LIFTS AND TRANSFERS
LIFTS AND TRANSFERS

TYPES OF TECHNIQUES

Techniques: The following procedures and specific transfers/lifts have been identified for use:

1. No lift resident handling and moving policy
2. General Guiding Principles for all lifts and transfers
3. Policy for assessing resident’s transfers
4. Total Lift Transfer (Universal Sling-Floor or Ceiling Lifts)
5. Sling Application in Bed
6. Sling Application in Chair (Universal Sling)
7. Sling Application on Floor (Universal Sling)
8. Sling Application in Bed (Hygiene Sling)
9. Sling Application in Chair (Universal Sling)
10. Lateral Transfers (Repositioning Sling) (Use with XY Gantry Systems)
11. Floor to Bed Transfers (Repositioning Sling) (Use with XY Gantry Systems)
12. Into Manual Wheelchair from Behind (Back Method)
13. Into Wheelchair from the Front (Front Method)
14. Sit to Stand Lift
15. Manual Transfer - One Person Step Around
16. Move up the Bed or Transfer to a Stretcher (Mechanical Reposition)
17. Move up the Bed and Turn to One Side Using Repositioning Sling (Mechanical Reposition)
18. Turning to One Side Using the Repositioning Sling (Mechanical Reposition)
19. Manual Repositioning in Bed (Two Person Assist)
20. Two Person Assist Up the Bed – Two Feet on Floor (Manual Reposition)
21. Two Person Assist Up the Bed – One Knee on Bed (Manual Reposition)
22. One Person Assist Up the Bed (Manual Reposition)
23. Mechanical Repositioning in Chair (Mechanical Reposition)
24. Back Method in Chair (Mechanical Reposition)
25. Into a Reclining Chair (Manual Reposition)
26. Manual Repositioning in Wheelchair
27. Two Person Assist – Front and Back in Wheelchair
28. One Person Assist – Front in Wheelchair (Manual Reposition)
29. One/Two Person Transfer/Walking Assist – Transfer belt
30. Hand Grasps

NOTE: The use of identified procedures will vary depending on facility equipment and/or resident population.
LIFTS AND TRANSFERS

TOTAL LIFT TRANSFER
(Universal Sling - Floor lifts or Ceiling Lifts)

Determine leg configuration

- Crossed
- Cradled
- Open - consult rehab

* Remember that the crossed configuration is the most comfortable for most residents.

Attach straps

- Attach shoulder, middle and leg straps to carry bar

Transfer to stretcher

- Long shoulder
- Long leg

Transfer to toilet, w/c

- Short shoulder
- Long leg

Check Sling

- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned for the resident

Complete Transfer

- Consider front or back options for positioning in chair

Problem with resident’s buttocks dropping through the sling

- Lower resident immediately
- Reassess leg configuration and sling choice

Problem attaching sling

- When attaching sling, do not pull up on sling – lower carry bar if needed

Sling not positioned comfortably

- Lower carry bar to take weight off sling before adjusting leg piece
Difficulty getting resident to back of chair

- Use back option as shown if resident is aggressive or may kick out.
- Do not use your arm strength to assist getting resident properly positioned in chair.
LIFTS AND TRANSFERS

SLING APPLICATION IN BED

- Roll resident away from you
- Place sling lengthwise behind resident
- Lay half of sling material against resident’s back and thighs
- Ensure bottom edge of sling is placed at coccyx
- Gather and tuck rest of sling under resident
- Roll resident back and gently pull sling through and flatten.

Secure Sling:

- Bend resident’s leg and slide leg piece under leg
- Ensure leg piece is flat
- Repeat with other leg
- If two care givers assisting, one supports resident while other places sling.

Problem Rolling Resident:

- If resident difficult to roll, for any reason, try again with assistance
- If still difficult consult Rehab. Care for resident in bed until assessed

* Ensure knee up on bed to maintain a neutral back posture.

