

BEST PRACTICES FOR LIFTING, TRANSFERRING & FALL PREVENTION



ASSISTING AMBULATORY INDIVIDUALS

One Person Voluntary Assist (Upper Arm Escort)

For those individuals who require minimal assistance to walk and/or safely navigate their environment, staff should:

1. Stand to the side and slightly behind the individual, in close physical proximity.
2. Grasp their upper arm, midway between the individual's shoulder and elbow with your closest hand or with both hands.
3. Walk in unison. *****Avoid hand holding.**

Two Person Voluntary Assist:

Staff should:

1. Stand slightly behind and in close physical proximity to the individual, one staff on each side.
2. Grasp the individual's upper arm, midway between the individual's shoulder and elbow with their closest hand. Staff can either place their other hand on the individual's upper arm or lower arm, above or below the elbow.
3. Walk in unison.

Gait belts:

Gait belts must be ordered by a physician or physical therapist and used for individuals that can bear some weight but need assistance to walk. Gait belts should not be used for individuals that have back problems, are aggressive, have had recent abdominal surgery, or have devices such as a G-tube or colostomy. Staff should:

1. Ensure the belt is positioned properly, it must be positioned around the individual's waist and be snug but not too tight. It should not slide up on the individual's chest.
2. Place their closest arm behind the individual, holding onto the gait belt (use the handles if provided).
3. Use their other hand to cup the individual's nearest shoulder or their upper arm midway between the individual's shoulder and elbow.
4. Do not use an individual's pants, pant belt, or pant loop to hold them up.

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Cane Use:

If a cane is used for stability, it can be held in either hand. If the cane is used for one sided weakness or injury, the individual should hold the cane in the hand opposite their affected/weaker leg. Staff should:

1. Assist the individual on the side opposite the cane by gently guiding or holding onto the individual's upper arm.
2. Instruct the individual to step forward with their unaffected/stronger leg, and then move the cane as they move their affected leg forward.

Walker Use:

A walker provides a wider base of support for better balance. Staff should:

1. Stand next to the individual, gently guiding them.
2. Instruct the individual to begin pushing the walker forward no more than 12 inches, keeping their back upright.
3. The individual should then place one leg forward inside the frame of the walker while keeping the walker still.
4. Next, the individual should move the other leg forward inside the frame while the walker remains still. Then repeat the process.

FALLS/FALL PREVENTION:

Assuming the employee is already in the proper position to walk/assist an individual, slightly behind and in close physical proximity, staff should:

1. Take a broad stance with one foot behind the other.
2. Rock your body weight back using your leg muscles to prevent back strain.
3. Bring the individual back placing your arms under their underarms and placing their body weight on your body.
4. Gently lower them to the ground, allowing them to slide down your leg.
5. Assess the individual head to toe for injury; do not rush to pick them up.
6. Assess for range of motion.
7. Get assistance if the individual is unable to get up on their own.
8. If there is any sign of injury, call 911.
9. Document and report the incident.

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WHEELCHAIR TRANSPORT

*Wheelchair brakes **MUST** be engaged whenever the individual is being moved into or out of a wheelchair. Brakes **MUST** have secure contact with the tire. Report any faulty equipment immediately. Push wheelchairs at a slow, steady pace, avoid quick jerky movements.*

Ascending a Curb:

1. While facing the curb, tilt the wheelchair backward onto the rear wheels just enough so that the front wheels can clear the curb.
2. Push the wheelchair forward placing the front wheels on the upper level.
3. Roll the chair forward until the rear wheels are in contact with the curb.
4. Lift and roll the rear wheels up and over the curb.

Descending a Curb:

1. Position the wheelchair so the client is facing away from the curb. The larger wheels should be at the edge of the curb.
2. Step off the curb backward, while facing the chair.
3. Hold onto the handles; slowly lower the rear wheels to the street by rolling them smoothly off the edge of the curb.
4. Roll the wheelchair backward, maintaining tilted position until front wheels have cleared the curb then gently lower front wheels onto the street.

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TRANSFERRING WEIGHT BEARING INDIVIDUALS

Bed-to-Wheelchair Transfer:

1. Lock the wheelchair brakes.
2. Remove wheelchair armrest nearest to bed (if possible), and/or open laterals on chair.
3. Put an arm under the individual's neck with your hand supporting the shoulder blade; put your other hand under the knees.
4. Swing legs over the edge of the bed, helping the individual to sit up.
5. Support the individual's knees between your legs (weight bearing individuals).
6. On signal, move the individual to a standing position from the edge of the bed with a rocking motion; keep your knees slightly bent, back balanced.
7. Pivot and lower individual into wheelchair by bending your knees.
8. If the individual must hold on to you, have him or her hold your waist or shoulders, not neck.

Wheelchair to Toilet/Chair:

1. Lock the wheelchair brakes.
2. Help individual slide to edge of wheelchair.
3. Position the individual's feet directly under his/her body.
4. Lift the individual under the arms with your knees bent, maintaining your back's natural three curves.
5. Pivot the individual around the front of the toilet/chair, keeping the individual's knees between your legs.
6. Have the individual grasp safety rails as you slowly and gently sit the individual down on the toilet/chair. Move as one unit, avoid twisting at the waist.

