

LIFTS, TRANSFERS AND REPOSITIONING – R-VIII-1

POLICY:

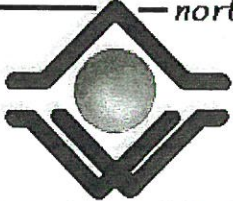
All staff and students will follow proper procedure at all times when lifting, transferring and repositioning.

PURPOSE:

To prevent injuries to staff, students and clients during lifts, transfers and repositioning.

PROCEDURE:

1. Every staff member/student shall be in-serviced in the methods of physical, and mechanical lifting/transferring/repositioning by the Occupational Therapist during their probationary period.
2. All staff/students shall ensure they are using proper body mechanics and body posture when lifting/transferring/repositioning clients.
3. Through a referral to Occupational Therapy, all clients will be designated as to the type of lift/transfer/repositioning, e.g. manual, mechanical, assistive devices, they require based on body weight, shape, strength, body awareness, mental status and environment from/to which the client is moving. Supervisor/designate will ensure this information is documented in the client profile and posted visibly in the home.
4. All staff/students shall follow the type of lifting/transfer/repositioning designated to the client.
5. A mechanical lift must be used for all clients as designated, if available. Assistive devices such as a one way glide, multi-glider, etc. must be used with client if available.
6. When a client is designated as a mechanical lift only, no other method of lifting shall be used, except in an emergency and/or extenuating circumstance. In the event that the mechanical lift is not available and/or breaks down, a manual lift is utilized and proper procedure must be followed.



Personal Support Services

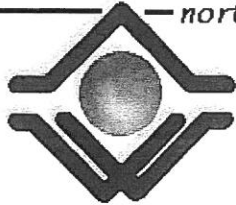
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7. Where a mechanical lift is designated, the proper procedure for using the mechanical lifter must be followed as outlined in this policy.
8. When an assistive device, i.e. transfer belt, one way glide, multi-glider, is designated for transferring/repositioning, the proper procedure for using the assistive device must be followed as outlined in this policy.
9. If staff are having difficulties implementing any lift/transfer/repositioning technique as outlined in this policy, a referral may be made to Occupational Therapy.

PROCEDURE FOR USING PORTABLE BATTERY OPERATED MECHANICAL LIFTS:

To lift client from bed to wheelchair:

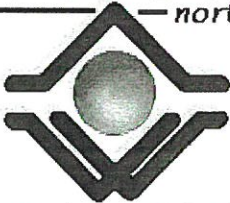
1. Make sure that the mechanical lift is in good repair.
2. Use a push cart to move the mechanical lift and reacher from one room to another.
3. Release enough strap to easily/safely hook up the reacher/clip mechanism to the ceiling track.
4. Use size of sling that has been designated to client. Apply the sling under the client following the leg band configuration designated for the client. See Appendix A.
5. Attach the sling's back strap to carry bar of the mechanical lift.
6. The sling's leg loops must be crossed between the client's thighs before passing the leg straps through the leg loops. Attach the leg straps to the carry bar of the mechanical lift.
7. Place the wheelchair parallel to the bed with the brakes applied, and ready to receive the client.
8. Raise the client to appropriate height and swing the client's legs off the bed, then move the client towards the wheelchair.
9. As the client is lowered slowly into the wheelchair, the client's descent must be guided so that the correct sitting posture is achieved and the client is sitting well back in the wheelchair.



10. Remove the leg straps and back straps, from the carry bar and do up the seat belt and/or chest strap when client is seated correctly in the wheelchair.
11. The sling may remain in place in the wheelchair but the edges/straps must be folded and tucked away inside the wheelchair.

