</tbody>
</table>
Transfer/Repositioning Audit Results

- Examine pre-education data from audits to identify learning needs.
- Customize teaching to meet areas of need.
  - eg. body mechanics
  - team work
  - use of lifting aids/mechanical lifts
  - etc...

- Decrease in injuries since training completed
- Decrease in risk factors
Outcomes of Survey

1. Did you find education session helpful?
2. Will it make the transfer procedure easier?
3. Do you feel the instructions were easy to apply?
4. Do you feel the education session will help you prevent injury?
5. How likely are you to apply this knowledge into your practice?
Outcomes of Survey

1. Did you find the education session helpful?
   Good – 31%   Excellent – 69%

2. Will it make the transfer procedure easier?
   Good – 31%   Excellent – 69%

3. Do you feel the instructions were easy to apply?
   Good – 27%   Excellent – 73%

4. Do you feel the education session will help you prevent injury?
   Neutral – 4%   Good – 27%   Excellent – 69%

5. How likely are you to apply this knowledge into your practice?
   Neutral – 2%   Good – 22%   Excellent – 76%
Survey comments from staff

- Excellent
- Very helpful, useful, enjoyable
- Great session
- Useful and informative
- Need more time for this session
- Have it more frequently
- Very friendly
- Very refreshing and helpful reminder
- Instructions are easy to follow and easy to apply
- Great idea, looking forward to using the Ergoslide
- Some videos not working on intranet (corrected)
- Needs review of different kinds of slings
- Good teaching
- Videos too long
- Very educational
Conclusion

After reviewing the data, the committee members feel the project is a **SUCCESS!**

Education was completed March 30, 2012.

Since post education of Minimal Lift and Safe Handling Policies and Procedures, there has been 1 incident of overexertion.
Safe Manual Transfers
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**Minimal Lift Policy**

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- Moderate assist low pivot transfer
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**These items in the table of contents have hyperlinks. Clicking on the underlined text will take you directly to that section of the slide presentation.**
Minimal Lift Policy

- Clinical staff must assess high-risk patient-handling tasks in advance to determine the safest way to accomplish them. Approved mechanical lifting or manual transferring procedures will be used. Mechanical lifting equipment and patient handling aids will be used to avoid the manual lifting of minimal or non-weight bearing patients except in exceptional care circumstances.

- If a patient requires maximum assistance with transfers, the first choice for lifting, transferring or repositioning a patient will be a mechanical lift.

- Runnymede Healthcare Centre will ensure the minimal lift policy is enforced in all patient care areas and will provide the necessary equipment and training to safely support the policy.
Definitions

**Independent**
The patient is able to do the transfer with no assistance or supervision

**Supervised**
The caregiver observes, ensures safety, and may provide cuing to the patient

**Minimum Assist**
75%-100% of work is done by patient

**Moderate Assist**
50% - 75% of work is done by patient

**Maximum Assist**
25% - 50% of work is done by patient

**Total Assist**
0% - 25% of work is done by patient
Definitions Continued

Exceptional Care Circumstances
Defined as emergencies (such as medical emergency or evacuation situations) or when clinical contraindications require the use of non-standard procedures to ensure the safety of the patient and staff. When clinical contraindications exist, an established a manual lift procedure should be used and communicated to all involved staff.

Lift
A lift is defined as supporting the whole or large part of the weight of a patient when moving from one surface to another.

Transfer
A transfer involves movement of a patient from one surface to another. The patient must be able to weight bear through at least one leg or both arms.

Repositioning
Repositioning is the shifting, adjusting or changing the position of a patient on the same surface.