Wheelchair to bed/table:

1. Lock wheelchair.
2. Have individual slide to edge of wheelchair.
3. Position the individual's feet directly under his/her body.
4. Stand facing the individual.
5. Lift the individual under the arms with your knees bent, maintaining your back's natural three curves. The individual can hold onto your arms for stability.
6. Pivot the individual to the edge of the bed keeping the individual's knees between your knees. Move as one unit, avoid twisting at the waist.
7. Gently guide the individual into a sitting position on the edge of the bed.
8. With an arm supporting a shoulder blade and your other hand under the individual's knees, swing the individual into a lying position.

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LIFTING NON-WEIGHT BEARING INDIVIDUALS

The lifting of non-weight bearing individuals should be done using a mechanical lift, a two person lift, or with the assistance of a draw sheet/blanket. Please review each individual protocol for lifting requirement.

Mechanical Lifts:

1. Prior to using a mechanical lift, all staff must be trained and demonstrate proper use of the equipment. There are different types of slings, individualized for each person's needs.
2. Place the sling under the individual by log rolling (in bed) or placing behind the person's back if seated in a chair and sliding each side of the sling along and under the buttocks.
3. Roll the lift under the bed or around the chair. Open the mouth (the base of the lift) as wide as it will go. If the mouth is not fully opened, it is more at risk for tipping. The lift should be positioned at a 90 degree angle from the person in bed or if in a chair directly in front of the chair.
4. Lower the mechanical lift to connect the sling to the lift (as specified for that type of lift/sling). Be sure the sling is in good repair and the connection is secure with the ends of the hooks facing away from the individual.
5. Lift the individual in the mechanical lift until the desired height to roll away from the bed and/or chair. Elevate just enough to clear the surface the individual is being transferred. Balance the individual securely while moving. Most slings have a handle on the back of the sling to hold.
6. Slowly lower the individual in the mechanical lift until their feet touch the top of the mechanical lift's base (where the vertical pole meets the mouth of the lift). This is the center of gravity.
7. Once you reach the desired location, elevate the mechanical lift to the desired height to clear the surface the individual is being transferred to and position over the chair or bed. Slowly lower into the desired position and remove the sling from the hooks.
8. To position properly in a chair, as the mechanical lift slowly lowers, stand behind the individual holding on to the handle on the back of the sling and guide the individual into the chair properly. You may need to pull up as they lower to get their buttocks all the way back in the chair.
9. While in the mechanical lift, an individual may be transferred in a seated or semi-seated position.
10. Never roll the mechanical lift over a threshold, high pile carpeting, or for more than 15 feet with an individual in the lift.

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Two-Person Lift (2 methods):

*There **MUST** be good communication between employees performing the two-person lift. If possible, lift with another employee of similar stature. Communicate with the consumer before the lift. Then, communicate with your co-worker how you plan to lift the **INDIVIDUAL** and where you will be transferring them.*

Top & Bottom Method:

*Transferring a consumer from a wheelchair using this method is **NOT** recommended as it places significant strain on the staff member at the head as they need to get past the pushing handles of the wheelchair.*

1. One staff should stand behind the individual and with both arms under the individual's armpit.
2. If possible, cross the individual's arms over the individual's chest and grasp their lower arms above their wrists for extra support when lifting (may not be possible for those with contractures).
3. If this is not possible, place both arms under the shoulder blades of the individual.
4. The second staff should stand at the side or facing the individual and place one arm under the individual's buttocks and the other arm under their knees.
5. Lift in unison on the count of three.
6. Bend at the knee and pivot.

Side by Side Method:

1. One staff should stand on either side of the individual.
2. Each staff should place their closest arm under the individual's closest underarm.
3. With their other arm, each staff will place it under the individual's closest leg using the lower part of their arm/hand to support/hold the individual's closest leg.
4. Lift in unison on the count of three.
5. Bend at the knee and pivot.

References:

- Potter, A.P, Perry, AC. (1985). *Fundamentals of Nursing Concepts, Process, and Practice*. St. Louis, Missouri: Mosby.
- Spatz, A., Balduzzi, S. (2005). *Homemaker Home Health Aide Sixth Edition*. Canada: Thomson Delmar Learning.

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Stairs:

*When negotiating stairs it is critical that the assister understand that the risk of falling is greater in the consumer that requires more assistance. Stairs **MUST** be completely clear of debris (slip, trip & fall hazards). Staff positioning is **ALWAYS** down a step or two. This is to protect the consumer from falling down the steps.*

Ascending Stairs:

1. Staff member should consider the use of a gait belt for the assistance.
2. Staff member stands behind (below) the consumer with one hand on the gait belt.
3. Staff needs to coach the consumer to use the hand-rail and assist in any way.

Descending Stairs:

1. Staff member should consider the use of a gait belt for the assistance.
2. Staff member stands in front of (below) the consumer with one hand on the gait belt.
3. Staff needs to coach the consumer to use the hand-rail and assist in any way.