Transfers, Lifts, and Positioning

Preventing Back Injuries

Back injuries are the second biggest reason for lost days of work. (Colds are the biggest reason.)
Back injuries account for 25% of all work related injuries.
Health care workers have the second highest back injury rate in the country – only construction workers have more.

Back injury may involve muscles, ligaments, tendons, or discs.
Once your back is injured, you are way more likely to injure it again.

Most of these injuries are caused by improper body mechanics: methods of lifting, pulling, pushing, carrying, transferring

Signs of Back Strain

Learn to listen to them - ignoring them can cause way worse problems.

Ache, dull or sharp
Constant or comes and goes
Heat
Tingling
Tightness
Weakness

With cumulative trauma, you may not feel anything or just minor pain – then, a single or sudden movement can cause full blown pain.

When You Think You May Have Been Injured

Even if you think you and/or a patient may have been injured, you should have your supervisor fill out an incident report immediately.
Some injuries don't reveal themselves until hours later.
If there were witnesses, have them contribute to the report.
Document the time, place, and exact circumstances - describe in detail.

Potential Problems When Lifting

Unexpected load
Slip or fall
Weight of load is too heavy
Twisting or turning while lifting
Lifting odd shaped object
Reaching while lifting
Holding one position too long
Cumulative trauma
Pulling and dragging are especially stressful.

What are some principles of safe lifting techniques?

Body Mechanics - Techniques to Prevent Back Injuries

Ask for more assistance.

Reduce size of weight lifted – make sure load is balanced and even.

Use a secure and wide based stance.

Use your leg muscles, not your back.

Bend your knees, not your waist.

Lift straight up and slowly - Avoid jerky or hasty movements.

Leg muscles are stronger than back muscles.
Bend at knees, straightening legs and pushing up with them.

Don't bend from waist, but squat.

Hold load as close to body as possible.

Don't twist-feet and shoulders should be pointed in same direction.

Adjust height of load.

Reduce obstructions.

Use more mechanical aids.

Lifting and Transferring Patients is Especially Hazardous

They can shift weight suddenly
Dementia, confusion, sensory deficits
Combative
Equipment and furniture in the way
Confined or awkward spaces

Know the Patient's Needs

The patient's care plan should be very explicit on exactly how the patient is to be transferred and or lifted.
If you think changes need to be made to the way the patient is lifted, discuss this with the charge nurse.
Know the patient's weight bearing status and balance problems.
Always transfer to the patient's strongest side.
Know the patient's ability to understand and assist: Does the patient have confusion or sensory deficits? Is the patient combative?
Always explain to the patient what you are going to do.

Turning a Patient in Bed

Adjust bed to thigh level
Lower the bed rail
Place your knee on the bed
With one hand on the patient's shoulder, and one hand on the hip, roll the patient toward you

Repositioning a Patient with a Draw Sheet

Position one staff member on each side of the patient
Put the head of the bed down
Adjust the bed to waist level of the shortest helper
Bend your knees, and point one foot in the direction of the move
Grasp the draw sheet with both hands
Lift and move in unison – count together if needed

Transferring a Patient from Bed to Stretcher

Use two caregivers
Use a draw sheet
Adjust bed and stretcher to thigh level, and adjust wheels
Place your knee on the stretcher, and gently pull the patient onto the stretcher

Trapeze Bars

Should always be adjusted so patient's elbows are slightly bent when grasping
For patient who can partially assist
Have patient bend knees
Bend your knees, and point one foot toward the head of the bed
Place one hand under the patient's shoulder blades, and the other beneath her buttocks, and gently move toward the head of the bed while patient pushes with feet

Gait Belt

Canvas belt without handles
Fasten it securely around the patient's waist
Grip the belt when moving patient

Transfer Belt

Used like gait belt, but wider and has padded handles on each side
Safer than gait belt

Posey belt

Fits over patient's torso
Walking belt with handles

Transferring a Patient from Bed to Wheelchair

Place the wheelchair at the head of the bed, and lock wheels
Adjust the bed to the lowest height
Place your feet shoulder width apart and bend your knees
Assist the patient to sit on side of bed by placing one hand under shoulder blades and the other under the knees –Let patient sit for a minute to make sure he is not dizzy
Place a transfer belt around the patient's waist
Grasp the transfer belt, and with your knees braced against the patient's knees, rock him to a standing position
Bend your knees and move your feet to turn and lower the patient into the chair

Assisting a Falling Patient

Do not try to stop the fall or hold the patient in a standing position
Stand behind the patient, using your forward leg to support her
Support patient under her arms, and slow the fall by gently lowering her to the floor
Protect the patient's head as much as possible

Transfer and Lifting Equipment

You must get training on how to use any equipment before the first time you use it

Make sure all equipment or assistance is available - OSHA recommends mandatory two person lifting for non-weight bearing patients

Use the equipment as it is designed to be used

Use equipment safely, with attention, and with good body mechanics

Report all defective, missing, or insufficient equipment to the charge nurse

Sling Lift / Hoyer Lift

For patients who are:
Totally dependent
Partial or non-weight bearing

Must use with two caregivers
Know weight limitations of device
Should have hand-held controls and emergency shut-off
Lock wheels of bed and lift before using
Widen base of lift to transfer
Apply sling properly and position it above shoulders and below buttocks
Insert metal bars into the appropriate slots on the sling
Make sure chain links are the appropriate lengths for the top and bottom
Secure the patient's arms and legs so they don't hang out of the sling during transfer
Use multiple slings so one sling can remain in place while the patient in the bed or chair

Powered Standing Assist Devices

For patients who are:
Partially dependent
Capable of some weight bearing
Cooperative
Can sit up on bed with or without assistance
Able to bend hips, knees, and ankles