* Do not support weight of leg while applying sling by yourself (i.e. Do Not Lift)

* Problem placing leg piece

  - If resident’s leg will not stay in a bent position, a second caregiver is required to hold leg while leg piece is positioned.
LIFTS AND TRANSFERS

Sling Application in Chair (Universal Sling)

- Ask resident to lean forward in chair. If unable, ask another caregiver to lean resident forward while you place sling
- Grasp sling by its bottom opening, Slide sling down back so that the slings bottom tucks under the edge of the resident’s buttocks

Secure Sling

- Grasp leg loops and pull them forward gently until sling is positioned
- Bend down in front of resident and place resident’s foot on your thigh
- Using both hands, pull leg loop under the leg. Ensure leg loop is flat
- Repeat with other leg
- Determine leg configuration
  - Crossed
  - Cradled
  - Open – consult rehab

Attach Straps

- Attach appropriate leg and back straps to carry bar for desired resident inclination
- Transfer = long shoulders and long legs to bed
- Transfer = short shoulders and long legs to toilet or bath chair

Check Sling

- Raise resident a few inches and check to ensure all straps are safely attached and the sling is positioned comfortably.

Complete Transfer
LIFTS AND TRANSFERS

Sling Application on Floor (Universal Sling)

- Roll resident on side
- Place sling lengthwise behind resident
- Lay half of sling material against the resident's back and thighs
- Ensure bottom edge of sling is placed at coccyx
- Gather and tuck rest of sling under resident
- Roll resident back and gently pull sling through and flatten

Secure Sling

- Bend resident's leg and slide leg piece under leg
- Ensure leg piece is flat
- Repeat with other leg
- Use Crossed leg configuration by cross leg pieces as shown

Attach Straps

- Attach shoulder, middle and leg straps to carry bar
- Transfer to bed/stretcher = Long shoulder and Long leg
- Transfer to chair = Short shoulder and Long leg

Check sling

- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned for the resident

Complete Transfer
LIFTS AND TRANSFERS

Sling Application in Bed (Hygiene Sling)

Place Sling
- Assist resident into sitting position
- Place the chest piece around the resident from the back to front with the buckle connection in the front
- Tighten buckle so that it is comfortably firm

Secure Sling
- Bend resident’s leg and slide leg piece under leg
- Ensure leg loop is flat
- Repeat with other leg
- Determine leg configuration
  - Cross Over
  - Closed
  - Open—consult rehab

Difficulty getting resident to sitting position
- Raise head of bed up
- Once the head of the bed is raised up as high as possible ask resident to lean forward

Resident unable to lean forward
- Consult rehab. Lower head of bed and proceed using a universal sling

Difficulty getting leg piece under resident’s leg
- If resident’s leg will not stay in a bent position, a second caregiver is required to hold the leg while leg piece is positioned

Attach Straps
- Attach appropriate leg and back straps to carry bar for desired resident inclination
- Transfer to toilet bath chair = Short shoulders and Long legs

Check Sling
- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned

Complete Transfer
Problem attaching sling

- Do not pull on sling to position straps; instead lower carry bar

Sling not positioned comfortably

- Lower carry bar to take weight off sling before adjusting leg piece

**DO NOT LIFT RESIDENT UP FROM A LYING POSITION USING A HYGIENE SLING**

Difficulty getting resident to back of chair

- Do not use your strength to assist getting resident properly positioned in chair
- Instead gently apply pressure to resident's knees or if positioning from back move chair slightly forward
- Assist from the back if resident is aggressive or may kick out

*Ensure Resident Transfer Assessment Form has indicated the Hygiene Sling is appropriate for the Resident*
LIFTS AND TRANSFERS

Application in Chair (Hygiene Sling)

Ensure Resident Transfer Assessment Form has indicated the Hygiene Sling is Appropriate for the Resident

Place Sling
- Ask resident to lean forward in chair. Place the chest piece around the individual from the back to front with the buckle connection in the front. Tighten buckle so that it is comfortably firm

Secure Sling
- Bend down in front of resident and place resident’s foot on your thigh. This should raise leg off wheelchair. Pull leg loop under the leg. Ensure leg loop is as flat as possible
- Repeat with other leg.
- Determine leg configuration:
  - Crossed
  - Cradled
  - Open-consult rehab

Attach Straps
- Attach appropriate leg and back straps to carry bar for desired resident inclination
- Transfer to bed = Long shoulders and Long legs
- Transfer to toilet or bath chair = Short shoulders and Long legs

