

Techniques for Safer Patient Handling

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Techniques for safer patient handling

These techniques have been developed to help make handling tasks safer for carers and patients. They are suitable for males and females, but everyone is different and should work within their own capabilities and limitations. You should never attempt one of these techniques if:

- You have not completed the recommended patient handling training
- You are uncertain about the technique or feel it is beyond your capability.

There is always some risk with patient handling, so you should look for ways to reduce this if possible. Always consult the LITE patient profile before starting a handling task and check it is still appropriate. Ask yourself if the task can be eliminated or done in a way that doesn't require handling. Seek advice if you need it, and encourage patients to help themselves as much as possible.

Training and equipment won't remove all the risks, nor can we cover every situation in these guidelines. Employers should ensure carers have access to a technical expert when needed.

THE 16 KILO LIMIT

Patient handling involving any weight over 16 kilos increases the risk of injury to carer and patient. The 16 kilo limit is a best practice approach adopted by New Zealand. It is based on numerical guidelines developed in the United Kingdom in 1992. These are not safety limits. They are a filter to screen out straightforward cases and set a boundary within which patient handling is unlikely to cause harm. In most cases the handling task will fall outside these limits. A risk assessment using the LITE patient profile should be done for all patients and a handling plan completed if any risk is identified.

Maximum limits

As the chart shows, the maximum limits are 25 kilos for men and 16.6 kilos for women, but only when:

- The handling is done in a suitable environment
- Carers maintain good posture and spinal alignment
- The load is held close to the mid-body range between elbow and knuckle height.

The limits drop significantly in other positions.

The United Kingdom Numerical Guidelines

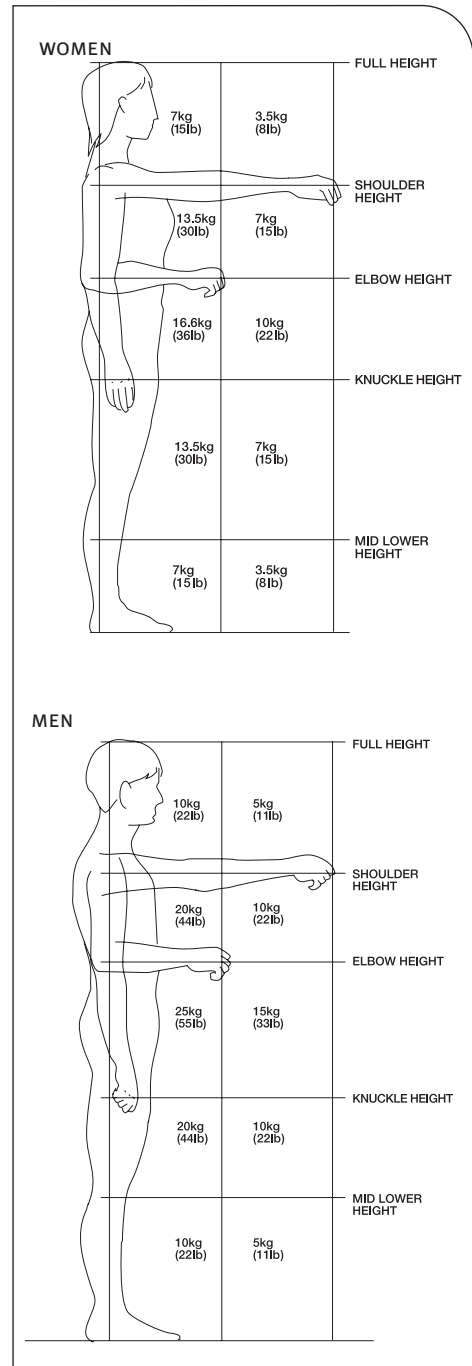


fig 89. The UK Numerical Guidelines. These charts form part of the UK Manual Handling Operations Regulations 1992 and were reproduced with the permission of the Health and Safety Executive

THE PRINCIPLES OF SAFER PATIENT HANDLING

You should apply these principles to any patient handling technique you use, whether it's from these guidelines or another source. No technique is safe if you are handling most of the patient's weight.

Before the task:

- **Wear the right clothes:** Make sure your clothing and footwear are appropriate – clothes should allow free movement and shoes should be non-slip, supportive and stable
- **Never lift:** Never plan to lift manually – always use a hoist to lift a patient
- **Know your limits:** Know your own capabilities and don't exceed them – for instance, if you need training in the technique to be used, tell your manager
- **Do one thing at a time:** Don't try to do two things at once – for instance, don't try to adjust the patient's clothing during the transfer
- **Prepare for the task:** Make sure everything is ready before you start – for instance, check other carers are available if needed, equipment is ready and the handling environment is prepared
- **Choose a lead carer:** The lead carer checks the patient profile and co-ordinates the move. You should also try to match the height of carers if possible to avoid awkward postures
- **Apply safe principles:** Always use safe biomechanical principles – and use rhythm and timing to aid the task.

CAUTION – HIGH RISK. THE PATIENT SHOULDN'T HOLD ON TO YOU OR YOUR CLOTHING, BECAUSE IT IS DIFFICULT FOR YOU TO DISENGAGE AND THE PATIENT COULD PULL YOU OFF BALANCE. IT IS UNSAFE FOR CARERS AND PATIENTS.

Safe biomechanical principles

Applying safe biomechanical principles and maintaining the natural curve of your spine to handling tasks minimise the force on your joints and discs. Here's the safe way to hold your body:

- **Stand in a stable position:** Your feet should be shoulder distance apart, with one leg slightly forward to help you balance – you may need to move your feet to maintain a stable posture
- **Avoid twisting:** Make sure your shoulders and pelvis stay in line with each other
- **Bend your knees:** Bend your knees slightly, but maintain your natural spinal curve – avoid stooping by bending slightly at the hips (bottom out)
- **Elbows in:** Keep your elbows tucked in and avoid reaching – the further away from the body the load is, the greater the potential for harm
- **Tighten abdominal muscles:** Tighten your abdominal muscles to support your spine
- **Head up:** Keep your head raised, with your chin tucked in during the movement
- **Move smoothly:** Move smoothly throughout the technique and avoid fixed holds.

Carrying out the task:

- **Check patient profile:** Decide if the task is still necessary and that the handling plan is still appropriate. Check it still matches the clinical pathway and physician's orders
- **Seek advice:** Talk to your manager or the patient handling adviser if you need advice on the techniques and equipment you should be using
- **Check equipment:** Ensure equipment is available in good order with all components in place and ready to use (eg. batteries charged). Always follow the manufacturer's instructions
- **Prepare handling environment:** Position furniture correctly, check route and access ways are clear, and check the destination is available
- **Explain the task:** Explain the task to the patient and other carers who will be helping
- **Prepare the patient:** Ensure the patient's clothes and footwear are appropriate for the task, and they have any aids they need. Adjust their clothes, aids and position – for instance, encourage the patient to lean forward
- **Give precise instructions:** The lead carer directs the move and gives clear instructions, eg. "Ready, steady, stand". This helps carer/s and patient work together.

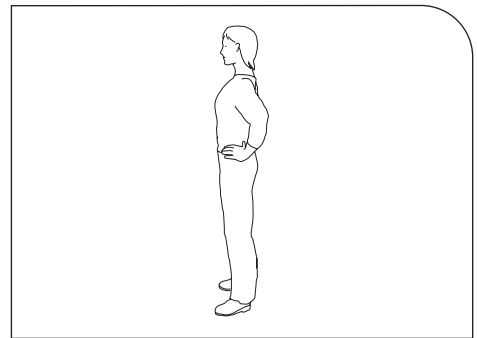


fig 90. Align your spine – chest open, shoulders back with abdomen braced

Ready, steady, stand...

A clear command of "Ready, steady, stand" is better than counting "1, 2, 3 go". If you use numbers some carers may start on the count 3, and others on the word go. Numbers also have less functional meaning to the patient. So giving a clear command helps co-ordinate everyone in their moves and makes the task safer.

After the task:

- **Correct your posture:** Stand up straight to correct your spinal alignment. Hold your chest open, shoulders back and abdominal muscles in so your lower body aligns properly with your upper body
- **Re-evaluate the task:** Could the task have been done better? How? Mark the patient profile with your comments
- **Report any issues:** If you identify issues that affect patient handling, report them to your manager and add them to the workplace control plan for action.

SOME TERMS EXPLAINED

Inside and outside

We've used the terms **'inside'** and **'outside'** to describe where arms and legs are positioned for the techniques we describe:

- The carer's inside arm or leg is the one closer to the patient
- The carer's outside arm or leg is the one further away from the patient.

The same description is used for the patient's limbs. Their inside arm or leg is the one closer to the carer and their outside limb is the one further away from the carer.

Open palm

An open palm placed on the patient's forearm, shoulder, elbow, hip or at the base of their spine can be used to guide the patient's movement. The open palm means there is less chance of injury to both carer and patient because it stops you 'holding' the patient while you are carrying out a technique – so there is less load involved in the transfer.

Standing in a stable position

A stable stance is where you stand upright with feet shoulder distance apart and with one foot slightly forward of the other. This stance is used in most of the techniques. It provides you with a stable base and, where required, allows you to step back smoothly to execute the technique, or to shift your weight if you need to hold firm or shift your balance.

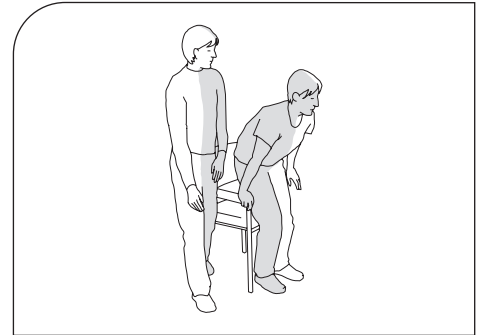


fig 91. The shaded area depicts the 'inside' of patient's arms and carer's bodies

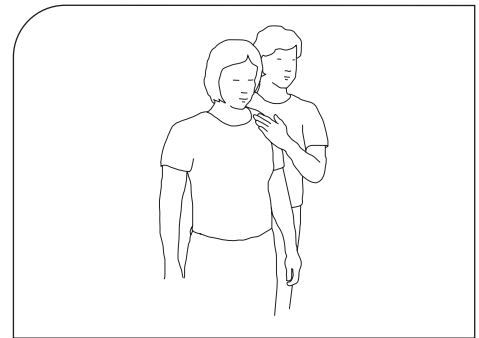


fig 92. Palm to shoulder guidance

Task 1: Standing and sitting the patient

Injuries, to both carers and patients, often happen when a patient is helped to stand from a seated position because:

- The carer lifts the patient to a standing position and supports them to remain standing
- The patient can't stay upright and collapses back, and the carer attempts to hold them up.

When developing the LITE patient profile it is essential to be clear about what the statement 'the patient can stand' means. Does it mean the patient is fully independent and can stand without help – or does it mean they need help to stand from a seated position and can then remain standing without help?

All patient handling tasks must be clearly documented to prevent confusion for carers. The LITE patient profile should have information about the patient's current capability to:

- Transfer and weight-bear
- Help with patient handling tasks
- Tolerate basic activity
- Balance and be stable.

BEFORE HELPING THE PATIENT STAND, CHECK:

- Is the patient willing to stand – and physically able to stand?
You may need to check the patient's capabilities with others who have been involved with the patient's care and rehabilitation
- Does the patient use a walking aid or prosthetic device?
Make sure they have any mobility aids they need – but do not use mobility aids as a device for the patient to pull themselves up to a standing position
- Is the patient's footwear non-slip and securely fitted?
- Is the space where the patient is going to stand clear?

The right seating makes standing easier

Standing from a chair is easier if the seat dimensions suit the patient. The correct seat height and depth allow the patient to sit with their feet flat on the floor. The armrests should ideally be positioned forward of the seat. This encourages the patient to bring their weight forward, making it easier to stand by bringing their centre of gravity over their base of support (their feet).

Techniques for standing and sitting the patient:

- Technique 1 – Independent sit to stand
- Technique 2 – Sit to stand with one or two carers
- Technique 3 – Sit to stand with a stand hoist
- Technique 4 – Independent stand to sit
- Technique 5 – Stand to sit with one or two carers

SIT TO STAND

Technique 1 Independent sit to stand

Only suitable if the patient can manage ALL the steps.