High-risk Handling Tasks
High-risk handling tasks present a high risk of musculoskeletal injury. These include but are not limited to moving and repositioning, bathing, assisting with hygiene, making occupied beds, dressing a client and tasks with long duration.
Injury Prevention Strategies

1. Examine your work environment.
2. Avoid awkward or sustained postures or repetitive movements by varying your work activities throughout your day.
3. Avoid forceful movements with a high load to avoid back injury.
4. Maintain a neutral relaxed posture.
5. Maintain client handling equipment.
6. Ensure adequate staff to client ratios when considering engaging in client handling procedures.
7. Use the appropriate patient handling devices and ensure that all devices are in good working order.
8. Ensure that your work area provides easy access to clients. *(i.e. transfer patients onto a shower chair outside the bathroom to reduce transfers in crowded spaces).*
9. Plan ahead to ensure that you have considered all of the factors before engaging in a client-handling procedure.

10. Adjust the working height of equipment to avoid bending stretching or twisting.

11. Consider the use of a mechanical aid for client transfers.

12. Exercise such as strength and conditioning helps maintain functional ability and helps prevent muscle sprains, low back pain, osteoarthritis, osteoporosis, shoulder instability and knee stability and pain.

13. Stretching should be incorporated into an exercise program to help improve flexibility.

14. Do not lift anything immediately after sitting for an extended period of time. Walk around and loosen up.

   Click here for video
## Transfer Logos

<table>
<thead>
<tr>
<th>Transfer Logos</th>
<th>2 Person Mechanical Lift</th>
<th>2 Person Minimum Assist Stand and Step Around</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>2 Person Minimum Assist with Walker</td>
<td></td>
</tr>
<tr>
<td>Independent with Walker</td>
<td>1 Person Moderate Assist Stand and Step Around</td>
<td></td>
</tr>
<tr>
<td>Supervised</td>
<td>2 Person Moderate Assist Stand and Step Around</td>
<td></td>
</tr>
<tr>
<td>Supervised with Walker</td>
<td>1 Person Minimum Assist Low-Pivot</td>
<td></td>
</tr>
<tr>
<td>1 Person Minimum Assist Low-Pivot</td>
<td>2 Person Moderate Assist Low-Pivot</td>
<td></td>
</tr>
<tr>
<td>1 Person Minimum Assist Stand and Step Around to Left side</td>
<td>1 Person Minimum Assist Transfer Board</td>
<td></td>
</tr>
<tr>
<td>1 Person Minimum Assist with Walker</td>
<td>2 Person Minimum Assist Transfer Board</td>
<td></td>
</tr>
<tr>
<td>1 Person Minimum Assist with Walker to Left side</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Set up prior to initiating Manual Transfer

1. Clear all obstacles from the path of the transfer.
2. Ensure the patient is wearing appropriate clothing and footwear.
3. Explain the transfer procedure to the patient and what (s)he must do to help.
4. Ensure all necessary equipment is available, in good working order and the correct size, where applicable.
5. Ensure the bed wheels are locked.
6. Adjust the height of the bed so that the patient is able to place feet flat on the floor with hips higher than knees. A partial bedrail may be left up to assist if appropriate.
7. Ask the patient to sit on the edge of the bed. If the patient is unable to do this independently, assist him/her to a sitting position.
8. Apply transfer belt if appropriate and available on unit.
9. Ensure weak/hemiplegic arm is supported if applicable.
10. Ask patient to move closer to the edge of the bed (or wheelchair) to ensure his/her feet are flat on the floor. If (s)he is unable to do this independently, assist him/her to the edge.
11. Position wheelchair parallel or at a slight angle to the bed on the patient’s stronger side unless otherwise specified.
12. Position leg rests so that they do not interfere with the transfer.
13. Apply brakes to the wheelchair.

Click here for video
Independent Transfers

This procedure requires one or two caregivers. Used under the following conditions:

- Patient is able to follow instructions.
- Patient requiring minimum physical assistance or supervision to stand and step.
- Patient requiring assistance with equipment (e.g. Locking the wheelchair, removing leg rest, etc).

Click here for video
Supervised/Minimum Assist Standing Transfer

This procedure requires one or two caregivers. Used under the following conditions:

• Patient is able to follow instructions.
• Patient requiring minimum physical assistance or supervision to stand and step.
• Patient requiring assistance with equipment (e.g. Locking of wheelchair breaks, removing leg rests, etc).