PROCEDURE FOR USING A HOYER LIFT:

1. Make sure that the Hoyer lift is in good repair.
2. Use size of sling that has been designated to the client. Apply the sling properly under the client following the leg band configuration designated for the client. See Appendix A.
3. Bring the Hoyer lift towards the client. Use the adjusting lever to widen the base of the Hoyer lift so that it is stable.
4. The straps of the sling are hooked into the carry bar.
5. Make sure that the top edge of the sling is supporting the client's shoulder and/or head, and the bottom edge of the sling is close to the client's knees.
6. For the hydraulic Hoyer, make sure that the release valve is working properly. Pump the hydraulic handle to raise or lower the client. For the power Hoyer, use the remote control to raise or lower the client.
7. When the client has been lifted, the care provider moves the lift back and at the same time, swings the client's feet clear, so that the client is facing the Hoyer lift.
8. The lift is then maneuvered the short distance towards the location to which the client is being transferred. Approach this location head-on, with the base of the Hoyer lift straddling the transfer location (bed, wheelchair, toilet, etc.). Ensure all brakes mechanisms are applied.
9. To lower the client with the hydraulic Hoyer, release the hydraulic valve. To lower the client with the power Hoyer, use the remote control.
10. The client's descent must be guided so that the correct sitting posture is achieved and the client is sitting well back. Apply seat belt and/or chest strap, if applicable.
11. The boom is carefully pushed down towards the client, to allow enough slack to remove the straps. The Hoyer lift is moved away.



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12. The sling remains in place under the client in the wheelchair, chair or toilet with the edges/straps folded and tucked away. If positioning a client in bed, the sling may be removed.

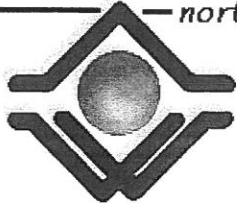
PROCEDURE FOR TWO PERSON MANUAL LIFT:

***Only to be used when mechanical lift is not available.**

If the body weight is up to 120 lbs., two care providers to lift the client is recommended.

TOP-BOTTOM LIFT (Bed to Wheelchair):

1. If the client is lying in bed, the client must be moved closer to the edge of the bed.
2. The taller of the two care providers stands near the head of the bed and directs the lift.
3. The second care provider stands between the middle and the foot of the bed.
4. The first care provider faces the client and places his/her hands over the shoulder blades and raises the client to the sitting position. Alternately, for the client who requires more support, the first care provider stands beside the bed, placing one arm under the client's shoulders and the other under the waist while raising the client to a sitting position.
5. The first care provider supports the client, while the second care provider positions the wheelchair close to the bed, parallel to the client's buttocks. Both foot rests and the arm rests closest to the client are removed. The brakes are applied.
6. The first care provider assumes a wide base (one foot between the bed and the wheelchair, and the other foot between the wheels of the wheelchair). Alternatively, the closer knee and foot can be placed up on the bed.
7. The client's arms are crossed in front of his/her chest.
8. The first care provider places his/her arms around the client's rib cage and grabs the client's forearms above the wrist.
9. The second care provider stands in a walk stance position (one foot in front of the other and with the knees and hips bent) in front of the wheelchair. One forearm is placed, palm up, under the client's thighs as close to the client's hips



as possible, and the other forearm is under the client's knees. The client's legs are held close to the care provider's body.

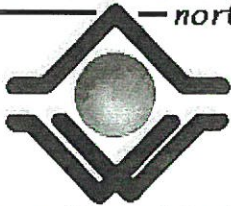
10. On a count of three, the care providers use their thigh muscles to straighten their hips and knees, lifting the client gently off the bed. While the first care provider transfers weight from one leg to the other, the second care provider takes one step backwards. They bend their hips and knees, lowering the client to the wheelchair.

SIDE BY SIDE LIFT (Bed to Wheelchair):

1. Client must be in a sitting position on the edge of the bed.
2. The wheelchair is placed as close as possible to the bed, but leaving care providers enough space to maneuver.
3. Two care providers stand on either side of the client facing each other with the closer knee and foot placed up on the bed. Hips and knees are bent.
4. Each care provider has one arm around the client's back and the other arm under the thighs. The care providers grasp each other's arms.
5. On the count of three, the care providers must extend their hips and knees to lift the client at the same time, and walk to the front of the wheelchair, take side steps and then bend hips and knees to lower the client in the wheelchair.