STEPS:

1. Ask the patient to put their hands on the armrests of the chair, or the firm surface of the furniture on which they are sitting
2. Ask the patient to put their feet flat on the floor – the feet should be apart and tucked back under the chair
3. Ask the patient to lean forward in the chair and shuffle their bottom to the edge of the seat
4. Ask the patient to lean forward while still sitting so their upper body is above and over the top of their feet – ‘nose over toes’
5. If needed, gently rock the patient back and forward to build up momentum to help them stand
6. The patient pushes themselves up to a standing position using the armrests or surface on which they were sitting.

Note: Hand or Bed blocks may provide support for a patient who is standing up from a bed or other firm surface.

Technique 2 Sit to stand with one or two carers

Before helping the patient stand, check there is enough space around the chair for carers to help.

STEPS:

This technique uses the same steps outlined in Technique 1, but in addition carers should:

1. Stand to the side of the chair and face the same way as the patient (in the direction of the transfer)
2. Bend their knees and hips slightly (bottom out) – feet should be shoulder distance apart, with the outside leg forward in the direction of the transfer
3. Put their outside palm on the front of the patient’s inside shoulder to help right the trunk and stabilise the patient
4. Put their inside palm at the base of the patient’s spine to help the patient bring their upper body over their feet to get ready for the move
5. Stay as close as they can to the patient throughout the transfer, so the patient’s centre of gravity stays as close as possible to their own centre of gravity.

Note: The lead carer should say “Ready, steady, stand”, then lead and coach the patient through the transfer.

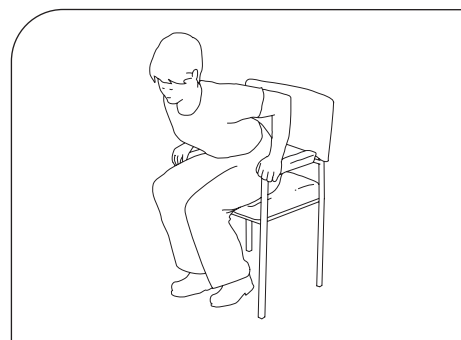


fig 93. Independent sit to stand

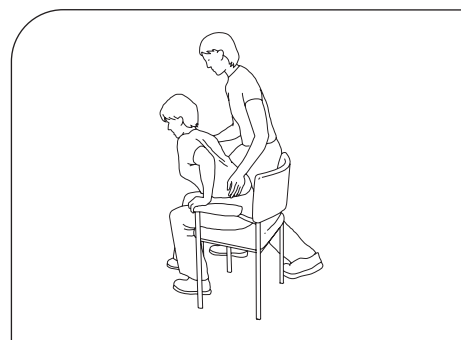


fig 94. Sit to stand with one carer

Technique 3 Sit to stand with a stand hoist

WHEN IS A STAND HOIST SUITABLE?

A stand hoist is only suitable if the patient can:

- Weight-bear through both legs (but has difficulty trying to stand and needs extra help)
- Co-operate and understand how the stand hoist will enable them to stand
- Balance and control their upper body
- Place their feet on the footplates, rest their knees against the kneepads and grasp the handholds or frame of the hoist.

STEPS:

1. Explain to the patient how the stand hoist will help them stand – and preferably demonstrate how it works (this will also help reassure them it is safe)
2. Place the sling well down the patient's back so it doesn't ride up under their armpits when the stand hoist is raised. If the sling rides up different equipment may be needed – see note below
3. Wheel the stand hoist into position, take the brakes off and adjust the legs to fit around the furniture
4. Position the hoist's 'arms' so they are level with the seated patient's sternum
5. Ask the patient to put their feet on the footplates, brace their knees against the kneepads and grasp the handholds or frame of the stand hoist
6. If the hoist's kneepads are adjustable, adjust them to suit the patient
7. Attach the sling to the stand hoist
8. Raise the stand hoist
9. Lower the stand hoist once the patient is positioned over the seating surface.

Note: If the sling is properly positioned and still rides up, it indicates the patient doesn't have the strength to hold themselves up in a standing position. This technique should not be used – use a mobile hoist instead.

There are also riser chairs and seat units which can tilt (and in some cases lift) to help the patient stand up.

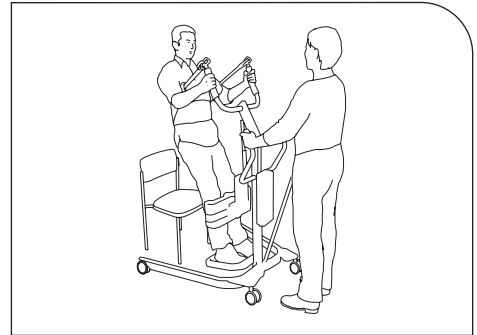


fig 95. Using a stand hoist to help a patient to sit

STAND TO SIT

Technique 4 Independent stand to sit

STEPS:

1. Check the patient can feel the edge of the seat or bed on the backs of their legs or knees
2. If the patient is sitting on a bed before lying down, ensure they sit near the head of the bed so they don't have to be repositioned after they lie down
3. Ask the patient to reach behind and take hold of the armrests or feel for the firm surface of the furniture on which they are about to sit
4. Ask the patient to lean forward ('nose over toes') and, at the same time, bend at the knees and hips to lower themselves onto the furniture.

Note: All movements should be slow and controlled by the patient. You should discourage them from collapsing back onto the furniture from a height.

Technique 5 Stand to sit with one or two carers

STEPS:

This technique uses the same steps outlined in Technique 2 but in addition carers should:

1. Stand to the side and if possible behind the standing patient
2. Put their outside palm on the front of the patient's shoulder
3. Put their inside palm on the patient's outside hip or lower back
4. Ask the patient to reach behind to support themselves with both hands on the armrests or firm furniture surface
5. The lead carer should say "Ready, steady, sit", then lead and coach the patient through the transfer.

Note: If the patient is being sat on a bed so they can lie down, but can't do this independently, you will need to use a profiling bed or patient handling equipment. The patient can use a leg lifter to transfer their legs onto the bed.

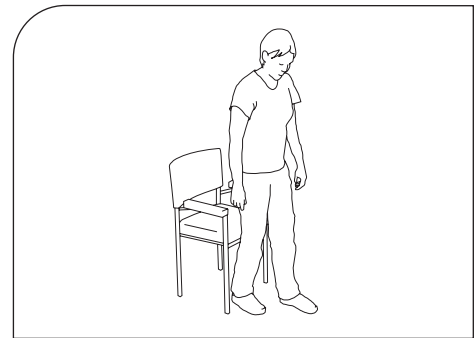


fig 96. The patient feels the chair edge

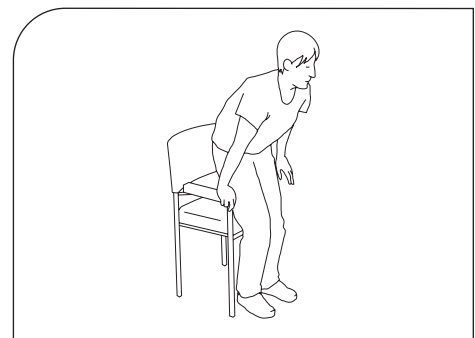


fig 97. The patient leans forward

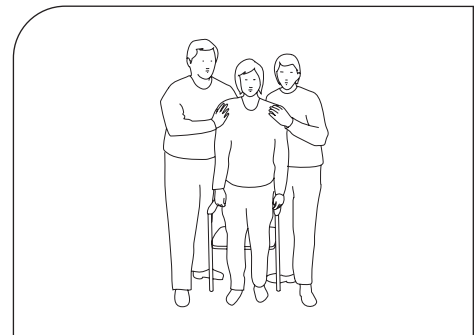


fig 98. Carers put their outside palms on patient's front shoulders

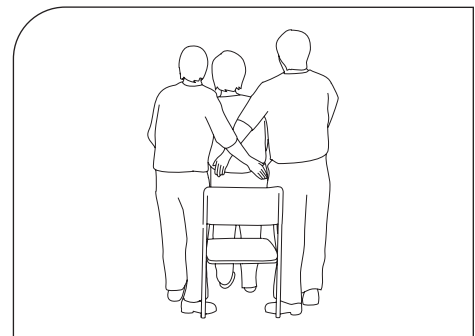


fig 99. Carers put their inside arms on patient's outside hip or lower back

Task 2: Walking with the patient

It is essential to consider the condition of the patient each time they are supervised or assisted to walk. Some days the patient may be able to walk independently and the next they may feel weak or unsteady on their feet. The LITE patient profile must take into account the fluctuating nature of the patient's condition. For example, some patients may need their medication to take effect before they can walk safely and independently.

BEFORE HELPING THE PATIENT TO WALK, CHECK:

- Is the patient physically able to walk?
Can they weight-bear and step effectively through? You may need to check with others who have been involved with the patient's care and rehabilitation
- Is the patient able to co-operate and understand what is expected?
- Is the patient wearing appropriate footwear?
Both patient and carer should wear flat, supportive, non-slip footwear
- Is the walking pathway clear?
This is especially important if, for example, the patient has to walk with a portable IV pole
- Is the facility to which the patient is walking, such as the toilet or shower, available?
This is especially important if the patient has limited walking tolerance
- Is there plenty of time so the patient is not rushed, or does not feel they're being rushed?
For instance, make sure there is plenty of time to reach the toilet
- Is the patient disoriented or tired?
Some patients may be disoriented, especially at night. If you're helping a patient who has been wandering, remember they may be fatigued and at more risk of falling
- Does the patient use a walking aid – and is it appropriately adjusted for them?
For instance, a walking frame 'borrowed' from another patient may not be the right height, or may have wheels that move the frame too rapidly for the patient
- Are there adequate opportunities for the patient to rest during the walk?
For instance, are there seats the patient can use along the way?

Techniques for walking the patient:

Technique 6 – Independent walking with or without walking aids

Technique 7 – Assisted walking with one or two carers

WALKING WITH THE PATIENT

Technique 6 Independent walking with or without mobility aids

If the patient is able to walk, the aim is to help them regain their confidence. You can help them walk independently with verbal prompts such as “Feet further apart”, “Bigger steps” and so on.

STEPS IF A MOBILITY AID IS REQUIRED:

1. Select the right mobility aid – the aim is to select one that encourages maximum independence. If you are not sure which is the right aid you may need to consult a physiotherapist
2. Adjust the mobility aid to the right height for the patient – if you are not sure of the right height, or how to adjust it, consult a physiotherapist
3. Coach the patient – once the patient is standing and has their balance, position the mobility aid and coach them to walk.

Note: There are a number of mechanical aids which will stand and help the patient walk. It is essential to follow the manufacturer's instructions and adjust the aid to meet the patient's requirements.

Technique 7 Assisted walking with one or two carers

STEPS:

1. Position yourself close, behind and slightly to the side of the patient to avoid extended reach
2. Place your inside palm on the patient's outside hip or lower back
3. Place your outside palm on the front of the patient's inside shoulder, arm or elbow
4. Your position will guide and reassure the patient.

Note: If the patient requires more help than this, do a reassessment and consider the need for a mobility aid.

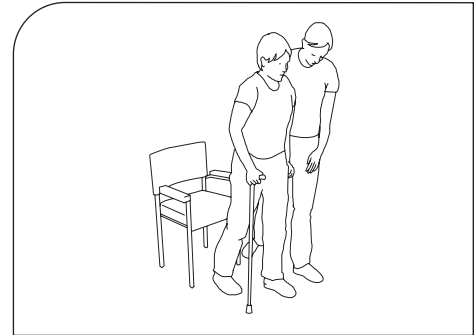


fig 100. Coaching the patient to walk with a walking stick

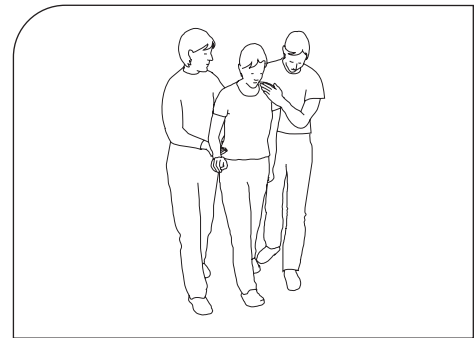


fig 101. Position for guiding the patient to walk

Task 3: Rolling the patient in bed

All patient handling tasks on the bed must be performed with the bed positioned to the correct working height – this is approximately the carer's hip level. Always roll the patient towards you. Direct the roll with your hands on the patient's outside shoulder and hip – these are the key points of contact.