Three types:
1. Supervised
2. 1 person minimum assist stand and step around
3. 2 person minimum assist stand and step around
Optional Equipment: Transfer Belt

After completing steps 1–13, Set-up prior to initiating manual transfers:
15. Stabilize the patient’s weaker foot with caregiver’s foot, if necessary.
16. When two caregivers are required the second caregiver stands beside the patient on the patient’s stronger side.
17. Ask the patient to look up, lean forward and push up with his/her hands to stand.
18. Provide the necessary minimal assistance for the patient to transfer.
19. Ask the patient to step across to the destination, reach for the armrest/bed side rail and slowly sit down when the back of his/her legs are touching the chair.
20. Ensure the patient is comfortable, safe and well supported.

- Click here for video bed to wc
- Click here for video wc to bed

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Supervised/Minimum Assist Standing Transfer with Walker

This procedure requires one or two caregivers. Used under the following conditions:

- Patient is able to follow instructions.
- Patient requiring minimum physical assistance or supervision to stand and step.
- Patient requiring assistance with equipment (e.g. Locking of wheelchair breaks, removing leg rests, etc).

Three types:
1. Supervised with walker
2. 1 person minimum assist with walker
3. 2 person minimum assist with walker
Supervised/Minimum Assist Standing Transfer with Walker

Optional Equipment: Transfer Belt

After completing steps 1-13, Set-up prior to initiating manual transfers:

15. When two persons are required the second person will stand beside the patient on the patient’s stronger side.
16. Place a walker in front of the patient when sitting at the side of the bed.
17. Instruct the patient to push up off the bed, stand up and hold onto the walker. As an alternative, the patient may hold onto the walker with the weaker arm and push off the bed with the stronger arm.
18. Guide the patient to take steps over the destination
19. Before sitting instruct the patient to let go of the walker, reach for the armrest/bed side rail and slowly sit down.
20. Ensure the patient is comfortable, safe and well supported.

Click here for video
Moderate Assist Stand and Step Around Transfer

This procedure requires one or two caregivers.

Used for a patient under the following conditions:
• Patient is able to follow instructions.
• Patient is able to sit unsupported.
• Patient is able to stand and step around.
• Patient may be unsteady or in need of assistance to stand up.

Two types:
1. 1 Person moderate assist
2. 2 Person moderate assist
Optional equipment: Transfer Belt

After completing steps 1-13, Set-up prior to initiating manual transfers:

14. Stand in front of the patient with a wide stance and knees bent. Your knees are on the outside of the patient’s knees. If a second caregiver is required, (s)he should stand behind the patient, between the bed and the wheelchair, to assist guiding the patient’s hips.

15. Assist patient to lean forward placing should and head against caregiver’s shoulder. The patients nose should be over his/her toes.

16. The caregiver grips the patients waistband/transfer belt.

17. Instruct patient to hold caregiver around the waist as appropriate.

18. Assist patient to lean forward and rock to stand. Stand for a few moments prior to stepping around.

19. Step around with the patient to the destination with your knees close to patient’s knees.

20. Ask the patient to reach for the armrest if appropriate.

21. Instruct patient to sit when the back of his/her legs are touching the chair/bed.

22. Bend knees and gently lower patient to destination.

23. Ensure the patient is comfortable, safe and well supported.

Click here for video
Supervised /Minimum Assist Low Pivot Transfer

This procedure requires one caregiver.

Used under the following conditions:
• Patient is able to follow instructions.
• Patient is able to sit unsupported.
• Patient is able to weight bear through at least one leg.
• Patient is able to pivot.

Types:
1. 1 person minimum assist low pivot
Optional equipment: Transfer Belt

After completing steps 1-13, Set-up prior to initiating manual transfers:

15. Angle the patient’s feet so that the heels point toward the transfer surface if necessary. Stabilize the patient’s weaker foot with the caregiver’s foot if necessary.
16. Ask the patient to reach for the furthest armrest of the wheelchair and pivot across to the destination without standing up. When the patient is going from the wheelchair to the bed and a partial rail is available, ask the patient to grasp the bed side rail and pivot across to the destination without standing up.
17. Once the patient has risen out of the bed or wheelchair the caregiver should position their knee next to the patient’s knee so they can block should patient’s knee become unsteady or buckle.
18. Provide the necessary minimal assistance for the patient to lift-off and pivot.
19. Ensure the patient is comfortable, safe and well supported.