OTHER VARIATION: TWO PERSON LIFT ON THE SAME SIDE:

1. Client must be in a lying position at the edge of the bed.
2. The wheelchair or equipment that the client is being transferred to is placed at a right angle to the bed.
3. Both care providers are in a walk stance (one foot in front of the other and with the knees and hips bent), facing the client on the same side of the bed.
4. The first care provider puts his/her forearms with palms up under the client's head and upper back.
5. The second care provider puts his/her forearms with palms up under the lower back and thighs of the client.
6. The client's arms are crossed over his/her chest.



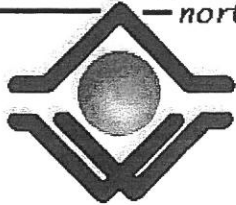
7. On a count of three, the client is rolled onto his/her side and rests against the care providers' chest. The care providers shift their weight from the front leg to the back leg.
8. The care providers straighten their hips and knees to lift the client, using their thigh muscles, step back, turn and walk to the wheelchair/equipment.
9. On a count of three, the care providers assume a walk stance position (one foot in front of the other and with the knees and hips bent), bend their knees and place the client on the wheelchair/equipment.

TWO PERSON LIFT: LIFTING FROM WHEELCHAIR TO BED:

1. Remove footrest/armrest on the side closest to the bed, and have the brakes applied.
2. The first care provider assumes a walk stance (one foot in front of the other, and with the knees and hips bent) behind the wheelchair.
3. The client's arms are crossed in front of her/his chest.
4. The first care provider grasps the client around the rib cage with forearms and places his/her hands on the client's forearms above the wrists.
5. The second care provider stands on the side of the client's legs, facing the bed. One forearm is placed, palm up, under the client's thighs as close to the client's hips as much as possible, and the other forearm is under the client's knees.
6. The client's legs are held close to the second care provider's body.
7. On a count of three, the care providers use their thigh muscles to straighten their hips and knees, lifting the client gently off the wheelchair.
8. The first care provider transfers weight from one leg to the other, the second care provider takes one step forward. Care providers bend their hips and knees to lower the client into bed.

PROCEDURE FOR THREE PERSON MANUAL LIFT:

If the body weight is over 120 lbs., three care providers to lift the client is recommended.

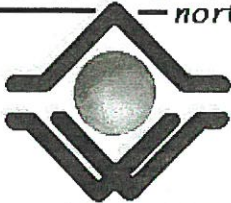


BED TO STRETCHER or STRETCHER TO BED:

1. Place the stretcher at a right angle to the bed.
2. The care providers are in a walk stance (one foot in front of the other and with the knees and hips bent) facing the bed. The client's arms are crossed over his/her chest.
3. The care providers put their forearms under the client's body with palms up. The first care provider supports the client's head and upper back, the second care provider supports the client's waist and hips, and the third care provider supports the lower thighs and calves.
4. On a count of three, the client is rolled onto his/her side and rests against the care providers chests. They shift their weight from their front leg to their back leg.
5. To lift the client, the care providers straighten their hips and knees using their thigh muscles, step back, turn and walk to the stretcher.
6. Same procedures are to be applied for stretcher to bed procedure.

USE OF ONE-WAY GLIDE:

- A. On the Chair:
 1. Before transferring the client, place the one way glide on the seat with the arrow pointing to the back of the chair.
 2. Place a thin cotton sheet or pad on top of the one way glide.
 3. Using an open palm, gently glide the client to the back of the chair, or assist the client to lean forward and gently glide the client back, or two persons assist (one person on each side of the client) to glide the client back into his chair.
 4. The one-way glide remains in place under the client and will prevent the client from sliding down.
- B. In the Bed:
 1. Place the one way glide between the bed sheet and the draw sheet, ensuring the glide is level with the top of the client's shoulders.



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2. To move client up in the bed – One Care Provider: The care provider stands in a walk stance (one foot in front of the other and with the knees and hips bent) positioned at the head of the bed and firmly grasps the rolled up draw sheet, guiding the client to the head of the bed.
3. To move client up in the bed – Two Care Providers:
 - The care providers are positioned on either side of the bed. They face the bed with feet apart and toes pointing towards the bed.
 - The care providers roll the draw sheet up so it is close the client's body and grasp both ends of the draw sheet.
 - On the count of three, the care providers glide the client. The care providers shift their weight from the foot nearer the foot of the bed, to the foot nearer to the head of the bed.
4. The one way glide is not a lifting device and should not be used as such.

