

A Client Safety Module:
Performing Safe Transfers



IN THE KNOW

Instructions for the Learner

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession.

What will you learn?

After finishing this inservice, you will be able to:

- Define body mechanics.
- Explain why proper body mechanics are important during client transfers.
- Describe the procedures for moving clients up in bed, for transferring them from bed to chair and from chair to chair.
- List at least three different types of equipment that can be used to transfer clients.
- Demonstrate proper lifting and transfer techniques during your daily work.

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.

THANK YOU!



IN THE KNOW

What Are Safe Transfers?

Safe transfers involve assisting clients to move from one location to another without any harm coming to them or to you. Safe transfers require that you use proper **body mechanics** and that you encourage your clients to do the same.



What are Body Mechanics?

Body mechanics are the way your whole body moves to keep its balance during movement and at rest. When you practice good posture and use the right muscles to lift and/or transfer, you are performing your work with proper body mechanics. (The right muscles are usually the large

muscle groups, like your shoulders, upper arms, hips and thighs.) If *your clients* don't use good body mechanics, they might develop backaches and contractures. If *you* don't use good body mechanics, you might get backaches, pulled muscles or even more serious back problems. Body mechanics are part of the **transfer techniques** that will be discussed in this inservice.

What are Transfer Techniques?

The procedures you use to move clients from one place to another are "transfer techniques". These procedures spell out how to use good body mechanics to accomplish each transfer. Some examples of transfer techniques are moving a client up in bed, from a bed to a chair, or from a chair to a commode.

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Special points of interest:

- Learn nine basic guidelines for safe lifting.
- Read about easing your clients' fears of being transferred.
- See Page Eight for tips on moving a client up in bed.
- See Page Nine for tips on moving a client from a bed to a chair.

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Facts About Your Back

- Your spine is made up of 24 bones (vertebrae) with a *cushion*, called a disc, in between each bone. If someone has a "slipped disc", one of these cushions is out of place. This causes bone to rub on bone and/or nerves to be pinched.



- The spine is shaped sort of like an S and is held in this shape by muscles and ligaments. The abdominal and back muscles provide the most support for the spine.
- 80% of adults in the U.S. will have serious lower back pain at least once during their lives. Most of these injuries could be prevented!
- Your profession puts you at high risk for this problem because of all the lifting you have to do.
- Over 20% of all workplace injuries are back injuries.
- Studies have shown that back injuries tend to happen to healthcare workers during the first hour on duty--before their muscles have "warmed up".

- The majority of backaches come from using the back improperly because of poor posture and weak muscles.



- Back injuries cause employees in the U.S. to miss a total of 100 million workdays every year.
- Did you know that it takes about 400 muscles and over 1000 tendons to support the back!
- Being overweight increases the risk of back problems, especially if someone has a "pot belly." A heavy belly pulls the backbone forward, putting pressure on the discs. Keep this in mind...if you are 10 pounds overweight, you're adding 100 pounds of stress to your back! 20 pounds of extra weight adds 200 pounds of stress. And so on.
- Once you have injured your back, you have an 80% chance of hurting it again!
- Back pain costs the United States over \$80 billion every year in health care and lost workdays.

- A recent study of nursing assistants found that they were transferring clients *without* help and *without* assistive equipment 96% of the time.
- You are most at risk for back injuries if you:
 - Bend and lift frequently during your work.
 - Twist your body when lifting clients.
 - Rush when you perform transfers.
 - Ignore mild back pain.
 - Have poor posture.
 - Are overweight.
 - Don't exercise.
 - Smoke. (*Smoking decreases circulation to the muscles.*)



It's important to use good posture and the right muscles for each patient lift or transfer that you perform.

For Safe Lifting...

1. Think about the transfer before you do it!

- Plan how you are going to perform the transfer. Don't just rush into it.



- If you've never transferred a particular client before, go through the *entire* transfer in your mind before you begin.

- Before you start, be sure you know if the client is physically able to participate in the transfer.
- If the client is alert, let him or her know what you plan to do--step by step. Talk about how the client can help and encourage him or her to assist as much as possible.

- Taking time to plan is worth it. Remember: It's tough to ask for help when you've got a client half in bed and half out of bed!



2. Get help if you need it!



- Be realistic about how much weight you can safely lift.
- Gather transfer equipment if the client is too heavy or too difficult for you to move yourself.

- If you work alone in a client's home, ask your supervisor how you can safely transfer the client. Sometimes there are family members who can help you, or the family may need to rent or buy some transfer equipment.

- Remember: If you are shy about asking for help, the client and you may both end up hurt. So when in doubt, ask for assistance!