Click here for video
Moderate Assist Low Pivot Transfer

This procedure requires two caregivers.

Used under the following conditions:
• Patient is able to follow instructions.
• Patient is able to weight bear through at least one leg.
• Patient is able to pivot.

Types:
1. 2 Person moderate assist low pivot
Procedures for Moderate Assist Low Pivot Transfer

Optional Equipment: Transfer Belt

After completing steps 1-13, Set-up prior to initiating manual transfers:

14. Angle the patient’s feet so that the heels point toward the transfer surface if necessary.
15. Stand in front of the patient with a wide stance, knees bent and with the caregiver’s knees blocking the patient’s knees.
16. A second caregiver stands behind the patient with one knee on the bed and one leg on the floor behind the chair.
17. Assist patient to lean forward while maintaining a neutral spine and looking over the caregiver’s shoulder. The patient’s nose should be over his/her toes.
18. The front caregiver grips the patient’s transfer belt.
19. The front caregiver rocks the patient’s weight forward onto the patient’s feet while using his/her knees to block the patient’s knees. The second caregiver guides the patient’s hips to the destination. The patient is assisted to perform a low pivot over the destination. The patient does not stand up.
20. Ensure the patient is comfortable, safe and well supported.

Click here for video

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Supervised/Minimum Assist Transfer with Transfer Board

This procedure requires one or two caregivers.

Used for patients with the following conditions:
  - Patient is able to follow instructions
  - Patient has good sitting balance but cannot stand safely.
  - Patient has excessive weakness in lower limbs and trunk.
  - Patient has knee/hip contracture.
  - Patient has leg amputation(s)

Types:
1. 1 Person minimum assist transfer board
2. 2 Person minimum assist transfer board
Procedures for Supervised/Minimum Assist Transfer with Transfer Board

This procedure is used to assist the patient with bed to wheelchair or car transfers.

Equipment: Transfer board  Optional Equipment: Transfer belt

After completing steps 1-13, Set-up prior to initiating manual transfers:

14. Ensure that the origin and destination surface heights are equal or that the surface at the end of the transfer is low.
15. Ensure that the foot rests and armrest closest to the destination are removed from the wheelchair.
16. The caregiver stands in front of the patient.
17. If a second caregiver is needed, (s)he stand behind the patient with one knee on the bed and one leg on the floor behind the chair.
18. Ask the patient to lean to the opposite side so that the caregiver can slide the transfer board underneath the buttock of the patient taking care not to pinch the skin.
19. Ensure the transfer board is partially under the patient’s buttock. The opposite end of the board should extend halfway across the seat of the other surface, bridging the gap between the patient and the alternate surface.

Additional steps on next slide
Procedures for Supervised/Minimum Assist Transfer with Transfer Board Continued

14. Ensure the patient’s feet are on the floor. Instruct the patient to lean forward and push across the board using his/her arms.

15. The caregiver in front of the patient provides minimum assist needed for the transfer. The caregiver behind the patient (if needed) guides the patient’s hips to the destination.

16. Ask the patient to lean away from the board and remove the transfer board from underneath the patient once (s)he is firmly supported by the alternate surface.

17. Replace arm rest and footrests of the chair.

18. Ensure the patient is comfortable, safe and well supported.

- Click here for video
Bed to Stretcher Transfer

This procedure requires two caregivers. Larger patients may require 3 caregivers. One caregiver is designated the leader.

Used under the following conditions:
- Patient is supine and unable to sit and/or help with the transfer.
- Patient must be moved horizontally to another surface (bed to stretcher or shower trolley).
- An assessment indicates that a ceiling lift or mechanical lift cannot be used or is unavailable. Mechanical lift is always first choice if patient appropriate.