USE OF TRANSFER BELT:

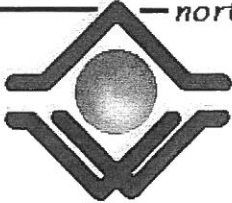
The transfer belt is used for transfers only. A transfer belt is safer to use than grabbing at clothing or bare skin of the client.

The client must be:

- Capable of bearing weight on at least one leg
- Able to follow instructions

Note: If the client does not meet this criteria, transfer belt is not to be used. Use a mechanical lift.

1. Explain to the client what you are going to do.
2. Position client close to where the client is being transferred to.
3. Apply transfer belt to client:
 - Place the transfer belt around the mid-section of the client so that it rests above the hip bone.
 - The belt must fit snugly but comfortably.
 - A good test to ensure proper fitting: There should be room to place your hand between the client and the belt.
4. Assist the client to sit on the edge of the chair/bed and make sure the client's feet are flat on the floor, with knees bent at a 90° angle.



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5. The care provider blocks the client's knees and feet with his/her knees and feet. The care provider must grasp the handles on each side of the transfer belt. If no handles, grasp the transfer belt, with one hand on each side.
6. The care provider gently pulls on the transfer belt to establish the client's centre of gravity until the client is in a secure transfer position. Assist the client to a standing position, maintaining a firm grasp on the transfer belt.
7. Pivot the client around to the desired location.
8. The care provider moves their feet in the direction of the transfer.
9. Lower the client to the desired surface and once the client is comfortably seated, remove the transfer belt.
10. If two care providers are required to transfer the client:
 - a. The first care provider stands in front of the client blocking the client's knees and feet with his/her knees and feet. The care provider must grasp the handles on either side of the transfer belt. If no handles, grasp the transfer belt, with one hand on each side.
 - b. The second care provider stands behind the client with enough room to allow movement from the surface the client is being transferred from to the surface the client is being transferred to.
 - c. The first care provider pulls on the transfer belt to establish the client's centre of gravity with the second care provider giving additional support, until the client is in a secure transfer position.
 - d. Pivot the client around to the desired location.
 - e. The second care provider moves his/her feet in the direction of the transfer.
 - f. Lower client gently to desired surface, and once the client is comfortably seated, remove the transfer belt.

RECOMMENDED BY: Occupational Therapist

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: May 1992

AUTHORIZED BY: Executive Director

SIGNATURE:

Hammock Sling Instructions

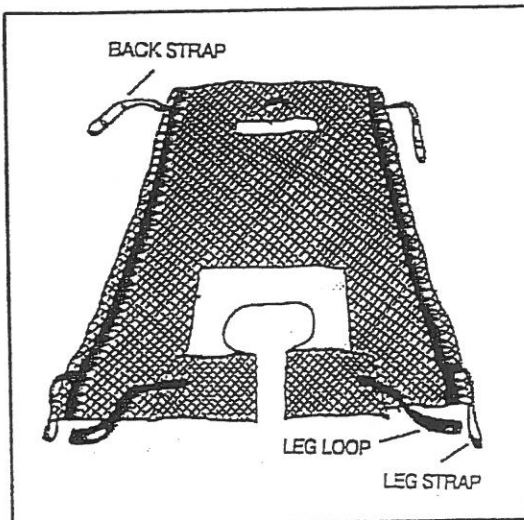
General Guidelines

Under no circumstances should the Wispa Lift System be put in the control of persons who have not received proper training in its operation. If operated improperly, this lift system can cause serious injury.