Check Sling
- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned

Complete Transfer

Note

Resident can’t lean forward
- Do not continue with this sling. Use a Universal or Hammock sling

Trouble positioning leg piece
- Do not lift weight of resident’s leg at the same time as positioning the leg piece; ensure both hands are free to position leg piece

Difficulty attaching straps to carry bar
- Do not pull on sling straps; instead lower the carry bar
Resident is responsive or unpredictable

➤ Stand behind the resident to end position rather than in front
LIFTS AND TRANSFERS

Lateral Transfers (Repositioning Sling) (Use with XY Gantry Systems)

Place Sling
- Roll resident toward you so he/she is positioned on their side
- Fold sling in half and lay it flat behind the resident. The top of the sling should be level with the top of the head.
- Turn the resident onto his back and ensure he/she is positioned in the middle of the sling.
- Place a pillow under the residents head to increase resident comfort

Attach Straps
- Position the carry bar so that it runs parallel to the resident below (not across the resident as with other sling transfers
- Attach a minimum of 4 sling straps on each side of the sling
- Try to ensure that the resident’s weight is evenly distributed between the front prongs of the carry bar and the back prongs

Check Sling
- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned
- If lift is not operating as per usual, ensure that sling or additional straps are not caught on bed frame

Complete Transfer

Note

The resident is now ready to be positioned toward the head of the bed, or to be transferred to a stretcher or other surface.
LIFTS AND TRANSFERS

Floor to Bed Transfers (Repositioning Sling)
(Use with XY Gantry Systems)

Place Sling
- Roll resident onto his/her side
- Fold sling in half and lay it flat behind the resident. The top of the sling should be level with the top of the resident’s head
- Turn the resident onto back and ensure he is positioned in middle of sling
- Place a pillow under the resident’s head to increase resident comfort

Attach Straps
- Position the carry bar so that it runs parallel to the resident (not across the resident as with other sling transfers)
- Attach a minimum 4 sling straps on each side of the sling
- Try to ensure that the resident’s weight is evenly distributed between the front prongs and back prongs of the carry bar

Check Sling
- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned
- If lift is not operating as per usual ensure that the sling or additional straps are not caught on bed frame

Complete Transfer
LIFTS AND TRANSFERS

Into Manual Wheelchair from Behind (Back Method)

Ensure Proper Strap Configuration

- Resident should be in an upright sitting position
- Generally this strap configuration applies:
  - short shoulder strap
  - long leg straps

Determine Lowering Point

- Line up resident so that back of sling is 6-8" behind chair
- Remember to initially override the back of the chair to slide residents buttocks down the back of the chair

Lowering the Resident

- As you begin lowering resident wheelchair should tilt back so that front castors are approximately 6” off the floor. This will allow resident’s buttocks to be positioned as far back in the chair as is possible
- When resident is approximately 4” off chair, gently pull resident back into chair using handles on sling or side of hygiene sling

Best choice for end positioning for residents with unpredictable or responsive behaviors

- Gently guide resident
- Do not forcefully pull resident back
LIFTS AND TRANSFERS

Into Chair from the Front (Front Method)

Ensure Proper Strap Configuration
- Resident should be in an upright sitting position
- Generally this strap configuration applies:
  - short shoulder strap
  - long leg straps

Determine Lowering Point
- Line up resident so that back of sling is 6-8” behind wheelchair

Lower the resident
- As you begin lowering resident the wheelchair should tilt back so that front castors are approximately 6” off the floor. This will allow resident’s buttocks to be positioned as far back in the chair as is possible.
- When resident is approximately 4” off chair, apply gentle pressure to the front of the resident’s legs

Do Not Use this method
- If the resident has a history of unpredictable or responsive behavior
- If wheelchair becomes too unstable or tippy when lowering the resident, raise the resident up and realign wheelchair.