Equipment required:
- An drawsheet under the patient should be used. Insert the drawsheet under the patient by rolling the patient from side to side.
- A slide-board (a.k.a. Smooth-mover or blue board) should be used to create a bridge between the bed and the stretcher.
Procedures for Bed to Stretcher Transfer (policy)

1. The caregiver explains what (s)he is going to do and what the patient must do to help.
2. Clear the area. Collect all equipment and assistance that the caregiver will need. Ensure the brakes on the bed are locked.
3. Position the patient close to the edge of the bed on the side to which the transfer is taking place. Do this by using the Ergoslide or drawsheet, and good body mechanics, including a weight shift.
4. With one caregiver on either side of the bed, use the drawsheet and proper body mechanics to roll the patient, and insert the slide board half way under the patient.
5. Move the stretcher/trolley next to the bed, with the destination surface being slightly lower. Apply the brakes on the stretcher trolley.
6. Ensure the feet and legs of the patient are on the slide board.
7. Ask patient to tuck their chin to their chest if they are able.
8. The two caregivers now move to the side of the stretcher/trolley. Grasp the drawsheet and stand with one foot forward and one foot back. On the leaders count, caregivers tighten abdominal muscles and move the patient across the slide board onto the stretcher by shifting weight from the front foot to the back foot.
9. Once the patient is safely on the stretcher/trolley, the slide board can be removed, and the side rails placed in the up position. Ensure the patient is in a safe and comfortable position.

Video to follow – slide boards being purchased
Procedures for Stretcher/Trolley to bed (policy)

1. The caregiver explains what (s)he is going to do and what the patient must do to help.
2. Clear the area. Collect all equipment and assistance that the caregiver will need. Ensure the brakes on the bed are locked.
3. Bed and stretcher are placed next to each other, with the bed being slightly lower. Apply the brakes on the stretcher.
4. With the bed and stretcher rails down, one caregiver stands on the side of the stretcher. The other caregiver places climbs on to the bed.
5. The caregiver standing next to the stretcher uses the drawsheet and good body mechanics to roll the patient slightly towards his/herself, while the caregiver on the bed positions the slide-board halfway under the patient, enough to bridge from stretcher to bed. Roll the patient back to supine on to the slide board.
6. Position the patient’s feet and legs on to the slide board.
7. The caregiver standing next to the stretcher gets prepared to push the patient, with his/her hands at the patient’s shoulder and hip (as tolerated), and using a weight shift from back foot to front foot.
8. The caregiver on the bed is positioned up on his/her knees with back erect, and grasping the drawsheet. On the count, this person will sit back from a high kneeling position to sitting on his/her heels, allowing this weight shift to do most of the work.
9. The leader counts and the caregivers push/pull the patient from stretcher to bed using proper body mechanics.
10. Remove the sliding board once done. Ensure the patient is comfortably positioned in bed with bed rails in place if appropriate.

Video to follow- slide boards being purchased

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Use of Mechanical Lifting Devices
- Indicated for non-weight bearing patients
- Apply to ceiling lift and floor based lifts
- Transfer logo at bedside
- Presence of Safe Patient Handling trainer of 1st time user
- Attend MANDATORY training
- Visual inspection of equipment & sling prior to EACH use
- Defect in equipment or sling must be REMOVED AND REPORTED to maintenance
Sling Lift Procedure From Bed

1. Lay out sling on bed along side of client with all straps in line with appropriate body part. Log roll client away from sling. The side rail the client is facing should be in the up position.

2. Place one half of the sling under the clients body as possible. Bunch just enough material to ensure that when client is rolled onto his/her back the spine is centered on the centerline of the sling. The horseshoe cutout should be as close to the coccyx and the center sling handle should be near the scapular area. Lower the first siderail and raise the opposite. Roll the client over the bunched up sling and pull the sling halfway through and free all straps. Roll client onto his/her back. Lower side rail.