TEMPORARY MEASURES IF THE BED IS NOT HEIGHT ADJUSTABLE

Best practice is to perform these techniques on a height-adjustable bed. As an interim measure only, if a bed is not height adjustable, some of the techniques for safe handling can be modified. In these cases the carer puts their knee on the bed, making sure their other foot stays on the ground. This prevents the carer from using an extended reach or bending too far forward for the roll transfer.

AUTOMATIC TILTING BEDS CAN ELIMINATE MANUAL ROLLING

To eliminate manual rolling, electric lateral tilting beds may be used to turn the patient from side to side. These beds are programmed by the carer via a control panel at the end of the bed. The patient can be automatically turned at regular time intervals depending on their needs.

SLIDESHEETS MAKE REPEATED ROLLING EASIER

Slidesheets are useful for rolling the patient several times during one task, such as a bed bath. They reduce friction so less force is needed to roll the patient. Slidesheets are for temporary use and must not be left under the patient as they are usually nylon and can make the patient sweat, which may lead to skin breakdown and pressure sores. If a patient must be frequently turned and you need something that can be left in place, you can use a padded roll sheet instead. This is made of low-friction material and can be permanently positioned between the mattress and the bottom sheet. For more details see the Equipment section.

BEFORE ROLLING THE PATIENT, CHECK:

What is the patient's condition? Consider extra measures if they:

- Are confused, agitated or unco-operative
- Have multiple injuries or pathology
- Are attached to medical equipment
- Have frail shoulder, hip or knee joints
- Are obese.

Have they had recent hip surgery? If so, immobilise the hip joint with strategically placed pillows.

Slidesheets are practical and effective

A slidesheet makes rolling a patient easier. In combination with Technique 11, which helps the rolled patient stay in the centre of the bed, it can reduce the number of handling operations as well.

Techniques for rolling the patient in bed:

Technique 8 – Independent rolling

Technique 9 – Independent rolling with equipment

Technique 10 – Rolling the patient with one carer

Technique 11 – Rolling the patient with two carers using a slidesheet

INDEPENDENT ROLLING

Technique 8 Independent rolling

STEPS:

Encourage the patient to roll using verbal prompts.

Ask them to:

1. Turn their head in the direction of the roll
2. Move their inside arm out from the side of their body, or lift it above shoulder height and rest it on the pillow, or place it across their chest to stop them rolling onto it
3. Flex their outside knee (or both knees) so they're ready to push off with their foot in the direction of the roll
 - a. If they can't flex their knee/s they can cross their legs at ankle level
 - b. If they can't push off with their foot, they can position their knee/s in the direction of the roll
4. Put their outside arm across their chest in the direction of the roll, so they're ready to reach over or hold on to the edge of the mattress
5. Roll over by pushing with their outside foot, while reaching across their body or holding on to the mattress with their outside hand.

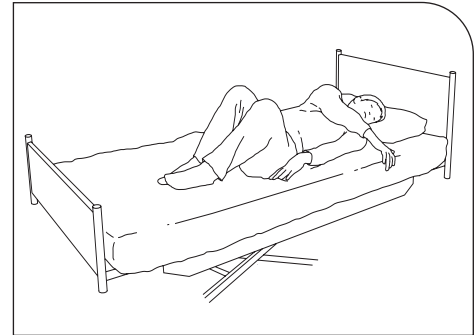


fig 102. Start position for rolling

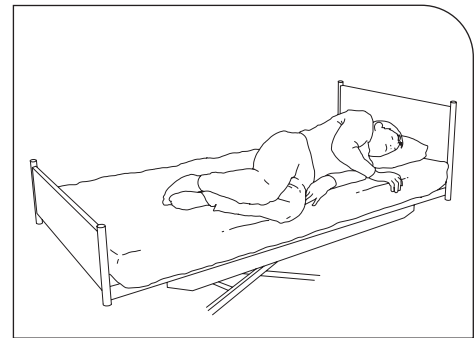


fig 103. Holding mattress to aid roll

Technique 9 Independent rolling with equipment

STEPS:

Encourage the patient to roll using verbal prompts.

Ask them to:

1. Turn their head in the direction of the roll
2. Move their inside arm out from the side of their body, or lift it above shoulder height and rest it on the pillow, or place it across their chest to stop them rolling onto it
3. Flex their outside knee (or both knees) so they're ready to push off with their foot in the direction of the roll
 - a. If they can't flex their knee/s they can cross their legs at ankle level
 - b. If they can't push off with their foot, they can position their knee/s in the direction of the roll
4. Put their outside arm across their chest ready to reach over and take hold of a bed lever or grab rail
5. Roll over by pushing off with their outside foot and pulling on the equipment with their outside hand.

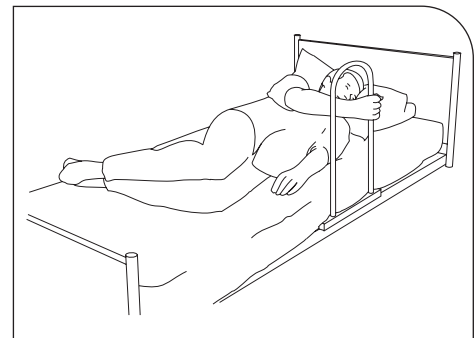


fig 104. Using a bed lever for rolling

ROLLING WITH HELP FROM CARERS

Technique 10 Rolling the patient with one carer

STEPS:

1. Adjust the bed to the correct working height
2. Stand on the side of the bed towards which the patient will roll
3. Turn the patient's head in the direction of the roll
4. Position the patient's inside arm out from the side of their body, or lift it above their shoulder and rest it on the pillow, or put it across their chest to stop them rolling onto it
5. Help the patient flex their outside knee (or both knees) so they're ready to push off with their foot in the direction of the roll
 - a. If the patient can't push off with their foot, position their knee/s in the direction of the roll
 - b. If the patient can't flex their knee/s, cross their legs at ankle level
6. Position the patient's outside arm across their chest ready for the roll
7. If the bed is not height adjustable, place your knee on the bed so you can perform this technique safely – this helps prevent you from using an extended reach or bending too far forward
8. Place one open palm behind the patient's shoulder blade and the other on their hip
9. Clearly give the command "Ready, steady, roll" so the patient can hear and assist if possible
10. If you have your knee on the bed, transfer your weight backwards and remove your knee from the bed in one co-ordinated movement on the command "roll"
11. Roll the patient towards you.

DO YOU NEED EXTRA HELP?

If you decide the patient should be pushed from behind to roll, you'll need help from another carer.

1. Get the patient ready (steps 1-8).
2. The second carer places their open palms behind the patient's top shoulder and hip.
3. The first carer rolls the patient towards them, while the second carer pushes the patient in the direction of the roll.
4. If the bed is not height adjustable both carers have one knee on the bed and the other on the floor – you both remove your knees on the "roll" command.

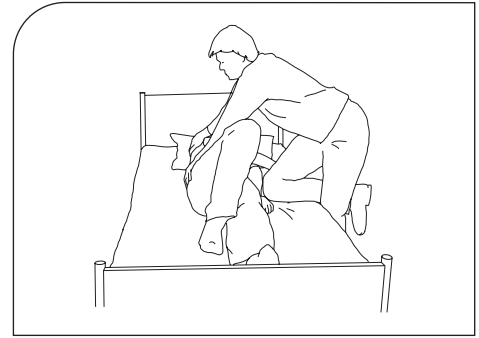


fig 105. Carer's position for rolling the patient when bed is not height adjustable

Technique 11 Rolling the patient with two carers using a slidesheet

This is the only technique that helps the rolled patient stay in the centre of the bed.

The technique uses two carers. The lead carer uses the slidesheet to roll the patient away from them, while the other carer helps guide the patient in the direction of the roll.

TO POSITION THE PATIENT:

1. Turn the patient's head in the direction of the roll
2. Position their inside arm out from the side of their body, or lift it above their shoulder and rest it on the pillow, or place it across their chest so they don't roll onto it
3. Help the patient flex their outside knee (or both knees) ready to push off with their foot in the direction of the roll. If they can't flex their knee, cross their legs at ankle level. If they can't push off with their foot, position the knee in the direction of the roll
4. Place the patient's outside arm across their chest ready for the roll.

TO POSITION THE SLIDESHEET:

5. Carers stand on either side of the bed
6. Adjust the bed to a working height – if the bed is not adjustable each carer places one knee on the bed
7. Position the patient to roll them so the slidesheet can be put in place – the lead carer positions the slidesheet, the other puts their open palms behind the patient's shoulder and hip
8. Gather half the slidesheet in folds behind the rolled patient, roll the patient back onto their back, then reposition them and roll them the other way to straighten the slidesheet out.

TO ROLL WITH THE SLIDESHEET:

9. Once the slidesheet is in place, reposition the patient so they are ready to roll
10. The lead carer grasps the top layer of the slidesheet and establishes a stable stance – feet shoulder distance apart, with the inside foot slightly in front of the other
11. The other carer places their open palms behind the patient's top shoulder and hip
12. The lead carer gives the "Ready, steady, roll" command clearly so the patient can hear and assist if possible
13. On the "roll" command, the lead carer smoothly pulls on the slidesheet, pulling back and slightly up, to roll the patient away from them, while the other carer rolls the patient towards them
14. If you have your knees on the bed, transfer your weight backwards and take your knees off the bed in one co-ordinated movement on the command "roll".

TO REMOVE THE SLIDESHEET:

15. Reach under the patient (using their natural body hollows) and firmly grasp the top layer of the far edge of the slidesheet

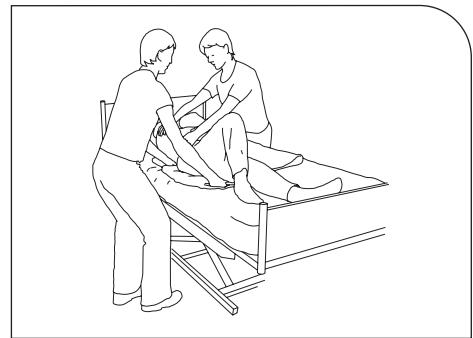


fig 106. Positioning the patient to roll with a slidesheet

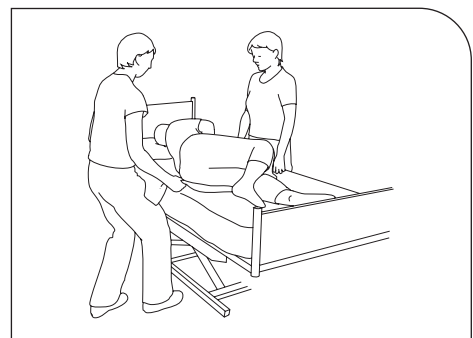


fig 107. Rolling the patient

IMPORTANT CHECKS...

The slidesheet must be placed about 15cm above the patient's shoulder and at least 15cm below the gluteal crease, so there are no friction points (the main friction points are the shoulders and hips). There should be equal amounts on each side of the patient.

The slidesheet should always be removed afterwards because it could cause the patient to sweat, leaving them prone to skin damage.

16. Gently pull the slidesheet out – the pull should be in line with the bed not upwards (or the patient may accidentally move)
17. If the slidesheet gets stuck, reach underneath the patient, find another part of the slidesheet and gently pull again – or roll the patient so you can remove it.

Task 4: Sitting the patient up in bed

It is difficult for most able-bodied people to sit straight up from lying down if their legs are extended in front of them. The upper body represents approximately 68% of the entire body weight and the hip flexors and abdominal muscles need to be very strong to sit up from this position. There are mechanical and non-mechanical aids that can help the patient sit up in bed (see the Equipment section).