Avoid applying too much pressure to resident’s knees as this is not required to properly end position a resident and it may be uncomfortable for the resident

*Do not forcefully pull resident back
LIFTS AND TRANSFERS

Sit to Stand Lift

The resident must:

- Be able to sit forward in a chair or sit unsupported on the edge of the bed enough so caregiver can easily place the sling down behind the resident
- Be able to hold onto both handles on the machine
- Be able to keep both feet flat on the footplate of the lift throughout the transfer
- Be able to actively straighten their hips as the lift begins
- Resident does not have enough strength and balance
- Sling will place considerable pressure in resident’s armpits
- Resident could fall off lift
- Painful for residents who have stiff or contracted knees or hips
- Resident could collapse at knees and fall through the sling
- Sling will place too much pressure in resident’s armpits
- Weigh less than maximum lifting capacity labeled on the lift

Sit Stand Lift Transfer Instructions

- Fit Sling to Resident
- Resident in sitting position
- Sling under arms & around mid-back
- Fasten buckle around chest & adjust strap securely, snug but not tight
- Adjust Base, as required
- Base of lift may need to be narrowed or widened to maneuver around bed frame, furniture, w/c, etc.
- Feet on Foot Plate & Attach Straps
- Ask resident to position feet on footplate; assist only if necessary
- Adjust shin pad, just below or fully above kneecap
- Ask resident to lean forward & securely attach sling straps to hooks on lift
- Instruct resident to hold onto both handles and keep feet flat on footplate
- Ensure resident’s arms are outside the sling straps
- Check Sling & Complete

Transfer

- Instruct resident to stand with lift

Turning the lift

- Push the frame from the side, turn lift around the resident pivot point
  OR
- Apply one wheel-brake and turn lift around brake wheel pivot point
*If resident cannot lean forward in a seated position without support, **Do Not Proceed**
  ➢ Instead use a ceiling or total floor lift until assessed by Rehab

**Do not** travel with the base opened. It makes it more difficult to steer

**Do not** pull up on slings to position straps; instead lower carry bar

If resident cannot grasp onto both handles or keep both feet flat on footplates, **Do Not Proceed**
  ➢ Instead use a ceiling or total floor lift until assessed by Rehab
  The lift may require 2 or more people to maneuver
LIFTS AND TRANSFERS

Manual Transfer - One Person Step Around

The resident can bear full weight on at least one leg, can stand erect, can follow instruction and is cooperative.
The patient/resident is usually transferred to his/her stronger side (unless in a therapy session or you have been trained in an alternate method with this resident).

Prepare Transfer

- Ensure all necessary equipment is in place and that the resident has on non-slip footwear
- If using a wheelchair, remove the footrests, ensure front castors are swiveled forward and that the wheelchair brakes are on

Position

- Position the resident on the edge of the bed or chair with his/her feet flat on the floor and slightly apart
- Fasten the transfer belt around the resident’s waist

Posture

- Ask the resident to place his/her hands around your waist
- Place your feet so that both your knees are in contact with the resident’s knees
- Grasp onto the transfer belt keeping as neutral a wrist posture as possible
- Ask resident to lean upper body forward so his/her nose is over his toes
- Keep a neutral low back by sticking your buttocks out

Test the Load

- Ensure resident is actively participating in transfer process
- Rocking the resident back and forth prior to standing will help determine this
- Instruct the resident to stand up straight after the count of 3:– one-two-three-Stand

Complete Transfer

*Once resident is in an upright position instruct him/her to step around. When resident is in front of wheelchair/bed, instruct resident to bend hips and lean upper body forward.
Assist resident into chair.

*If Resident not able to stand upright, not participating in the transfer or feels too heavy. Sit the resident back down and proceed with a mechanical lift.
LIFTS AND TRANSFERS

Move up the Bed or Transfer to a Stretcher 
(Mechanical Reposition)

Prepare Transfer
- Roll resident toward you so he/she is positioned on their side
- Fold sling in half and lay it flat behind the resident
- The top of the sling should be level with the top of the head
- Place a pillow under the resident’s head to increase resident comfort
- Turn the resident onto his back and ensure he/she is positioned in the middle of the sling

Check Sling
- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned

Complete Transfer

Note
* The resident is now ready to be positioned toward the head of the bed, or to be transferred to a stretcher or other surface.
* When a repositioning sling is used, the sling needs to be on the bed as part of the bed make-up
* When attaching strap, do not pull up on sling; instead lower the carry bar if needed
* Use the mechanical features to the greatest advantage – pushing requirements are minimal
* If a motorized system is used, let the system (hand controls, self centering) do the work
LIFTS AND TRANSFERS