Although the lift system is designed to be operated by an attendant, it may be operated by an unattended individual, providing this person has been properly trained in the system's use. The safety of both the attendant and the individual depends upon strict adherence to the following guidelines:

1. All instructions pertaining to the operation of the lift system should be read prior to the system being put into use.
2. Do not, under any circumstances, exceed the system's standard working load.
3. Prior to using the sling, make a visual inspection for signs of wear. Look for fraying, cuts, or tears in the material of both the sling's body and straps.
4. The sling must be positioned properly under and around the individual, to ensure a balanced fit.
5. The lift system is not a toy; do not use it for "joy rides" or other unsafe practices.

In facilities where more than one staff member is responsible for operating the lift system, it is imperative that all such members be trained in its proper use. A training and orientation program should be established by the facility to acquaint new caregivers with the system.



From A Sitting Position



1. Grasp sling by its bottom opening, with smooth side against individual's body.



2. Slide sling down individual's back such that curve of the sling's bottom tucks under edge of buttocks



3. Grasp sling's inside leg loops and pull them forward gently until sling's bottom is beneath the thighs.



4. Secure legs by placing leg straps through inside leg loops in the desired configuration.



5. Attach appropriate leg and back straps to carry bar for desired inclination. See instructions for various inclination positions.



6. Raise carry bar by pressing the "UP" arrow on the hand control. Check to ensure that all straps are securely attached to the carry bar.

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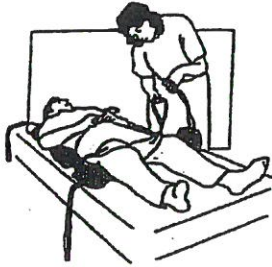
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Hammock Sling Instructions

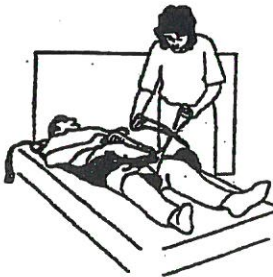
From A Laying Position



1. Roll individual toward you. Lay sling lengthwise behind individual, gather half of sling's material against individual's back and thighs.



2. Roll individual back, pull sling flat. Pull inside leg loops up between thighs.



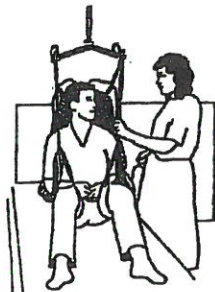
3. Fit sling's leg straps through the inside leg loops in desired leg-band configurations. Gently lift the leg straps by hand, to test that the leg-band configurations are secure and do not pinch the thighs or groin area.



4. Attach sling's leg and back straps to carry bar for desired sling inclination. See instructions for various inclination positions.



5. Raise carry bar by pressing the "UP" arrow on the hand control. Check to ensure that all straps are securely attached to the carry bar



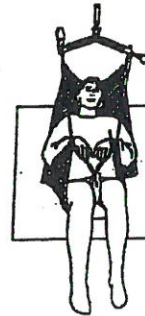
6. When lifting, ensure that leg straps lie flat under the thighs. Move the individual to the desired area.

Sling Leg Band Configurations



1. Divided Leg "Open"

Provides comfortable, secure support and gives good access for personal hygiene.



2. Divided Leg "Crossover"

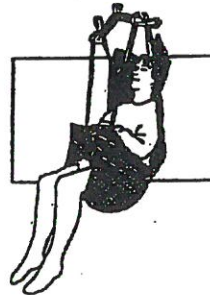
Provides optimum comfort and security. Leg loops are crossed between individuals thighs before passing leg straps through them.



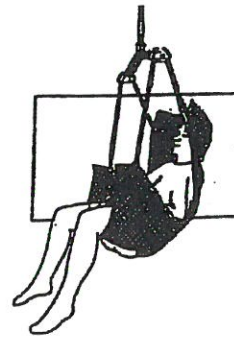
3. Closed Leg

Individual's legs are together before passing leg straps under them. Leg loops are crossed under the individual's thighs.

Sling Inclination Positions



1. Vertical
Optimum vertical sitting position is achieved by attaching leg straps to carry bar using the longest strap loops and back straps to the bar using shortest strap loops



2. Inclined
The greatest angle of inclination is achieved by attaching leg straps to carry bar using the shortest strap loops and back straps to the bar using the longest strap loops.

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