Techniques for sitting the patient up in bed:

- Technique 12 – Independent sitting up in bed
- Technique 13 – Equipment to help the patient sit up in bed
- Technique 14 – Sitting the patient up with two carers

Technique 12 Independent sitting up in bed

STEPS:

Ask the patient to:

1. Bend at the hips and knees
2. Roll onto their side by turning their head in the direction of the roll, placing their outside arm across their chest and rotating their flexed knees over in the direction of the roll
3. Push themselves up into a side-sitting position using their arms
4. Straighten up from the side-sitting position by pushing through their elbows and/or arms
5. When sitting, position their arms behind their back to prop themselves up
6. Shuffle (or 'hip hitch') their bottom up the bed until they find a comfortable sitting position.

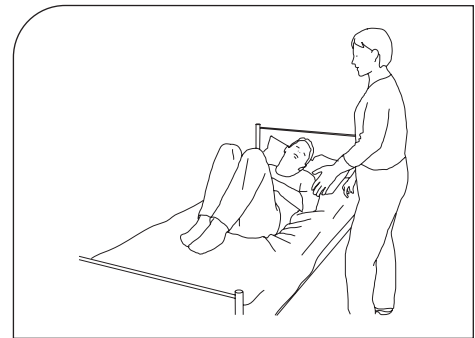


fig 108. Patient bends hips and knees

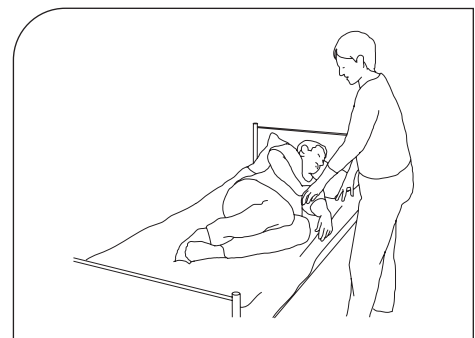


fig 109. Patient rolls onto their side

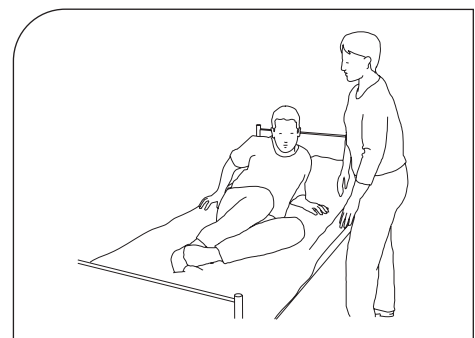


fig 110. Patient props themselves up

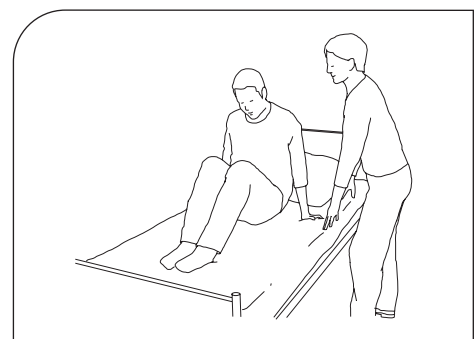


fig 111. Patient shuffles up the bed

Technique 13 Equipment to help the patient sit up in bed

MECHANICAL BEDS AND LIFTERS

You can eliminate the need for handling to sit patients up in bed with mechanical profiling beds, mattress elevators or pillow lifters. These items sit patients up with the push of a button.

NON-MECHANICAL AIDS

Non-mechanical aids include bed rails, bed levers and rope ladders:

- Bed levers and rails provide a stable lever the patient can use to help them sit up. They can sit up with their legs straight – or if they don't have enough abdominal strength for this, they can also use Technique 12 with the equipment
- With a rope ladder the patient 'walks' up the rungs to help them sit. The ladder is ideal for some patients, but can be difficult for patients with weak upper limbs and abdominal muscles.

HOISTS TO HELP THE PATIENT SIT UP

Steps:

If you use a hoist to sit patients up:

1. Select the right sling for the patient and the task, eg. mesh sling for bathing
2. Put the patient into position so they can be rolled onto the sling (rolling Technique 10)
3. Gather up half the sling lengthwise behind them – the rolled-up bit is next to the body
4. Roll them back the other way, so now they're on one half of the sling
5. Unroll the rest of the sling and roll the patient back onto their back
6. Adjust leg pieces
7. The sling is now ready for hoisting
8. Position the hoist over the bed and lower it so the spreader bar is just above the patient's chest
9. Attach the shoulder straps on the shortest position and the legs straps on the longest position (this may vary depending on the patient's size and how upright they can sit)
10. Raise the hoist to sit the patient up.

CAUTION – HOISTS SHOULD ONLY BE USED BY CARERS WITH APPROPRIATE TRAINING.

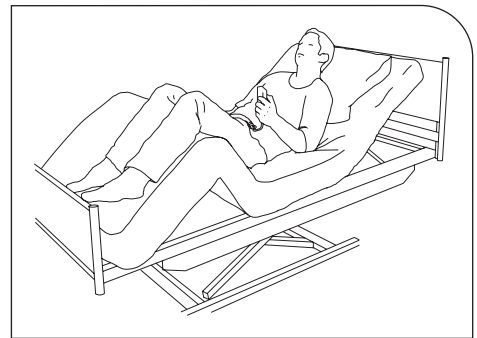


fig 112. A profiling bed helps patients sit up in bed at the push of a button

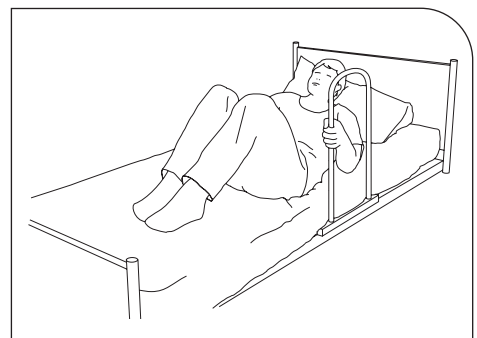


fig 113. A bed lever can help patients sit themselves up

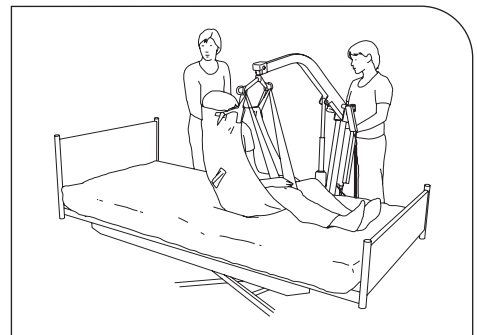


fig 114. Sitting a patient up using a hoist

IMPORTANT CHECKS...

There are many different types of hoists, slings and other equipment. It is essential before using any equipment to have the proper training – and to always follow the manufacturer's instructions.

Technique 14 Sitting the patient up with two carers

CAUTION – SITTING A PATIENT WHO CAN'T SIT THEMSELVES UP IS VERY HEAVY WORK WITHOUT MECHANICAL EQUIPMENT. THIS TECHNIQUE SHOULD ONLY BE PERFORMED IN AN EMERGENCY SITUATION.

The head and trunk of the patient make up about 68% of the patient's entire body weight. Performing this technique with most patients is high risk and will exceed acceptable weight limits. The best option is to eliminate the task. Best practice is to use an electric profiling bed that brings the head of the bed into an upright position.

STEPS:

1. The carers stand on either side of the bed facing the patient
2. The lead carer asks the patient to flex their knees. A pillow can be used to support this position
3. Roll the bottom sheet around the patient to form a hammock and support the patient's head
4. Adjust the bed to the correct working height and stand in a stable position – with feet shoulder distance apart, and the inside foot slightly in front of the other
5. **Or** if the bed is not adjustable, each carer kneels with their inside knee on the bed at the patient's hip level (do not sit on your heel) – with their other foot on the floor, and their outside arm on the bed to act as a strut (figure 115)
6. Both carers firmly grasp the sheet edge at the patient's shoulder level
7. Ask the patient to cross their arms over their chest and tuck their chin in
8. The lead carer commands "Ready, steady, sit"
9. Both carers step back with their inside foot while firmly holding the sheet. This sits the patient up
10. **Or** if the carers' knees are on the bed, they sit back on their heels while firmly holding the sheet – this sits the patient up.

Note: If the patient has impaired head control the sheet must support the head (like a hood). A small rolled towel behind the patient's neck may provide extra support. If the patient has adequate head control, the sheet can be rolled up and gathered around the patient's shoulders.

CAUTION – THE SHEET MUST BE IN GOOD CONDITION, OR IT COULD RIP. A SECOND SHEET CAN BE USED AS A REINFORCEMENT. PUT THIS INTO PLACE USING THE SAME TECHNIQUE YOU USE TO POSITION SLIDESHEETS.

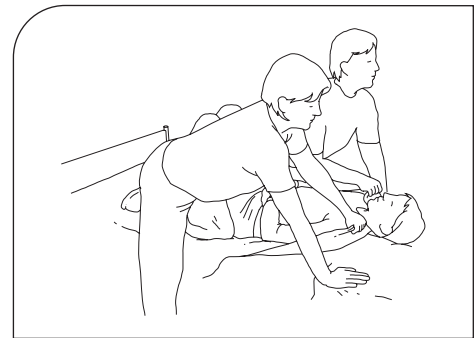


fig 115. Start position to sit patient

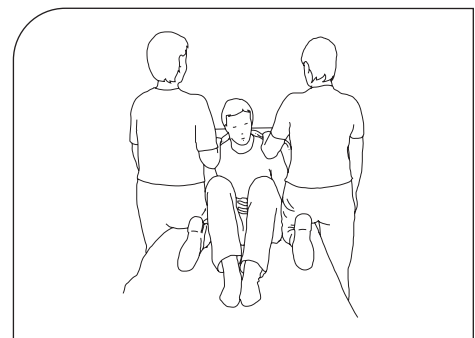


fig 116. Position of carers

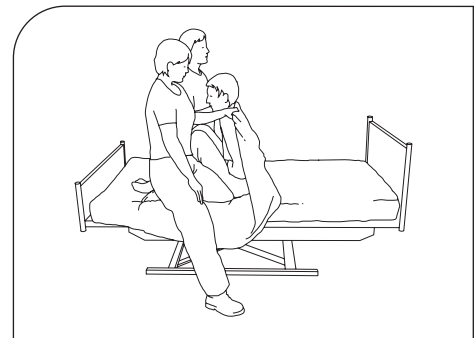


fig 117. Carers sit back on their heels while firmly holding the sheet to sit patient up

Task 5: Moving the patient in bed

There are a number of ways to help eliminate or reduce patient handling on the bed. Here are some things to consider:

- Discourage patients from wearing nightwear made of slippery material, such as satin and nylon, because it can mean the patient will have to be frequently repositioned
- Ask the patient to sit well up the bed, to avoid the need for repositioning once they lie down
- Position the patient carefully to avoid the need for frequent handling. Use pillows to support and prop the patient and to help stop them becoming uncomfortable
- Encourage the patient to move up the bed by 'hip hitching'
- Profiling beds can eliminate patient handling because they can be adjusted at the push of a button, or by winding a handle
- Slidesheets reduce friction so less force is needed to move someone in bed. But any part of the body which is to move must be on the slidesheet, or it will stop the slide. There's more about slidesheets in the Equipment section
- One-way slidesheets can reduce handling because they only allow movement in one direction. For instance, they can help someone sit up, then prevent them slipping down.

CAUTION – PATIENTS CAN'T EASILY SHIFT THEIR WEIGHT ON A ONE-WAY SLIDESHEET, WHICH CAN LEAD TO SKIN PRESSURE PROBLEMS. IT IS VERY IMPORTANT TO ASSESS THE PATIENT'S SKIN INTEGRITY BEFORE USE.

Hip hitching

With hip hitching, the patient 'walks' up the bed on their buttocks. They gently rock to one side, lifting the other buttock and moving it up the bed – then they repeat the action on their other side. This technique is especially useful for people who can't easily weight-bear on their arms.