Move up the Bed and Turn to One Side Using Repositioning Sling
(Mechanical Reposition)

Attach Straps

- Position the carry bar so it runs lengthwise to the resident below (not across the resident when transferring)
- Attach a minimum of 4 sling straps on each side of the sling
- Try to ensure that the resident’s weight is evenly distributed

Check Sling

- Raise resident a few inches and check to ensure all straps are safely attached and the sling is comfortably positioned

Complete Transfer

Note

*Before lowering resident onto the bed, place pillow(s) lengthwise on the bed at trunk level and to one side
*Use hand control to place resident partway over pillow so that when resident is on the bed, he/she will be centered in bed and lying on one side
*Slowly lower resident allowing a gentle roll of the resident to their side facing away from the pillow
*Unhook straps on both sides of sling
*When a repositioning sling is used, the sling needs to be on the bed as part of the bed make-up
*When attaching strap, do not pull up on sling; instead lower the carry bar as needed
*If lift is not operating as per usual, ensure that sling or additional straps are not caught on bed frame
*Use the mechanical features to the greatest advantage – pushing requirements are minimal
*If a motorized system is used, let the system (hand controls, self centering) do the work
LIFTS AND TRANSFERS

Turning to One Side Using the Repositioning Sling
(Mechanical Reposition)

Attach Straps

- Position the carry bar so that it runs lengthwise to the resident below
- Attach a minimum of 4 sling straps on the opposite side of the sling from the side the resident will be turned to
- Try to ensure that the resident's weight is evenly distributed between the front prongs of the carry bar and the back prongs

Check Sling

- Begin to turn the resident and check to ensure all straps are safely attached and the sling is comfortably positioned

Complete Turn

Note

*Position pillows as needed or leave the sling in place to support the resident in the turned position
Manual Repositioning in Bed
(Two Person Assist)

Prepare
- Adjust bed height so that height is suitable for the shorter caregiver
- Ensure slider device(s) are lying under resident between shoulders and hips – if not, roll resident and adjust placement

Caregiver A
- Rolls the handhold device until tight against resident’s shoulder and hip – keeps elbows at sides and stands in a walk stance position
- Uses a weight shift back to slide resident to the side of the bed – passes the draw sheet slider (handhold device) to partner on the other side of the bed

Caregiver B
- Takes the draw sheet slider from partner placing knee on bed to avoid excessive reach
- Uses a weight shift from forward leg to back leg to perform the turn

Caregiver A
- Places pillows behind resident’s back to support side lying position
- Smooth’s the draw sheet slider over the supporting pillows when move is completed

Slider Device Options
- Draw sheet slider
- 2 draw sheet sliders, slippery sides facing
- Slider tube under draw sheet slider
- Slider tube under soaker pad

Note
* Soaker pad is not the ideal handhold device as it is typically placed too low on the resident to support the trunk adequately; use a larger sheet or second pad
LIFTS AND TRANSFERS

Two Person Assist Up the Bed
(Manual Reposition)

Prepare

- Adjust bed height to near elbow level of shorter caregiver
- Ensure slider device(s) are lying under resident between shoulders and hips – if not, roll resident and adjust placement

Position the Resident

- Have resident bend both knees, place feet firmly on bed, and lift head
- Option: If slider tube is used under legs and feet, resident may leave legs flat on bed

Correct Posture

- Roll the handhold device until tight against the resident’s hip and shoulder
- Use a full hand grasp, not a pinch grip
- Assume a walk stance stride with feet pointing towards foot end of bed
- Bend at the hips and knees
- Forearms should be close to, or resting lightly on, the bed surface

Complete the Reposition

Slider device options

- Slider tube under legs/feet
- 2 draw sheet sliders, slippery sides together
- Slider tube under draw sheet slider
- Slider tube under soaker pad
- Draw sheet slider

Note

*Use leg strength and weight shift action to perform the SLIDE up the bed – repeat as many times as required to position resident fully up the bed

*Ensure there is adequate space to work comfortably on both sides of the top half of the bed

*Soaker pad is not the ideal handhold device as it is typically placed too low on resident to support trunk area adequately; use a larger sheet or second pad

*Keep wrists straight, forearms in mid position, and elbows at sides while in walk stance position
LIFTS AND TRANSFERS