3. Prepare the environment before you begin the transfer!

- Make sure there are no obstacles in your way. For example, keep the path clear between the client's bed and wheelchair.



- Place your equipment where it needs to be—and that the distance you have to go is the shortest possible. For example, make sure the wheelchair is close to the bed and that the wheels are locked.

- Check that neither you nor the client has any loose clothing that might get stuck in a bedrail or a wheelchair during the transfer.

For Safe Lifting...

4. Maintain a wide base of support with your feet!

- You should stand so that your weight is centered over your feet--don't put more weight on one foot than the other.
- Keep your feet about shoulder width apart. If you stand with your feet too close together, you might lose your balance.



- Don't "lock" your knees. Keep them loose and flexible.
- Remember: Wear shoes with non-slip soles and try to have the client do the same. A client wearing only socks could cause you both to end up on the floor!

5. Tighten your abdominal and buttock muscles.

- When you pull in your abdominal muscles and lift and tighten your buttocks at the same time, you create a muscle "girdle" that supports your lower back.



- Be sure not to round your back out when you tighten your buttock muscles. Instead, keep your back arched inward *slightly*.



- Even better...work to keep your abdominal, back and buttock muscles in good shape by doing some kind of daily exercise.



6. Bend at the knees, not at the waist.

- If you bend over at the waist to lift or move a client, your back muscles have to lift the weight of the client and the weight of your upper body.



- When you bend at the knees, you use the *big* muscle groups in your buttocks and thighs instead.



- Bending your knees also helps you keep your balance during a transfer.
- If you need to bend forward, bend from the hips, not from the waist.

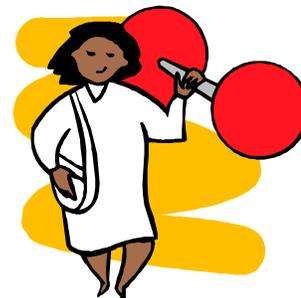
For Safe Lifting...

7. Keep the client close to you during the transfer.

- Keeping the client close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.
- Let's say you are lifting a client who weighs 100 pounds. If you don't keep the client close to you as

you lift, your back will feel as if it's lifting a 1000 pound client!

- Be sure to keep a secure hold on the client, but don't grip so hard that it hurts the patient. Gait belts are one way to keep a good grip on the client. (See more about gait belts on Page 10.)



8. Breathe and move evenly all during the transfer.

- Remember: If you can't lift and breathe at the same time, the client is too heavy for you. Ask for help!



- Use smooth and steady movements during a lift or transfer. Try not to jerk. This can frighten the client, and it can cause injury to both you and the client.

- Don't be in a hurry! It can take only a *second* to injure your back and *years* for it to heal!



9. Pivot with your feet if you have to turn during the transfer.

- Plan your transfer so that you don't have to twist your body. Twisting your lower back puts you at risk for muscle strain—or even a more serious back injury.

- To avoid twisting, think about keeping your shoulders and hips facing the same direction. Turn your feet first, and then follow with your shoulders and hips at the same time.



Other Tips For Safe Lifting & Transferring

- Try to stretch and loosen your muscles every day before work.



Even five minutes of stretching can help save your back!

- If you must lean forward to work, support the weight of your upper body on your free hand and arm to relieve the pressure on your lower back.

- The more you practice transfers, the better at it you'll be. Ask a coworker or a friend to practice with you.

- Just because a client is small doesn't mean that he or she will be easy to transfer.



Be sure to think about the client's flexibility, range of motion and overall strength. All these things together affect how easy a client is to transfer.

- If appropriate, use an assistive device to move a client. This may include a transfer belt, sliding board or draw sheet.

- A back injury can change your life. It can keep you from being able to do your job...and from doing the things you love. A back injury can also give you a lifetime of chronic pain.

- Exercise regularly to keep your back and abdominal muscles strong. Remember that these muscles act like a natural "girdle" to protect your back.



- If you've felt pain or discomfort while moving a particular client, then **DON'T DO IT AGAIN IN THE SAME WAY!** Change your technique or get help when it's time to move that client again.

- If you hurt your back during work, let your supervisor know and follow up with your family physician.

- How can you know if you have good posture? Your ears, shoulders and hips should all be in a straight line—along with the fronts of your knees and ankles. Ask a friend to check out your posture.



- You can also practice your posture by standing against a wall. Keep your heels about 2 inches away from the wall. There should be a space between your waist and the wall about as thick as your hand. Keep your chin parallel to the floor.



- As you go about your daily work, remember to push, pull or roll heavy objects rather than lifting them—whenever possible.