Techniques for moving the patient up in bed:

Technique 15 – Independent movement up the bed

Technique 16 – Independent movement in bed using equipment

Technique 17 – Two carers move the sitting or lying patient up the bed

If these techniques are unsuitable, a hoist must be used to move the patient.

Technique 15 Independent movement up the bed

CAUTION – THIS TECHNIQUE IS ONLY SUITABLE FOR PATIENTS WITH ADEQUATE UPPER LIMB STRENGTH AND TRUNK STABILITY.

STEPS:

1. Ask the patient to sit up in bed using Technique 12
2. Ask them to make their hands into closed fists and put their fists just behind their hips
3. Ask them to bend their knees and dig their heels into the bed ready to push themselves up the bed
4. Ask them to push themselves up by pushing through their heels and fists at the same time, to lift and move their bottom up the bed.

Technique 16 Independent movement in bed using equipment

Slidesheets and hand blocks may help the patient move up the bed independently.

USING A SLIDESHEET:

The patient is lying down for this technique:

1. Ask the patient to 'bridge' by pushing their hips off the bed
2. Position the slidesheet – see note below
3. If the patient can't 'bridge', use rolling Technique 10 or 11 to roll them onto the slidesheet
4. Make sure the patient's whole body, except their feet, is on the slidesheet
5. Ask the patient to bend their knees and dig their heels into the bed ready for pushing
6. Hold their ankles so their feet can't move as they push
7. Ask the patient to push themselves, using their feet and legs, up the bed – the slidesheet helps them move
8. Remove the slidesheet – see note below.

Note: For more details about positioning and removing slidesheets, see Technique 11 on page 149.

Using hand blocks

The patient sits for this transfer. It is the same as Technique 15, but the patient uses hand blocks to gain leverage instead of closed fists. The blocks should be positioned just behind the patient's hips. Using a slidesheet may also help.

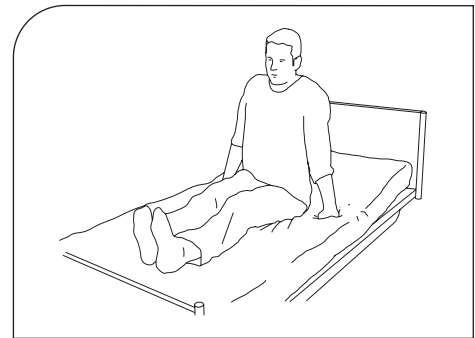


fig 118. Patient sits with closed fists by hips

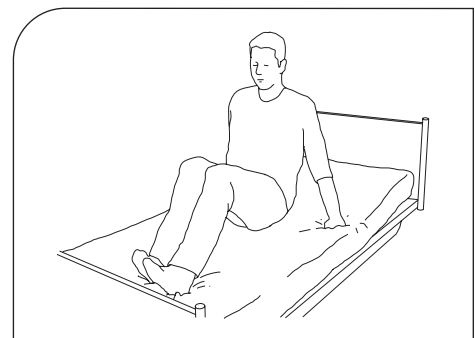


fig 119. Patient bends knees and digs heels into bed

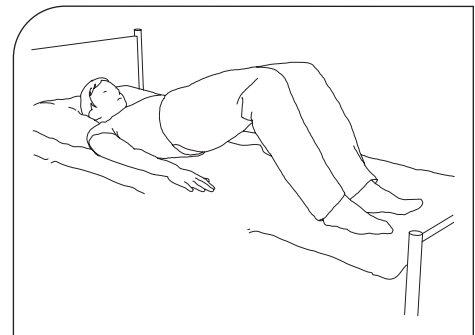


fig 120. Patient 'bridges' by pushing hips off the bed

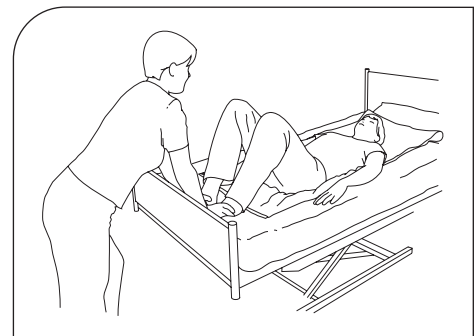


fig 121. Carer holds patient's ankles to help them slide with a slidesheet

Technique 17

Two carers move the sitting or lying patient up the bed

CAUTION – CHECK THE WEIGHT LIMIT FOR THE BED TO MAKE SURE IT CAN SAFELY TAKE THE WEIGHT OF THE PATIENT AND CARERS.

This technique uses a slidesheet. You may need more than one slidesheet for the transfer. It's best if the patient is lying down because there is less friction, but the technique can also be used for sitting patients.

Before you start, clear the bed of pillows or bedding that could restrict the slide.

IF THE BED IS HEIGHT ADJUSTABLE:

1. Adjust the bed to the correct working height
2. Carers stand each side of the bed, facing the foot of the bed
3. Ask the patient to 'bridge' by pushing their hips off the bed
4. Position the slidesheet – see note below
5. Place your feet shoulder distance apart with your outside foot well forward of the other
6. With your inside arm, grasp the top layer of the slidesheet close to the patient's hip and pull it taut
7. The lead carer gives the "Ready, steady, slide" command
8. On the "slide" command, both carers step back while firmly holding the slidesheet – this slides the patient up
9. Repeat steps 6-8 if required
10. Remove the slidesheet straight away to stop the patient sliding back down the bed – see note below.

IF THE BED IS NOT HEIGHT ADJUSTABLE:

1. Carers stand each side of the bed, facing the foot of the bed, and place their inside knees on the bed
2. Your knee must be under the slidesheet, with your knee and ankle aligned and outside foot on the floor
3. Lean forward, supporting your body with your outside arm
4. With your inside arm, grasp the top layer of the slidesheet close to the patient's hip and pull it taut
5. The lead carer gives the "Ready, steady, slide" command
6. On the "slide" command, both carers sit back together while firmly holding the slidesheet – this slides the patient up
7. Repeat steps 4-6 if required
8. Remove the slidesheet straight away to stop the patient sliding back down – see note below.

Note: If the patient cannot 'bridge' use Technique 11 to roll them on to the slidesheet.

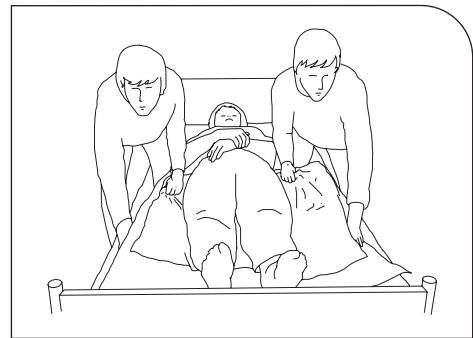


fig 122. Carers' position for a bed that is not height adjustable

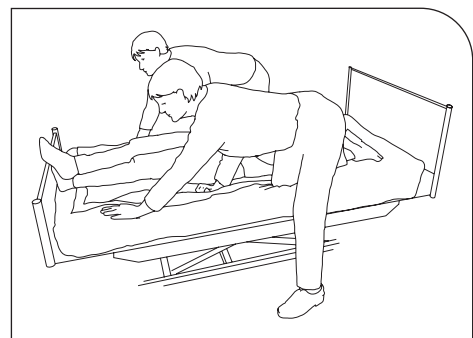


fig 123. Carers lean forward, using arms for support

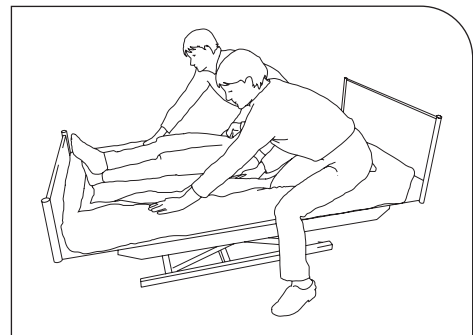


fig 124. Carers sit back to move patient up the bed

IMPORTANT CHECKS...

The slidesheet must be positioned so it can continuously slide up the bed as the patient moves.

Ensure the patient's whole body is on the slidesheet, or it will prevent the slide.

Move smoothly, or you can cause injuries. Being too vigorous may move the patient too far so they hit their head.

Task 6: Sitting the patient to the edge of the bed

BEFORE MOVING THE PATIENT, CHECK:

- Does the technique suit the clinical pathway and physician's orders?
- Is the patient able to sit up – do they have enough strength and sitting balance?
- Can they use their arms to help push or pull themselves up, perhaps with a bed lever?
- Are they co-operative and can they follow simple commands?
- Can they sit up safely – will it interfere with medical equipment such as IVs and catheters?

Techniques for sitting the patient to the edge of the bed:

Technique 18 – Independent sitting to the edge of the bed

Technique 19 – One or two carers sit the patient to the edge of the bed

Technique 18 Independent sitting to the edge of the bed

Before starting, adjust the bed if possible, so the patient's feet can touch the floor when they're sitting.

STEPS:

Ask the patient to:

1. Bend their knees and put their outside arm across their chest
2. Roll onto their side by turning their head and rotating their flexed knees in the direction of the roll
3. Push their feet towards the edge of the bed
4. Push themselves up into a side-sitting position by using their arms and put their legs over the side at the same time

EQUIPMENT:

- A slidesheet could help the patient move their feet to the edge of the bed at step 3
- A bed lever could help them push themselves up to sitting at step 4.

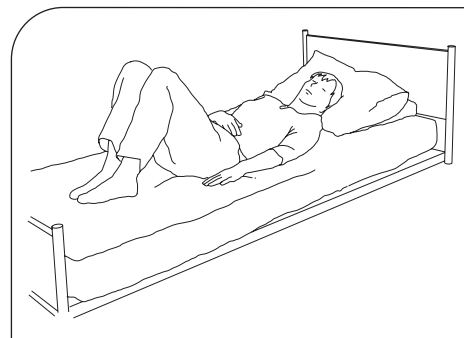


fig 125. Patient gets into position with knees bent and arm over chest

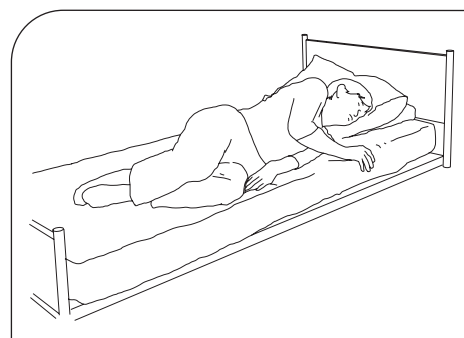


fig 126. Patients rolls over by flexing knees in direction of roll

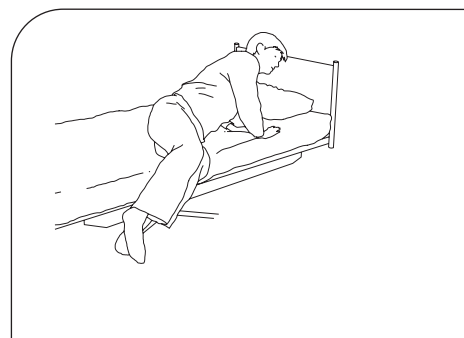


fig 127. Patient pushes up to a side-sitting position

Technique 19

One or two carers sit the patient to the edge of the bed

CAUTION – FOR THIS TECHNIQUE THE PATIENT MUST HAVE THE STRENGTH TO PUSH MOST OF THEIR WEIGHT UP. YOU MUST NOT TAKE THE BULK OF THEIR WEIGHT – OR HOLD THEIR LEGS TO LOWER THEM TO THE GROUND.

STEPS:

1. Adjust the bed to the correct working height for carers
2. Ask the patient to roll onto their side (see Technique 8) and push their feet to the near edge of the bed
3. The lead carer stands next to the bed at the patient's chest level, with feet shoulder distance apart
4. Ask the patient to sit using Technique 18
5. At the same time the lead carer helps guide the transfer by pushing down through the patient's upper hip
6. If there is a second carer, they can help the patient bring their legs over the edge of the bed if required.

Note: A slidesheet can be useful with this technique. It can be used to help the patient move their feet to the edge of the bed, and to bring their feet over the edge of the bed.