Two Person Assist Up the Bed – One Knee on Bed
(Manual Reposition)

Position the Resident
➢ Have the resident bend both knees, place feet firmly on bed, and lift head

Correct Posture
➢ Place one knee on the bed
➢ Roll the handheld device until tight against the resident's hip and shoulder – knee on bed and foot of other leg are pointed in direction of head of bed

Complete the Reposition
➢ Use leg strength and weight shift action from back leg to leading leg to perform the SLIDE up the bed
➢ Repeat as many times as required to position resident fully up the bed

Slider Device Options
➢ Draw sheet slider
➢ 2 draw sheet sliders, slippery sides together
➢ Slider tube under legs/feet
➢ Slider tube under draw sheet slider
➢ Slider tube under soaker pad
➢ Soaker pad is not the ideal handhold device as it is typically placed too low on resident to support trunk area adequately; use a larger sheet or second pad
LIFTS AND TRANSFERS

One Person Assist Up the Bed
(Manual Reposition)

Position the Resident
- Lying on back, have resident bend both knees and place feet firmly on bed

Complete the Reposition
- Instruct the resident to lift head and push with both feet

Options
- Stabilize resident’s feet by holding them firmly while resident pushes to move up the bed
- While stabilizing feet as above, push down gently on lower thighs to assist the slide up the bed
- Tilt bed for gravity assistance if no medical contra-indications; resident will slide without effort especially if knees are bent
- For residents with weak lower body and strong upper body, instruct them to use their arms to grasp the headboard or side rails to pull selves up the bed

Slider Device Options
- Slider tube under draw sheet slider
- Slider tube

Note
*Manual repositioning in bed is only to be used with residents assessed suitable for a manual transfer
*If bed not tilted, place knee on bed before stabilizing feet or pushing gently on knees
*Maintain straight wrist position
LIFTS AND TRANSFERS

Mechanical Repositioning in Chair
(Mechanical Reposition)

Position of Resident
- Resident should be in an upright sitting position

Strap Configuration
- Short shoulder strap
- Long leg straps.

Lowering Point
- Line up resident so that back of sling is 6-8” behind wheelchair.

Lowering the Resident
- As you begin lowering resident, wheelchair should tilt back so that front castors are approximately 6” off the floor. This will allow resident’s buttocks to be positioned as far back in the chair as is possible.
- When resident is approximately 4” off chair, apply gentle pressure to the front of the resident’s legs.

Do Not Use If
- Resident has a history of responsive or unpredictable behavior
- If wheelchair becomes too unstable or tippy when lowering the resident, raise the resident up and realign wheelchair
- Avoid applying too much pressure to resident’s knees as this is not required to properly end position a resident and it may be uncomfortable for the resident
LIFTS AND TRANSFERS

Back Method in Chair
(Mechanical Reposition)

Position of Resident
- Resident should be in an upright sitting position

Strap Configuration
- Short shoulder strap
- Long leg straps.

Lowering Point
- Line up resident so that back of sling is 6-8” behind chair
- Remember to initially override the back of the chair to slide resident’s buttocks down the back of the chair

Lowering the Resident
- As you begin lowering resident, wheelchair should tilt back so that front castors are approximately 6” off the floor. This will allow resident’s buttocks to be positioned as far back in the chair as is possible
- When resident is approximately 4” off chair, gently pull resident back into chair using handles on sling or side of hygiene sling
- Best choice for end positioning with responsive or unpredictable behavior
- Gently guide resident
- Do not forcefully pull resident back
LIFTS AND TRANSFERS

Into a Reclining Chair
(Manual Reposition)
(E.g. Broda Chair, Fallout Chair, Geri Chair, Power Chair, Lazy boy Style Chair)

Position of Resident
- Resident should be in a reclined position

Strap Configuration
- Long shoulder strap
- Long leg straps

Lowering Point
- Line up resident so that back of sling is 6-8” behind wheelchair

Lowering the resident
- When resident is approximately 4” off chair, gentle push resident back into chair using side of sling
- Gently guide resident into back of chair
- Do not forcefully pull Resident back
LIFTS AND TRANSFERS

Manual Repositioning in Wheelchair
Two Person Assist – Front and Back in Wheelchair