- Don't ever lift or transfer a client if you feel dizzy or lightheaded. You could both be in for a spill!

- Be sure to ask your supervisor if your clients have any position restrictions. For example, some clients may be ordered to lie flat or to avoid bending their knees.

- Encourage your clients to practice good posture, too. They may experience fewer aches and pains...and have a better quality of life!

- Ask your supervisor to review safe transfer procedures with you any time you feel the need.

Safe Transfers: Easing Your Client's Fears

Some clients may put up a "fuss" about being transferred, especially if you have to use transfer equipment to accomplish the job. It may seem like the client is being difficult, but maybe the client is just plain scared! Try these tips to help your clients feel more comfortable about transfer procedures:



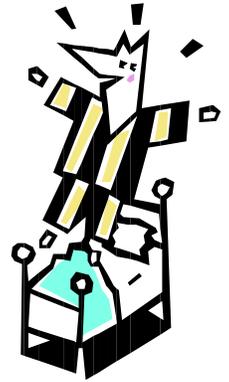
- Explain everything you are going to do--**before** you do it. Do this even if you think the client can't hear or understand you. Speak clearly and calmly, with a relaxed expression on your face.
- Provide for the client's privacy and comfort. Maybe the client doesn't want to be moved using the mechanical lift because she's afraid that others will see up her dress or that she'll get cold. Put yourself in the client's place and think about how you would like to be treated.
- If the client has a *weaker* side, reassure him that you are aware of it. Tell him that you will support his weak side throughout the transfer.
- Listen to your clients if they tell you that they are dizzy or feel faint. Clients who spend a lot of time in bed can become dizzy easily. They may be afraid of falling during the transfer, especially if they are rushed.
- Make sure you are completely familiar with any transfer equipment that you use with your clients--and that you have practiced using it. If clients sense that you don't know what you are doing, they are more likely to feel scared. (For example, if you have to read the directions for a mechanical lift in the middle of a transfer, the client is not going to feel very safe!)
- Check the equipment before you begin the transfer to make sure it is working properly.
- Test a mechanical lift by raising and lowering the client--**while the client is still over the bed**. This will help the client feel safer when you swing him or her out over the floor

MORE TIPS:

- If a client complains that he feels pain during transfers, ask him where and when it hurts. His answers may help you figure out how to make transferring easier for him.
- Don't grab a client by the armpits during a transfer. This can really hurt—and it can pinch a nerve causing the client to lose feeling in her arms. (Have you ever wondered how it feels? Try having a coworker lift you up under the armpits!) And, keep this in mind...in England, a nurse can lose her license if she's caught lifting a client by the armpits.
- Try to do the transfer the same way each time so that the client gets used to the routine.

Safe Transfers: Moving A Client Up In Bed

Moving a client up in bed can be accomplished in a number of ways. It can be done by one person, by two or three people, with a drawsheet or without. Along with your supervisor, you will have to decide which method is the safest for you and for the client.



One Person, No Drawsheet

- Explain the procedure to the client. (*Mrs. Brown is the client in this example.*)
- Be sure to follow Standard Precautions and any Additional Precautions necessary for infection control.
- Place Mrs. Brown's pillow against the wall or headboard to protect her head from injury. Fold the covers down to the foot of the bed while maintaining Mrs. Brown's dignity and privacy.
- If the bed can change position, make sure the bed is *lower* than your waist.
- Stand alongside the bed at Mrs. Brown's waist, with your body facing the head of the bed. This helps prevent the twisting motions that might cause painful back injuries.
- If her bed has side rails, lower the one near you.
- Keep your feet *at least 12 inches apart* and bend your knees.
- Reach under Mrs. Brown's buttocks or upper thighs and shoulders *at the same time*.
- If she is able, ask Mrs. Brown to bend her knees and push against the mattress with her feet to help you.
- Tighten your abdominal and buttock muscles at the same time.
- If Mrs. Brown is helping you, be sure to count to three *out loud*. Lift and slide her up in bed, *keeping your knees bent and your back slightly arched*. Shift your weight from the back foot to the front foot.
- Several small moves can be made instead of one big one if that works better for you and Mrs. Brown.
- Finish the procedure by making Mrs. Brown comfortable and safe.

Two People, No Drawsheet

- Follow the directions above, except that one person is on each side of the bed.
- Grasp each other's forearms under Mrs. Brown's upper thighs and shoulders.
- Lift at the count of three.