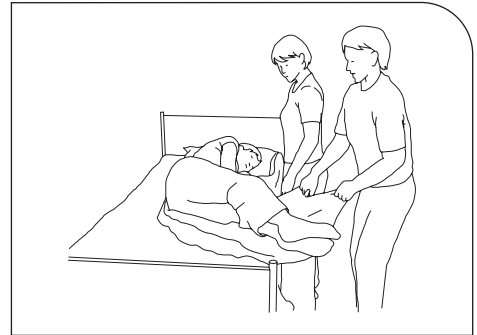


fig 128. Patient moves their feet to side of bed – here a slidesheet is used

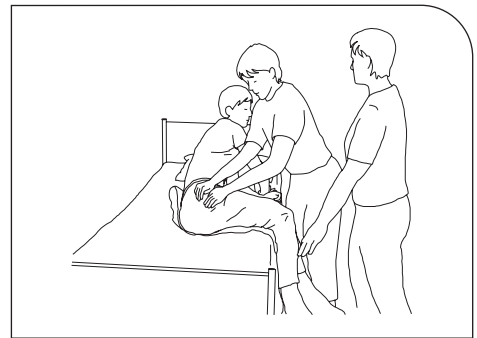


fig 129. Help the patient by pushing down through their hip

Task 7: Sitting to sitting transfers

BEFORE MOVING THE PATIENT, CHECK:

- Does the technique suit the clinical pathway and physician's orders?
- Does the patient have enough strength and sitting/standing balance for the transfer?
- Do they have enough muscle control for the entire task, for example to get into the start position and then to shuffle from one surface to another?
- Can the use of equipment, for example a riser chair, grab rails or a standing frame around a chair, help the patient and minimise the risks?
- Can the furniture or equipment be better positioned or adjusted to minimise the risks, for example removing or lowering armrests so a transfer board can be used?

The positioning of chairs, commodes and wheelchairs is important. Seating surfaces should be close together and at the right height for the patient – low chairs are hard to stand up from.

Techniques for sitting to sitting transfers:

Technique 20 – Independent transfer

Technique 21 – Transfer with the help of one or two carers

Technique 20 Independent transfer

Generally the patient should lead from their stronger side, if they have one (for instance if a stroke has affected one side).

STEPS:

Make sure the item to which the patient is moving, is close by then ask the patient to:

1. Position themselves with their arms on the armrests and their feet flat on the floor, shoulder distance apart
2. Lean forward in the chair and shuffle their bottom to the edge of the seat
3. Lean forward so their upper body is over their feet – ‘nose over toes’
4. Put their leading foot in the direction they’re going
5. Reach over and take the far arm of the other chair with their leading arm
6. Push up through their arms and legs, then shuffle across or step around to sit in the other chair.

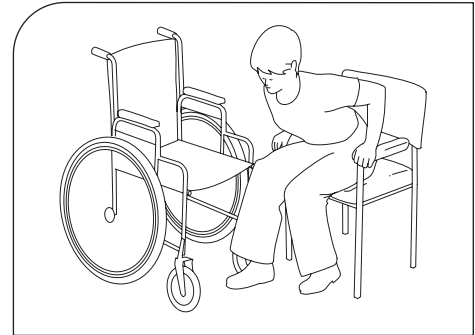


fig 130. Patient leans forward in the chair

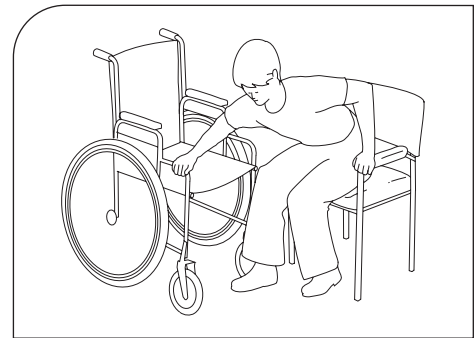


fig 131. Patient puts their leading arm across to the other chair

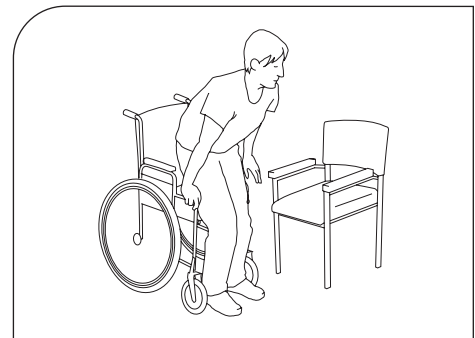


fig 132. Patient pivots and shuffles into the other chair

Technique 21 Transfer with the help of one or two carers

CAUTION – THIS TECHNIQUE SHOULD ONLY BE USED IF THE PATIENT CAN STEP INDEPENDENTLY FROM ONE SEAT TO ANOTHER. THE CARER MUST STAY UPRIGHT THE WHOLE TIME.

STEPS:

1. Position the furniture so the carer can be at the patient's side the whole time
2. Make sure the item to which the patient is moving is close by
3. If using a wheelchair, the brakes should be on and the footplates removed
4. Help the patient stand up using Technique 1 or 2
5. Pause to allow the patient to get their balance
6. Walk with the patient using Technique 6 or 7
7. Seat the patient using Technique 4 or 5.

PAGE REFERENCES:

- Sit to stand Techniques 1 and 2 are on page 140
- Stand to sit Techniques 4 and 5 are on page 142
- Walking Techniques 6 and 7 are on page 144.

TRANSFERRING TO A TOILET OR COMMODE?

You need to consider how the patient's clothes will be adjusted for toileting before you start the transfer. For instance, you might ask the patient to support themselves, using toilet handrails or commode armrests, so your hands are free to adjust their clothing. However, if the patient can't support themselves with rails or armrests, you may need to consider using another technique.

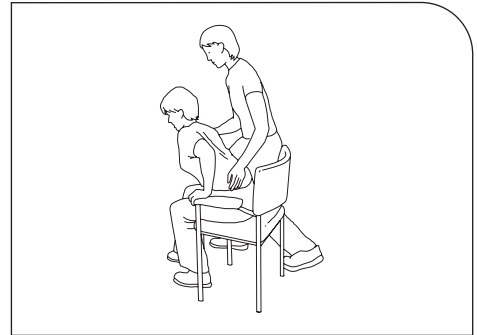


fig 133. Helping the patient stand with Technique 2

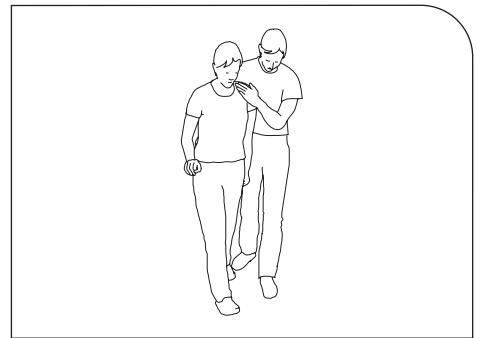


fig 134. Helping the patient walk with Technique 7

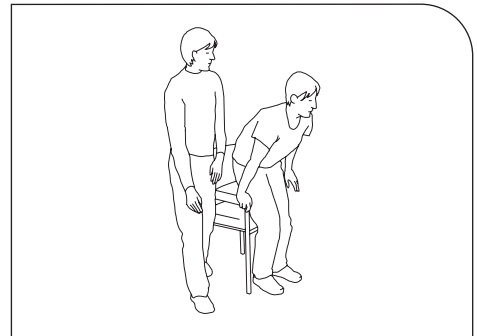


fig 135. The patient sits independently with Technique 4

Task 8: Non-weight-bearing transfers

BEFORE STARTING, CHECK:

- Are seat surfaces a similar height? Using a transfer board is unsafe if the difference is large. If the differences are small you can use non-slip matting (such as Dycem) to stop the transfer board moving, but transfer uphill is difficult and you may need another technique
- Are seat surfaces close enough? The transfer board must bridge the gap comfortably
- Are you using a wheelchair? You need to put the brakes on and remove footplates and armrests
- Would a turntable help? Using a turntable under the patient's feet can help ensure the patient's feet and legs move in the direction of the transfer.

Technique for non-weight bearing transfers:

Technique 22 – Non-weight-bearing transfer with one carer

Technique 22 Non-weight-bearing transfer with one carer

CAUTION – IF THE TRANSFER CAN'T BE CARRIED OUT WITH ONE CARER AS DESCRIBED HERE, A HOIST SHOULD BE USED.

This technique uses a transfer board and turntable. The patient should lead from their strongest side.

STEPS:

1. Position the transfer board
2. Stand in the gap behind the patient and the two pieces of furniture
3. Ask the patient to get ready by:
 - a. Putting their feet flat on the turntable
 - b. Leaning forward over their base of support
 - c. Putting their leading arm in the direction of the transfer
4. Ask the patient to put some weight on their leading arm to start the transfer
5. Coach the patient with prompts such as “Slide across, move your hand, keep going...”
6. If the patient needs support and guidance:
 - a. Put your open outside palm on their outside hip
 - b. Put your inside palm on their inside shoulder
 - c. Stand with feet shoulder distance apart, with one foot forward in the direction of the transfer
 - d. Move along with the patient without twisting, stooping or holding onto the patient
7. Remove the transfer board when the move is complete.

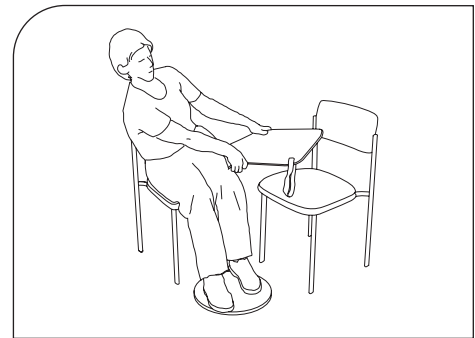


fig 136. The position of the transfer board before moving

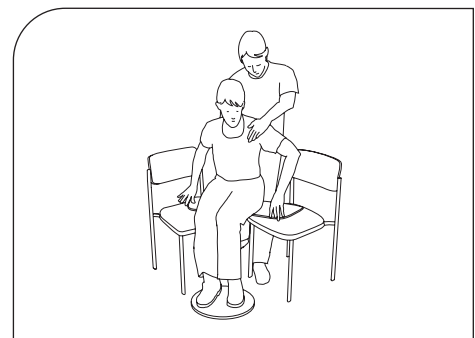


fig 137. The patient slides across the transfer board

Task 9: Repositioning the patient in a chair

If the patient repeatedly slips in a chair you could consider using:

- A chair with a base that slopes backwards or a chair that tilts backwards, like a recliner
- A wedge to raise the front edge of the seat base, so the seat base slopes backwards
- A one-way slidesheet – providing a careful assessment is done first.

If a one-way slidesheet is used, the patient must be well supported to prevent pressure sores. Please note sheepskin slidesheets do not relieve pressure, but some other types of slidesheets have gel packs and air cells that may help.

PREVENTING FALLS

If the patient slips forward in a chair they may be at risk of falling to the floor.

Here are some risk factors to check for:

- Does the patient have sufficient balance or trunk control to sit unsupported?
- Is the patient wearing slippery clothes?
- Is the seat surface slippery – or does the seat slope forwards?
- Has the patient been sitting for too long? They may be trying to move because they are uncomfortable
- Is the chair suitable for the patient? It may not be a suitable depth, size or shape
- Are the patient's feet unsupported? Feet should reach the floor or be supported by a footstool
- If a hoist was used, was the patient positioned well back in the chair?

Techniques for repositioning the patient in a chair:

Technique 23 – Independent repositioning in a chair

Technique 24 – One carer repositioning the patient in a chair

Technique 25 – Repositioning the patient in a chair using a hoist

Technique 26 – Repositioning the patient in a chair using a slidesheet

Technique 23 Independent repositioning in a chair

STEPS:

Ask the patient to:

1. Put their feet flat on the floor – the feet should be apart and tucked under the chair
2. Lean forward and bring their 'nose over toes' so their upper body is over their feet
3. Stand up and sit back down with their bottom as far back into the seat as possible, or
4. Shuffle their bottom back into the seat by pushing back using the armrests and their feet – this won't work if the chair is too high for the patient to get their feet firmly on the ground.