3. The caregiver will gently lift one of clients legs, bending knee slightly if possible, fit the leg portion of the sling around the hip and up between the legs. Ensure the bottom edge of the leg strap is going to fall beneath the trochanters. This provides stability to clients, even if resistive or moving around. Loop strap over client’s leg on same side.

4. Repeat procedure with other leg portion, securing the sling leg portion around the hip, under and between the legs, then looping it over the second leg.

5. Position the lift directly over the client, use the left and right buttons on the hand control. Lower the spreader bar near the thorax using the down button.

6. Take leg strap from left of client, cross it through the right leg strap diagonally in front of the client, attach it to the right hand suspender hook (opposite hook). Repeat procedure for right leg strap.

7. The suspended leg straps should now be crossed in front of the client.

8. All straps must be attached to the spreader bar, ensuring that the same loops are used on both sides so the client will be evenly suspended.

9. Check to make sure all straps are securely fastened to the spreader bar and fully inside the safety latches.

Additional steps on next slide
8. The client’s arms remain inside the sling at all times.
9. Second caregiver to position chair along side of bed, moving leg/foot supports out of the way of transfer. Ensure chair brakes are on.
10. Press the up button to lift. Raise the client until just clear of the bed. Lift each leg in turn, pulling bottom edge of sling fully under the tight but not in contact with the area behind the knee to improve comfort.
11. Double check to make sure that the sling straps are secured in the hooks of the spreader bar of the lift. Continue lifting until mattress surface can be comfortably cleared. Monitor patient safety during the transfer.
12. One caregiver to grasp the sling positioning handle steadying the client while the other caregiver to support the client’s lower legs.
13. Position the client directly above the chair, turning client’s back towards chair. Very slowly lower client using remote control of lift.
14. Before the client touches the chair seat, still moving downwards, grasp the sling handle at the mid-line of the clients back (if not accessible, use handles on sides of sling) Keep elbow at 90 degrees, with the palm facing up while lowering and guide the client into a proper seated position. (When done correctly this will not cause the client any shoulder strain.) The downward motion of the sling will cause the client to be lowering back into the chair sitting correctly instead of sacral sitting.
15. Lower the spreader bar just enough to allow unhooking of sling straps. Remove spreader bar/lift from area.
16. Remove sling from beneath client.

[Click here for video]
1. Stand in front of patient with WC brakes on and one leg between the patient legs.
2. Tuck the top part, horseshoe area of the sling well down behind the clients back as close to the coccyx or seat level with the sling label on the outside of the patient. Top part of the sling should be resting on the patients shoulders.
3. Ensure the top centre handle of the sling and the positioning stripe is centered on the clients’ back. Lean client back into chair.
4. From kneeling/squatting position, the caregiver will gently lift one of clients legs apart and fit the leg portion of the sling around the hips, ensure the bottom edge of the leg strap is going to fall beneath the trochanters. This provides stability to clients, even if resistive or moving around. Loops outside strap over same leg on same side.
5. Repeat procedure with other leg portion, securing the sling leg portion around the hip, under and between the legs, feed right leg strap through left leg strap then looping it over the other leg.
6. Position the lift directly over the client, use the left and right buttons on the hand control.
7. Lower the spreader bar near the thorax using the down button.
8. Take left leg strap on left of client, and attach it to the right hand spreader bar hook. Repeat procedure for the right leg strap to the left hand spreader bar hook.
9. The suspended leg straps should now be crossed in front of the client.

Additional steps on next slide
Sling Lift Procedure From Seated Position

10. Attach the side/hip straps to the appropriate suspension hooks, using matching loops on each side. All straps must be attached to the spreader bar.
11. The client’s arms remain inside the sling at all times.
12. Check to make sure all straps are securely fastened to the spreader bar and fully inside the safety latches.
13. Press the up button to lift on the hand control. Raise the client until not quite clear of the chair. To improve comfort smooth out any wrinkles underneath the sides.
14. Double check to make sure that the sling straps are secured in the hooks of the spreader bar. Continue lifting until the client is comfortably clear of the floor.
15. Using the lift, move the client to the bed, one caregiver to steadying the client using the side handle.
16. Position the client directly above the bed, safely lower the client onto the bed.
17. Lower the spreader bar, remove loops from spreader bar. Remove sling from beneath client.
18. Ensure the patient is comfortably positioned in bed with bed rails in place if appropriate.