Two People, With Drawsheet

- Make sure the drawsheet is placed so that it supports Mrs. Brown from the neck to the calves.
- One person stands on each side of the bed. Untuck the edges of the drawsheet and roll them up as close as possible to Mrs. Brown's body. These rolls become the "handles" for moving her.
- Make sure Mrs. Brown lifts her head or a third person supports her head during the move.
- Use proper body mechanics as described above.

Safe Transfers: Moving Clients From Bed to Chair

Transferring a client from a bed to a chair can be a simple maneuver or a complex procedure. It is different for each individual client, and depends on many things including how well the client can move, how heavy the client is, and whether the client is "hooked" to equipment such as a catheter bag or an IV. Along with your supervisor, you will have to decide which method is the safest for you and for the client.



One Person Transfer / Client Can Stand

- Make sure the client is comfortably dressed and is wearing nonskid slippers or shoes. Explain the procedure to the client. (*Mr. Simpson is the client in this example.*)
- Help Mr. Simpson sit up in bed to adjust slowly to the change of position. If he complains of feeling dizzy, don't try to rush the transfer. **Let your supervisor know if the dizziness continues.**
- If the bed can change position, set is at its *lowest* height.
- Position the chair near the bed. If Mr. Simpson has one side stronger than the other, put the chair on the **stronger** side. If the chair has wheels, be sure to lock them. If there are footrests, put them up and out of the way.
- Help Mr. Simpson dangle his legs. Now, support his knees by putting your knees right in front of them. **DO NOT LOCK YOUR KNEES!**
- Tighten your abdominal and buttock muscles *at the same time*. Arch your lower back. This forces you to lift with your legs.
- Using proper body mechanics, support Mr. Simpson's shoulders with your hands and rock him forward to a standing position. (Or, if policy allows, you might use a gait belt around his waist.) If Mr. Simpson can assist, ask him to lean forward and push off the bed at the count of three.
- Have him hold onto your shoulders or waist, but never around your neck! You might be injured.
- Bend your knees slightly. First, *pivot* your feet. Then, turn your body, along with Mr. Simpson.
- Make sure the chair seat touches the back of Mr. Simpson's legs before he begins to sit. He should also reach back for the armrests, if able.
- Lower Mr. Simpson *slowly* to the chair seat *without* rounding your back.
- Finish the procedure by making Mr. Simpson comfortable and safe.

Two Person Transfer / Client Cannot Stand

- Have Mr. Simpson lock arms across his stomach.
- Position the chair at the level of the his hips, facing the foot of the bed. Remove the armrest closest to the bed and lock the wheels.
- One person stands behind the chair and reaches under Mr. Simpson's shoulders. The other person stands in front of the chair and reaches under his thighs and calves.
- At the count of three, using good body mechanics, lift Mr. Simpson onto the chair.

Transfer Devices: Back Belts

- Back belts are those thick belts that are worn around the waist and extend down over the lower back. They are also called "*back supports*" or "*abdominal belts*."
- Some say that back belts should be worn to support the lower back during lifting.
- But others say that back belts give people a false sense of security--they think they can lift more than they should because they are wearing the belt. This can lead to even more serious back injuries.
- Studies are still being done to decide if back belts are helpful, of no use, or harmful. Until those studies are completed, the National Institute of Occupational Safety and Health cannot recommend the use of back belts since there is no evidence that back belts reduce the risk of injury.
- Learning how to lift *properly* is probably safer than using a back belt.

Gait Belts

- These long heavy canvas straps are called either a *transfer belt*, a *safety belt*, or a *gait belt*.
- These belts have a big loop buckle and are usually "*one size fits all*."
- Some gait belts have hand straps or handles to help you get a better grip.
- The belt is placed around a client's waist so that you can hold the client securely without grabbing onto clothes or arms.
- It is used to help lift clients or to steady them during ambulation.
- These belts should be used according to the manufacturer's directions and should never be placed on the client too tightly or directly on the skin. It could rub the client's skin or cut off circulation.
- Check that a woman's breasts aren't caught under the gait belt.



Roller Boards

- Roller boards are a type of transfer board. They are made of a row of round poles inside a wooden frame that is covered with vinyl or canvas.
- A roller board is used like a "conveyer belt". The rollers turn as the client is pulled across the board from one surface to another.
- Sometimes, roller boards are used to transfer clients from a bed to a stretcher.



Transfer Devices: Slide Boards

- Slide boards are long, narrow boards with a smooth surface made out of wood or plastic.
- They are used to transfer clients by serving as a “bridge” from one sitting surface to another.
- Most commonly, slide boards are used to transfer

clients who have good use of their arms since it's easier when the client is able to help.