Technique 24 One carer repositioning the patient in a chair

The following technique may be used to move the seated patient forward or backward in their chair.

It is not suitable for patients with painful knee or hip joints.

STEPS:

1. Kneel, crouch or squat in front of the seated patient
2. Ask the patient to lean to one side and hip hitch backwards or forwards, lifting one buttock at a time and using the armrests for support
3. Place your open palm on the side of the buttock that the patient is 'lifting' and your other hand on the knee on the other side of the patient's body to help guide the movement
4. Repeat on the patient's other side until they are positioned comfortably in the chair.

**CAUTION – YOU MUST NOT TRY TO SUPPORT OR LIFT THE PATIENT'S WEIGHT
– AND YOU MUST TAKE CARE NOT TO FLEX FORWARD OR TWIST YOUR SPINE WHILE
HELPING THE PATIENT.**

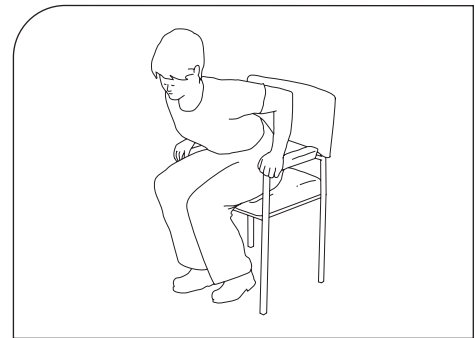


fig 138. The patient brings 'nose over toes'

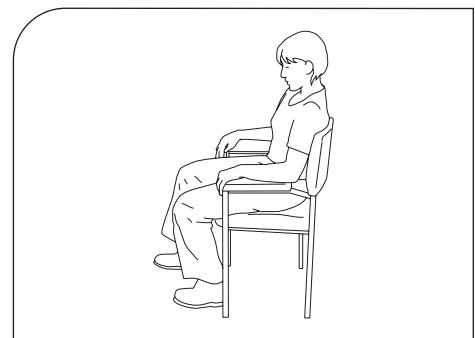


fig 139. The patient pushes back well into the chair

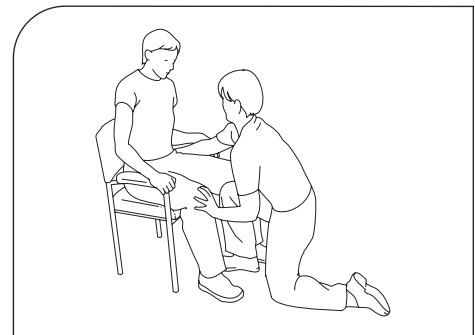


fig 140. The patient is now more upright

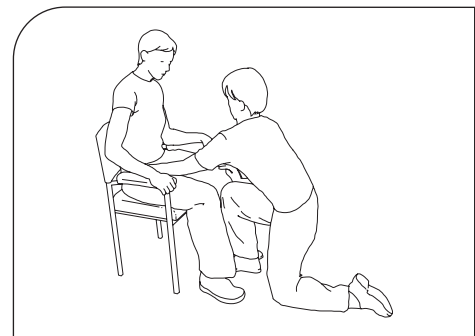


fig 141. Repeat the movement on the patient's other side

Technique 25 Repositioning the patient in a chair using a hoist

You can use a mobile hoist or a mobile standing hoist to reposition the patient in their chair. This technique needs two carers – one to operate the hoist and another to make sure the patient is lowered into a comfortable position. Always check the manufacturer's instructions before using equipment.

STEPS:

1. Position the hoist and adjust the legs to fit around furniture
2. Lower the boom over the patient's sternum
3. Fit the shoulder straps on the shortest position and the leg straps on the longest position – this may vary depending on the patient's size and how upright they can sit
4. Raise the hoist so the patient can be moved into the chair
5. Lower the hoist and at the same time guide the patient into a comfortable position by:
 - a. Standing behind the chair and using the handles on the sling (if available), or
 - b. Standing in front or to the side of the patient and pushing against their knees
6. **Or** if the hoist has a tilting spreader bar, adjust it to tilt the patient into an upright position before you lower them into the chair
7. Detach the sling from the hoist – and remove the sling if required.

Note: Make sure the patient is sitting upright in the sling to eliminate, or reduce the need for, further repositioning.

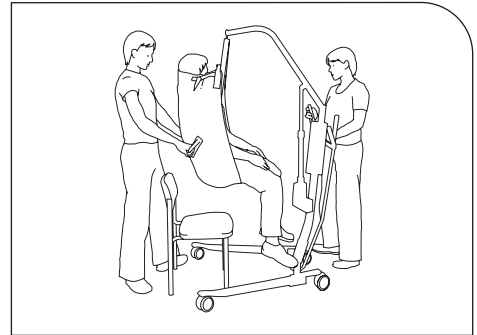


fig 142. Raise the hoist and guide the sling using the handles

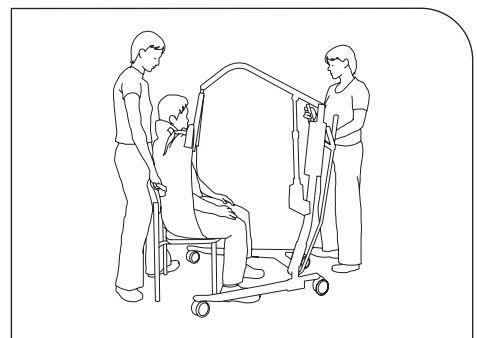


fig 143. Reposition the patient well back in the chair

Technique 26 Repositioning the patient in a chair using a slidesheet

CAUTION – THIS TECHNIQUE IS NOT SUITABLE FOR PATIENTS WITH PAINFUL KNEE OR HIP JOINTS.

This technique requires two or three carers. One kneels or squats in front of the patient for the whole move, to stop them slipping forwards. The other/s performs the technique.

WITH TWO CARERS:

1. One carer kneels or squats in front of the patient while the other one rolls up half the slidesheet – the rolled half goes under the patient's bottom
2. Ask the patient to lean to one side, lifting their buttock so you can put the rolled half of the slidesheet under them
3. Ask them to lean the other way, lifting their other buttock, so you can unroll the slidesheet from the other side of the chair
4. Ask the patient to lean forward and push back in the seat using their feet and pushing on the armrests
5. Remove the slidesheet straight away to stop the patient slipping forward again – see note below.

The person kneeling in front can help by applying gentle pressure through the patient's knees while the patient is pushing backwards.

WITH THREE CARERS:

Two carers stand one on each side of the patient, and the third carer kneels or squats in front.

The standing carers:

1. Roll and position the slidesheet – see steps 1-3 above
2. Stand with feet shoulder distance apart with one foot forward of the other in a 'walk stance' – always maintain the natural curve of your spine
3. Grasp the upper layer of the slidesheet at the side front
4. Step back gently while firmly holding the slidesheet – this slides the patient back in the chair (figures 145 and 146)
5. Remove the slidesheet straight away – see note.

Note: To remove the slidesheet, hold the top layer on one side at the front then slide the sheet back behind the patient. Repeat on the other side. When the sheet is behind the patient, pull it sideways out of the chair.

USING THE SLIDESHEET

The slidesheet slides back as the patient pushes back – so the open sides of the 'loop' should be at the sides of the chair seat. If your slidesheet is not a continuous loop, fold it in half and place the folded edge at the front of the chair. Most of the slidesheet should be under and behind the patient.

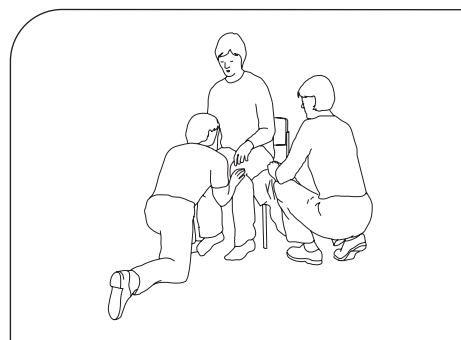


fig 144. Putting the slidesheet in place

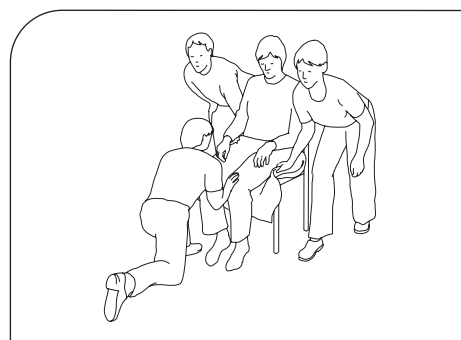


fig 145. Start position – carers step back, and slidesheet moves back with them

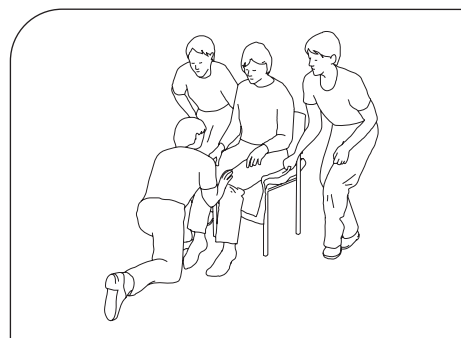


fig 146. End position – the patient is sitting upright, well back in the chair

Task 10: Assisting a fallen patient

IDENTIFYING FALL RISK

Preventing falls is far more effective than trying to manage a fall in progress – or managing the after-effects. So the priority is to prevent falls by identifying any risks and then implementing controls to eliminate, isolate or minimise them.

The risk of falling depends on many factors. Many health care organisations have a falls prevention programme that helps them identify patients at risk so they can develop appropriate strategies.

If you have a falls prevention programme in place, the fall risk and brief details of the care plan should be noted on the LITE patient profile.

Some of the risk factors for falls and patient handling are the same. So the two programmes are complementary, and you need to decide how you can best integrate them to avoid duplication.

For more about falls prevention please visit www.acc.co.nz

Reducing the risk – it works both ways

Falls prevention and patient handling programmes work well together. By creating strategies to reduce the risk of falls, for instance by reviewing medication that causes dizziness, strengthening weak muscles, improving balance and correcting visual problems, you also reduce the risk of patient handling injuries.

MANAGING A FALL IN PROGRESS

There is always a risk that a patient could fall during a handling task, so every health care organisation needs to have procedures to cope with this risk.

There are a number of techniques for managing a falling patient. These are designed to support and guide a patient as they are falling, but they are only suitable if the carer is in the right place at the right time and the patient can be guided towards them.

Often these techniques will not be safe to use and the ethical dilemma is whether to catch the falling patient or not. Either way there is a high risk of injury to either the patient or the carer and each health care organisation needs to develop a policy suited to its care situation.

These guidelines can't provide an answer to the dilemma. Our recommended approach is to take all practicable steps to prevent falls through identifying and controlling the risks.

MANAGING THE FALLEN PATIENT

Carers should never try to lift a fallen patient off the floor unless there is an emergency or life-threatening situation. Give the patient time to get calm and then either coach them to get up or help them with a hoist, or a powered device like a lifting cushion.

It's important that patients know your patient handling policy on lifting, and understand the reason for it, so they don't expect to be lifted by the carer after a fall.

If you find a fallen patient, you need to assess the situation carefully to ensure the patient isn't injured further while you are trying to help them. This affects the method you use to help them – and the choice of equipment.

TO ASSESS THE FALLEN PATIENT:

- Make sure the area around the patient is safe and that no further harm can occur, for instance clear any spills or objects away
- Call for help – and ask for the patient’s care plan and LITE patient profile
- Assess the patient’s airway, breathing and circulation, and maintain according to CPR guidelines and the patient’s care plan
- Continue the assessment as needed, using approved First Aid procedures, and decide if the patient can be moved
- If there is a possibility the patient is injured, do not move them, make them comfortable on the floor and seek further medical advice
- Stay with the patient and stay calm – don’t hurry them to get up. This will help the patient stay calm and relaxed
- Choose the right technique to help them up, explain the procedure and talk with them throughout the move to provide reassurance
- Remember, the patient can’t fall any further and acting without assessing the situation carefully could cause injury to you and the patient.