Prepare for Reposition
- Ensure that a one way slide device or w/c pad is on the chair seat directly under the resident
- Apply w/c brakes and check effectiveness
- If chair is in recline or tilt, adjust chair to upright position
- Front caregiver blocks resident’s knees using own knees

Position the Resident
- Encourage the resident to lean forward actively and provide gentle assistance/ support as needed
- Position feet firmly on footrests or floor

Complete the Reposition
- Front caregiver maintains resident in forward lean position, or holds onto w/c armrests, while blocking knees with own knees
- Instruct the resident to assist by pushing with legs on the word “SLIDE” - Count 1-2-3 SLIDE
- On SLIDE, front caregiver uses own knees to push against resident’s knees while back caregiver guides resident’s pelvis (as below) to back of chair
- Resident assists by pushing with legs as able
- If using a w/c pad, back caregiver can use this as a handhold to guide the resident’s pelvis to back of chair
- If chair has a low back, caregiver may choose to hold w/c pad directly behind resident’s hips OR if not a comfortable reach, caregiver may grasp w/c pad from space between bottom of backrest and back of seat
- If using a one way slide, back caregiver may choose to grasp top layer to help shift the resident’s hips back in chair

Note

*Manual repositioning in a wheelchair is only to be used with residents suitable for a manual reposition
LIFTS AND TRANSFERS

One Person Assist – Front in Wheelchair
(Manual Reposition)

Prepare for Reposition
- Ensure that a one way slide device or w/c pad is on the chair seat under the resident
- Apply w/c brakes and check effectiveness
- If chair is in recline or tilt, adjust chair to upright position

Position the Resident
- Encourage the resident to lean forward actively and provide gentle assistance/support as needed
- Have resident place both hands on the armrests in readiness for boosting self-back
- Position feet firmly on footrests or floor

Caregiver Position
- May hold armrests on w/c to stabilize self
- Use knees on resident’s knees to assist with move back into chair

Complete the Reposition
- Instruct the resident to assist by pushing with arms and legs on the word “SLIDE” - Count 1-2-3 SLIDE
- Facilitate the move back in the chair by pushing gently with your knees on resident’s knees

Note

*Manual repositioning in a wheelchair is only to be used with residents suitable for a manual reposition
LIFTS AND TRANSFERS

Transfer Belt

(One/Two Person Transfer/Walking Assist)

Prepare for Reposition
➢ Explain the procedure to the resident
➢ Ensure all equipment is in position e.g., Brakes on w/c, footrests removed
➢ Fasten around the resident’s waist, over any clothing
➢ Buckle of the belt positioned at resident’s front
➢ Tighten snugly around Resident, with enough room for the fingers to fit underneath
➢ Ensure fasteners on the belt are locked

Position the Resident
➢ Resident’s seat facing 45° angle to destination
➢ Ensure resident’s strong side is facing destination
➢ Both feet firmly planted on floor

Caregiver Position
➢ Stand in front of resident, maintain normal curve of spine, knees slightly bent, feet approximately 12 inches apart
➢ Grasp the belt and assist the Resident in walking/ transferring
➢ If resident has weak foot, support foot with inside of your foot to prevent resident from slipping
➢ Walk/transfer on the resident’s strongest side for added support

Complete the Transfer

Note

*Transfer belts are intended for supporting the weight of a Resident, not for lifting
*Transfer belt is used only as a walking aid for residents with weakness, impaired balance or limited weight-bearing ability
*Avoid twisting your body during the transfer
*For heavier residents or residents with limited ability to cooperate, a second caregiver may be needed to assist with the transfer
LIFTS AND TRANSFERS

Hand Grasps

Prepare for Reposition
- Ensure area is de-cluttered
- Explain procedure to resident
- Ensure all equipment is in position e.g., Brakes on w/c, footrests removed, brakes on bed

Position the Resident
- Ensure feet are firmly planted on floor approximately 12 inches apart

Caregiver Position
- Both palms up, fingers together and thumb out from hand
- Advise resident to place their hands, right on right and left on left, palms down, grasping around the caregiver’s thumb
- Ensure resident’s elbows are fully extended to permit them to push down through the caregiver’s hand to gain support

Complete the Transfer

Note
*Only use when the resident is able support their full weight*