- For example, Jim uses a slide board to help Mr. Mason transfer from his bed to his wheelchair. He places the slide board under Mr. Mason's upper thighs on

the bed and then across to his wheelchair. Mr. Mason pushes with his arms and “slides” across the board from his bed to his chair.

- Be careful not to curl your fingers under the edge of the slide board to keep it steady. Your fingers could be pinched under the board as the client slides across it.

Drawsheets

- A drawsheet can be a useful tool for moving clients up in bed or for transferring them from a bed to a stretcher.



- Your workplace may have special drawsheets, or you can make a drawsheet out of a regular sheet. *(All you do is fold the sheet in half from top to bottom. Place the folded sheet on the bed making sure the fold is toward the head of the bed.)*

- Drawsheets should be placed on the bed so that they are under the client from *neck to calves*.
- You should never drag a client across a sheet because the friction can cause skin breakdown.

Trapeze

- A trapeze is a metal bar that hangs over the client's bed from an overhead frame. It is used with clients who have enough mobility and strength in their arms to change their own position in bed.

- A trapeze is also useful for client transfers. Some clients learn to transfer themselves with a trapeze by pulling themselves up into a sitting position and then swinging themselves between a bed and chair.

- If your client has a trapeze, he or she can probably assist you during the transfer procedure.



Transfer Devices: Mechanical Lifts

- Mechanical lifts, such as a *Hoyer Lift*, are often made of a metal frame and a heavy canvas sling. The entire frame is usually on wheels. It may have a handle on one side that is used to “pump” the lift to make it go up and down.
- These lifts are used to lift and transfer clients who have little or no ability to move or who are too heavy for standard transfer techniques. Many times, these clients would need two to four people to transfer them *without* a lift, but can often be safely transferred by only one person with a lift.
- You might use a mechanical lift to transfer a client to a bed, wheelchair, recliner, shower chair, bedside commode or bathtub.
- Be sure to follow the manufacturer's instructions for using the lift. Each kind of mechanical lift has specific instructions for how to position and lift the sling.
- Make sure you position the sling under the client according to the directions. Usually, this involves turning the client from side to side until the client is centered on the sling.
- Always lock the wheels of the mechanical lift and be sure you know the weight limit for any mechanical lifts in your workplace.
- The chains that connect the sling to the lift should be the same length on each side of the client.
- Be sure to explain the entire procedure to the client so he isn't afraid.
- If you work with a partner, one person should operate the lift while the second person guides the client into position.
- Using a lift may need to be practiced many times before you feel comfortable doing it on your own.

For all types of transfer equipment, make sure you have been trained according to your workplace policies!



Remember...

- Many healthcare workers are absolutely wonderful at taking care of others—but not so good at taking care of themselves.
- Don't forget to pay attention to your *own* body, including any signs of back pain or injury.
- You should never accept back pain as just “*part of the job!*”

**Be good to your back...
and it will support you for a long time to come!**





Are You "In the Know" About Safe Transfers?

Circle the best choice and then check your answers!

1. A transfer is considered safe if:

- A. The client is moved to where he wants to be.
- B. No one falls down during the transfer.
- C. The transfer takes less than five minutes.
- D. Neither you nor the client is injured during the maneuver.

2. TRUE or FALSE

Lifting 40 pounds of feathers is easier than lifting 40 pounds of lead.

3. Mrs. Brown needs to be transferred from her bed to a wheelchair. She weighs 275 pounds and is not able to assist during the transfer. You should:

- A. Suggest that she stay in bed until later.
- B. Get help from a coworker or two.
- C. Try to transfer the client yourself.
- D. Tell your supervisor that the client is too heavy to move.

4. TRUE or FALSE

If you have bad posture and you use the wrong muscles during your daily work, you are putting yourself at risk for a back injury.

5. TRUE or FALSE

It usually takes more time to do a lift safely than it does to do it unsafely.

6. The woman may hurt her back lifting from this position because:

- A. The box is on the floor.
- B. Her arms are straight.
- C. She is bending from the waist not from the knees.
- D. Her feet are too far apart.



7. TRUE or FALSE

If you are transferring a client who has had a stroke, you should put the wheelchair near his weaker side.

8. TRUE or FALSE

People who don't exercise and who smoke have a higher risk of getting a back injury.

9. TRUE or FALSE

It's best to have your client wear socks during a transfer so that they slide easily across the floor.

10. TRUE or FALSE

It's okay to transfer clients by yourself if they weigh 100 pounds or less.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature _____

Inservice Credit: 1 hour

Supervisor Signature _____

Self Study _____

File completed test in employee's personnel file.

Group Study _____