CAUTION – CARERS MUST NEVER LIFT A FALLEN PATIENT UP FROM THE FLOOR UNLESS THERE IS A LIFE-THREATENING SITUATION OR EMERGENCY.

Powered lifting devices like lifting cushions can be very helpful, especially in cases where the patient is regularly on the floor, for instance to exercise or play with children. To use these devices the patient must have sitting balance and not be prone to slumping to one side. Careful assessment is needed to ensure the device suits the patient and the situation. Always follow the manufacturer’s instructions.

Techniques for assisting a fallen patient:

Technique 27 – Assisting a fallen patient who is conscious and uninjured

Technique 28 – Assisted transfer or hoisting from the floor with two carers

Technique 29 – Assisting a fallen patient in an area that is difficult to access

Technique 27 Assisting a fallen patient who is conscious and uninjured

CAUTION – IF A PATIENT CAN'T GET UP OFF THE FLOOR USING THIS TECHNIQUE YOU WILL NEED TO USE A HOIST, OR A POWERED DEVICE LIKE A LIFTING CUSHION.

STEPS:

Place a pillow under the patient's head, cover them with a blanket if appropriate, and insist they wait until they are calm and feel ready to get up. Place a chair or stable low piece of furniture near the patient – they will use this to push themselves up.

When the patient is ready ask them to:

1. Bend their knees up and roll onto their side – see Technique 8
2. Push themselves up into a side-sitting position – see Technique 12
3. Move into a four-point kneeling position
4. Put their inside hand on the chair and bring their outside leg up ready to push themselves into a kneeling position
5. Push themselves up with their outside hand on their outside knee and their inside hand on the chair
6. Swing their hips around and sit on the chair.

PAGE REFERENCES:

- Independent rolling Technique 8 is on page 147
- Sitting up Technique 12 is on page 152.

This technique can be taught to some patients who regularly fall to reassure them they can get up from the floor independently. They will need to crawl to a stable piece of furniture that they can use to push themselves up.

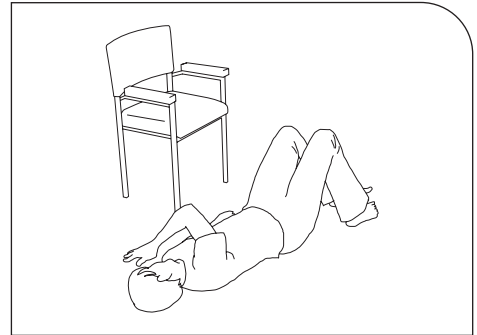


fig 147. Get ready to roll

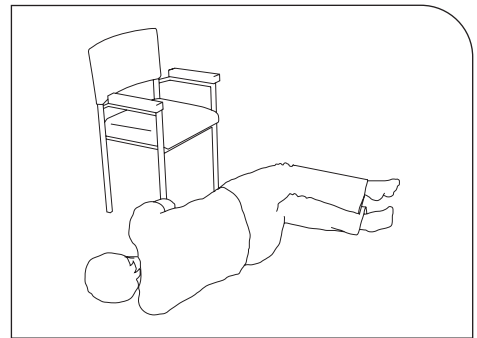


fig 148. Roll onto side

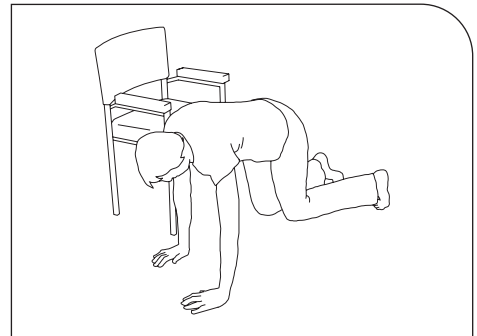


fig 149. Kneel on four points

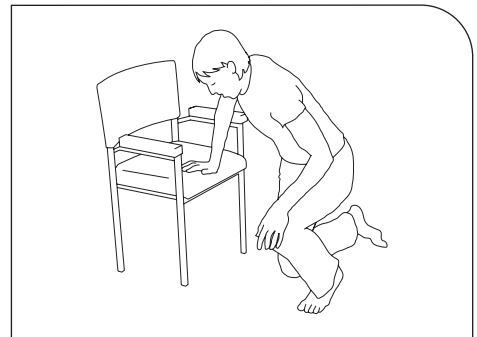


fig 150. Push up using a chair

Technique 28

Assisted transfer or hoisting from the floor with two carers

CAUTION – CARERS WORKING AT FLOOR LEVEL MUST BE CAREFUL NOT TO TWIST OR STOOP, FOR INSTANCE WHEN THEY MOVE THE PATIENT ONTO A SLING.

This technique uses a hoist and a sling. The hoist must be designed to lift patients from the floor. An 'access' or toileting sling is not suitable for hoisting a patient off the floor.

BEFORE YOU START:

1. Place a pillow under the patient's head and cover them with a blanket if appropriate
2. Select the correct sling – for instance, the patient's head may need supporting.

POSITIONING THE SLING:

3. Position the patient ready to be rolled
4. Gather up half the sling lengthwise behind them – the rolled-up section is next to the patient's body
5. Roll the patient back the other way, so now they're on one half of the sling
6. Unroll the rest of the sling and then roll the patient back onto their back
7. Check the patient is correctly positioned on the sling
8. The sling is now ready for hoisting.

PREPARING THE HOIST:

9. Move the hoist into position – you need to get it close enough to attach the sling
10. There are different ways to position the hoist – you may be able to place it to one side of the patient. The patient's knees are bent up and one of the hoist legs is positioned underneath. Check the manufacturer's instructions
11. One carer positions the hoist – the 'nose' of the boom should be above the patient's chest and in its lowest position so it's easy to attach the sling
12. Secure the sling attachments to the hoist.

MOVING THE PATIENT:

13. Make sure a bed or chair is ready for the patient and there is nothing to obstruct the hoist
14. Raise the patient from the floor and position them on a bed or chair
15. Remove the sling.

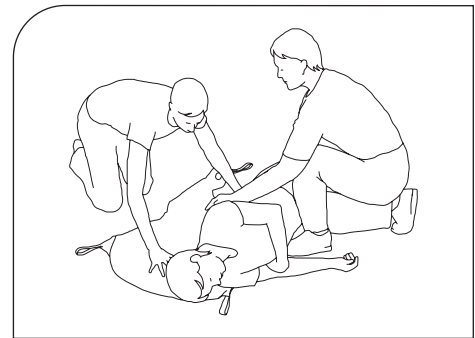


fig 151. Roll the patient onto the sling

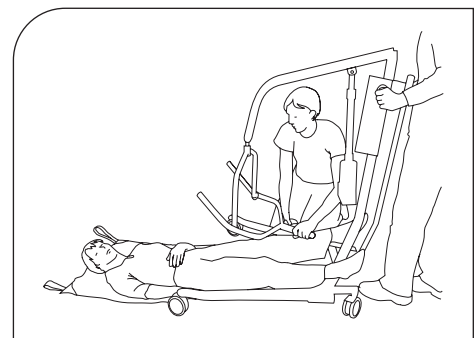


fig 152. Position the hoist and lower boom to attach sling

Have you got the correct position?

The sling must be positioned so that equal parts are on either side of the patient. It should be far enough down their back so the leg supports can be positioned under the middle of the patient's thigh.

A stretcher sling may be needed, depending on the patient's condition or injuries. To position a stretcher sling follow the manufacturer's instructions.

IMPORTANT CHECKS...

There are many different types of hoists and slings. It is essential before using any equipment to have the proper training – and to follow the manufacturer's instructions.

Technique 29

Assisting a fallen patient in an area difficult to access

If a patient falls in an area where you can't use a hoist, for instance between a toilet bowl and wall, the only option is to slide them to an area where you can use a hoist.

You need at least two carers for this technique and two slidesheets, preferably single slidesheets with long handles.

STEPS:

1. Assess if the patient can move themselves at all
2. Put the two slidesheets on top of each other
3. Position the slidesheets under the patient by:
 - a. Rolling the patient onto the slidesheets, or if you can't do this
 - b. Unrolling the slidesheets under the patient from head to foot
4. Carers stand with feet shoulder distance apart, with one foot slightly forward of the other
5. Both pull the top sheet back with the long handles – see note below
6. Move the patient just far enough to allow you to use a hoist.

Note: If the slidesheet doesn't have long handles, you need to adopt an upright kneeling position and slide the patient out by pulling the top slidesheet. Take care to maintain a good posture with spinal alignment.

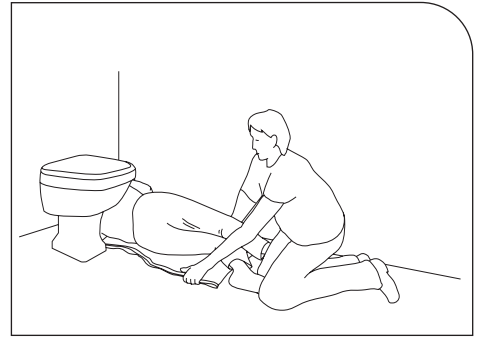


fig 153. Position the slidesheets under the patient

Task 11: Transferring a patient from lying surface to lying surface

If you are transferring a patient from a bed to a trolley, for example, you need to use a large transfer board to bridge the two surfaces. Some transfer boards can be used with a slidesheet. It is best if the slidesheet has long handles.

Extra measures may be required for patients who:

- Are attached to medical equipment, such as drains
- Have poor skin integrity or pressure sores
- Are large or obese
- Have confirmed or suspected spinal fractures
- Have weak, brittle bones.

If the patient can't shuffle across or roll to get to the other surface, the following technique can be used.

Technique for transferring a patient from lying surface to lying surface:

Technique 30 – Transferring a patient from lying surface to lying surface using equipment

Technique 30

Transferring a patient from lying surface to lying surface using equipment

You can use a large transfer board with full length slidesheet, or a roller board, for this technique. You will need at least three carers – two to pull the slidesheet and one to push the patient from the other side. Other carers may be needed to control the patient's head or feet, or to manage attached medical equipment.

STEPS:

1. Roll the patient onto their side
2. Position the transfer board and slidesheet under them – follow the manufacturer's instructions
3. Position the second bed/trolley next to the bed/trolley on which the patient is lying – it should be the same height or slightly lower than the surface on which the patient is lying
4. Make sure both beds/trolleys have their brakes on
5. Make a bridge between the two surfaces with the transfer board
6. Carers take up their positions with feet shoulder distance apart and one foot forward:
 - a. Two carers stand on one side of the adjoined beds to pull the slidesheet handles or top layer
 - b. One carer stands on the other side to push the patient's hip and shoulder
 - c. Other carers may be needed to manage the patient's head, feet or medical equipment
7. The lead carer gives the "Ready, steady, slide" command
8. On the "slide" command carers smoothly move the patient in the direction of the transfer
9. Remove the slidesheet and transfer board by rolling the patient.

CAUTION – PULL THE SLIDESHEET STEADILY, SMOOTHLY AND IN STAGES. JERKY MOVEMENTS MAY CAUSE INJURIES TO THE PATIENT OR CARERS. VIGOROUS MOVEMENTS MAY CAUSE THE PATIENT TO MOVE TOO FAR.

Note: Large transfer boards are often used without slidesheets. In these cases the transfer board is positioned under the bedsheet on which the patient is lying, and bridges the two surfaces. The patient is transferred by carers pulling the bedsheet over the top of the large transfer board – but you need to be sure the bedsheet is strong enough for the transfer.

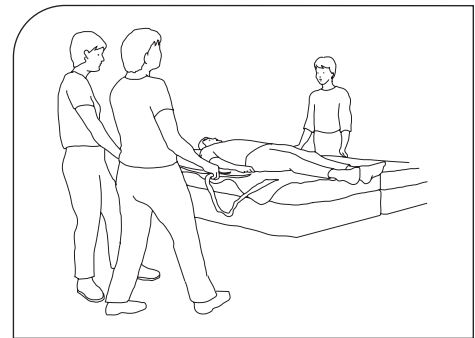


fig 154. Transferring a patient from lying surface to lying surface with equipment