Click here for video
Hammock Sling Lift From Floor

- From kneeling/squatting position, the caregiver will lay out sling on floor along side of client with all straps in line with appropriate body part. Log roll client away from sling.
- Place one half of the sling under the client's body as possible. Bunch just enough material to ensure that when client is rolled onto his/her back the spine is centered on the centerline of the sling. The horseshoe cutout should be as close to the coccyx and the center sling handle should be near the scapular area. Roll the client over the bunched up sling and pull the sling halfway through and free all straps. Roll client onto his/her back.
- The caregiver will gently lift one of client's legs, bending knee slightly if possible, fit the leg portion of the sling around the hip and up between the legs. Ensure the bottom edge of the leg strap is going to fall beneath the trochanters. This provides stability to clients, even if resistive or moving around. Loop strap over client's leg on same side.
  1. Repeat procedure with other leg portion, securing the sling leg portion around the hip, under and between the legs, feed right long leg strap through short right leg strap leg strap securing right leg. Repeat with left leg. Feed right long leg strap through the middle loop of the left long leg strap. Loop leg straps over opposite leg.
  2. Open the base of the floor lift and bring the lift to a position close to the client's feet and in line with the client's body, with the lift boom pointing towards the client's head.
  3. The spreader bar should then be hanging over the client's chest, the client's legs to one side of the base of the lift.
  4. Lower the spreader bar as low as possible, close to the thorax.
  5. Using the longest loops, attach the shoulder straps to the appropriate suspension hooks, using matching loops on each side. Attach left leg strap to the right hand spreader bar hook. Repeat procedure for the right leg strap to the left hand spreader bar hook.
  6. The suspended leg straps should now be crossed in front of the client.

Additional steps on next slide
Hammock Sling Lift From Floor continued

10. Attach the side/hip straps to the appropriate suspension hooks, using matching loops on each side. All straps must be attached to the spreader bar.
11. The client’s arms remain inside the sling at all times.
12. Check to make sure all straps are securely fastened to the spreader bar and fully inside the safety latches.
8. Press the up button to lift on the hand control of the lift. Raise the client until not quite clear of the floor. To improve comfort smooth out any wrinkles underneath the sides.
9. Double check to make sure that the sling straps are secured in the hooks of the spreader bar. Continue lifting until the client is comfortably clear of the floor.
10. One caregiver to grasp the sling side handle to steady the client while the other caregiver moves the client away from the area using the lift. Lower boom to a suitable height for transferring.
11. Position the client directly above the bed, safely lower the client onto the bed.
12. Lower the spreader bar, remove loops from spreader bar. Remove sling from beneath client.
13. Ensure the patient is comfortably positioned in bed with bed rails in place if appropriate.

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4. Repeat procedure with other leg portion, securing the sling leg portion around the hip, under and between the legs, feed right leg strap through left leg strap then looping it over the other leg.
5. Open the base of the floor lift and bring the lift to a position close to the clients feet and in line with the client’s body, with the lift boom pointing towards the client’s head.
6. The spreader bar should then be hanging over the client’s chest, the client’s legs to one side of the base of the lift.
7. Lower the spreader bar as low as possible, close to the thorax.
8. Using the longest loops, attach the shoulder straps to the appropriate suspension hooks, using matching loops on each side. Attach left leg strap to the right hand spreader bar hook. Repeat procedure for the right leg strap to the left hand spreader bar hook.
9. The suspended leg straps should now be crossed in front of the client.

Additional steps on next slide
10. Attach the side/hip straps to the appropriate suspension hooks, using matching loops on each side. All straps must be attached to the spreader bar.
11. The client’s arms remain inside the sling at all times.
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- Click here for video
Complete checklist of video clips watched.

Bring checklist to return demo to be submitted as part of you skills competency requirement.