



Resident Lift, Transfer & Repositioning Program

Statement of Policy and Procedure: Incident Investigation

Effective Date:

Review Date: **Draft Aug 9, 2013**

1. PURPOSE

To establish safe moving and handling requirements to be used by Shoreham Village staff when lifting, transferring or repositioning residents that:

1. Includes consistent and competent supervision,
2. Procedures with consistent application,
3. Competent and ongoing resident assessments, and
4. Preventative Maintenance with lifting equipment.

2. DEFINITIONS

Unsupervised Transfer A procedure used to assist a resident moving from one surface to another (e.g. bed to wheelchair). It is a dynamic, co-operative action between resident and staff. Resident must be able to bear weight. When doing a transfer the staff must encourage resident to help as much as possible.

No Safe Work Procedure required

Supervised Transfer With this transfer the resident requires no physical assistance. (i.e. bed to chair, walker or cane use)

- Resident may be supervised from a distance.
- Resident may require verbal guidance, cueing and/or device set-up.
- Staff must ensure resident follows all necessary safety precautions. (i.e. adjusts footrests, locks brakes).

No Safe Work Procedure Required

Minimum Assist Transfer This transfer is used for residents who are unpredictable (unsteady on their feet, easily confused, occasionally dizzy, etc.) The resident may require some assistance to use equipment. The resident will may require some assistance to use equipment. In most cases the resident is still able to take steps but will need physical assistance from staff. There are only 2 types of Minimum Assist Transfer Types used at Shoreham Village

- One-Person Transfer with Transfer belt
- Two-Person Assist with Transfer Belts

Safe Work Procedures Required – Appendix 3

Transfer Belt A transfer belt is an appliance that wraps around resident's lower waist and provides staff with a safe handgrip for assisting residents during transfer. Transfer belts should be used consistently to promote safe and effective transfers. When used correctly transfer belts should make the transfer safer and more comfortable for both resident and staff.

Mechanical Lift	<p>A procedure used to move a resident who is non-weight bearing from surface to surface using a mechanical device when:</p> <ul style="list-style-type: none"> • The resident is unable to bear their own body weight • The resident is mentally and or physically unable to assist or cooperate enough to perform a safe move <p><i>Safe Work Procedure Required – Appendix 4</i></p>
Reposition	<p>To change the position of a resident on the same surface (i.e. straighten or make comfortable resident in wheel chair, adjust head position on pillow, move body limb while conducting personal care, etc.</p> <p><i>No safe Work Procedure Required</i></p>
Repositioning with slider sheets	<p>A procedure used with 2 sheets that are slippery, to move residents:</p> <ul style="list-style-type: none"> • To the head of the bed and • From side to side in the bed • Roll resident from side back & vice versa <p><i>Safe Work procedure Required – Appendix 2</i></p>

3. POLICY

Nursing staff members at SHV are required to be competent to reposition with slider-sheets, transfer or mechanically lift residents. Education is included in:

- The SHV Orientation Program for new employees
- The Nova Scotia RN, LPN and CCA Certification Requirements
- Available from the Transfer & Lifts Team Member, upon request and during yearly reviews.

Nursing staff are responsible for resident safety when reposition, conducting lifts or transfers with residents. If any nursing staff do not feel adequately knowledgeable in the procedures they must seek out assistance and guidance from a supervisor, PTA or Team Member.

Shoreham Village has adopted a ZERO Manual Lifting Position for Resident Transfers.

The manual lifting is only used to reposition a resident in a chair or bed as per the procedures defined in the attached Appendices. All lifting transfers, moving from one surface to another, are accomplished with mechanical lifts.

The CEO will ensure:

1. The resources are in place for an effective Lift & Transfer Program
2. The management group supervises the use of the program

The Director of Nursing Will Ensure:

1. A Lift and Transfer team is in place and functioning
2. The appropriate equipment is available
3. The Lift & Transfer Team has the resourcing necessary to function
4. The Lift & Transfer Team has the training needed to be effective
5. The Lift & Transfer Team has the authority to function effectively
6. The RN/LPN Supervisors effectively supervise resident Lifts & Transfers
7. The RN/LPN Supervisors review training on the procedures outlined in the attached appendices

RN/LPN Supervisor will ensure:

1. Staff follow the procedures outlined in the attached appendices
2. Support the Lift & Transfer Team
3. Conduct the 5 Night Assessment for all new Residents
4. The Lift & Transfer Team conduct all Resident Transfer Assessments
5. The Physio Assistant (PTA) conducts Mobility Assessments when needed
6. Documentation on specific transfer or lift type is noted on resident's care plan and transfer logo posted on resident's bathroom door.
7. All staff requiring training receive it from the Lift & Transfer Team
8. Staff requests for resident Transfer Assessments are forwarded to the Lift & Transfer Team

The Lift & Transfer Team will:

1. Respond to and complete Lift & Transfer Assessment Requests
2. Assist with establishing policies pertaining to lifts and transfers
3. Ensure proper documentation and communication is carried out regarding resident transfers
4. Maintain their Terms of Reference and supporting documentation

CCA's \ PCW's / LPN's / RN's and Trained Housekeeping Staff will:

1. Attend any required Lift & Transfer training
2. Conduct an assessment for each resident prior to every assisted move.
3. Comply the procedures outline in the attached appendices
4. Inspect all lifting equipment prior to use and ensure it in good working order.
5. Not conduct any manual lift of a resident unless an emergency code for fire and evacuation has been announced
6. At any time request a reassessment of existing transfer status if staff feel that the transfer posted for resident is inappropriate due to resident's physical ability on any given day, Staff may use a mechanical lift to transfer resident, ensuring that supervisor is aware of the change.
7. Inspect lift slings and lift webbing for fraying, rips or damage prior to each use. Any slings that are frayed, ripped or damaged are to be Tagged Out of Service and left for the PTA to dispose of. Any lift webbing is found damaged is to be Tagged Out of Service, reported to maintenance immediately using the Occupational Health & Safety Work Order and the Supervisor notified of the defective equipment. ***NEVER USE damaged slings or equipment.***
8. Tag out of service any piece of lifting equipment found to be defective, complete an Occupational Health & Safety Work Order and put in the Maintenance Department mail slot.
9. Use a lift if they feel a Resident is incapable of assisting in their own transfer due to their physical condition that day.

Maintenance Staff Will:

Maintain the lifting equipment as per manufacture specifications.

Special Circumstances:

- 1. EHS(Emergency Health Services):** When EHS are transporting a resident, staff are only to assist with supporting the resident's head or feet. Staff may offer to move a resident with a mechanical lift. If EHS staff refuses, allow them to proceed with their own procedures.
- 2. Morgue Stretcher:** Upon a resident passing, a mechanical lift is available for use by Funeral Directors.
- 3. Emergency Situations:** Exceptions to deviate from the approved procedures outlined in the accompanying appendices are appropriate in:
 - 1.** Emergency Evacuations
 - 2.** Other areas in consultation with the Supervisor and or Lift & Transfer Team Member.

Appendices

Appendix 1 – Lift & Transfer Team Terms of Reference

Appendix 2 – Repositioning with Slider Sheets

Appendix 3 – Minimum Assist Transfers with Transfer Belts

Appendix 4 – Mechanical Lifts

Appendix 5 – Transfer Logos

Appendix 5 – Training Material

Power Point Presentation

Facilitator Guide

Appendix 1 – Lift & Transfer Team Terms of Reference

Team Purpose

It is the responsibility of the Lift & Transfer Team to promote safe, effective and consistent transfers and lifts as well as endeavor to protect both residents and staff from injury.

Duties & Functions

1. Staff Education
 - New Hire Orientation
 - Yearly Reviews
 - Specific updates as requested
2. Resident Lift & Transfer Assessments and Logos that are placed on resident bathroom doors
3. Team Education
4. Assess Residents who are on restraints
5. Assess Residents for Adaptive Clothing
6. Enacting the findings of the RN/LPN Supervisor 5 Night Assessment

Accountability

1. The Lift & Transfer Team is accountable to the Director of Care.

Composition

1. The Team is voluntary and will consist of.
 - 4 - CCA's/ PCW's
 - 1 - PTA
 - 1 – Director of Care
2. The Team Lead reserves the right to change the composition of the team if deemed necessary.

Leadership

1. Physiotherapy Assistant (PTA) will be the Team Leader

Terms of Office

1. Membership in the Team is by choice without time limits.

Decision Making

1. All decisions will be made by consensus. If consensus cannot be reached then the Director of Care and or RN/LPN Supervisor will make the decision.

Meetings

1. The Team will meet monthly. Emergency meetings can be called at any time by any team member.
2. Meeting dates will be posted by the Team Lead.

Record Keeping

1. The Team Leader will keep all meeting minutes.

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2. All information related to resident Transfer and Restraint Assessments will be kept in the Restraint Transfer Book Located at the Nursing Station.

Appendix 2 – Repositioning with Slider Sheets

Purpose

To allow for the safe repositioning of the resident in bed when they are unable to reposition themselves so that;

1. The caregiver's energy needed to reposition the resident is reduced
2. Awkward postures used by caregivers is reduced
3. The safety of the resident and staff during the reposition is increased

The slider sheets are made from parachute material that is very slippery and greatly reduces the friction when repositioning a resident in bed.

Procedure

1. This is a 2 person procedure.
2. All residents who needed to be repositioned in bed will have a set of slider sheets fitted to their bed
3. Always use palms up grip. It is stronger than a palms down grip

NOTE - THIS PROCEDURE IS NOT TO BE DONE BY 1 CAREGIVER!

Methods

1. Reposition resident from center to the head of the bed
 - a. Tell the resident what you are about to do.
 - b. Un-tuck the four corners of the top sheet
 - c. Ensure the bottom sheet remains tucked in.
 - d. Both caregivers are to roll up the sides of the top sheet creating a handle to grip.
 - e. Grab the rolled up handles palms up with arms/elbows close to the body. Slide the resident up the bed, being careful not to lift the resident nor to slide the resident to far. Keep knuckles in contact with the bed sheet to ensure a sliding motion, not a lifting motion.
 - f. When finished, tuck the top sheet back in to prevent it from sliding.
 - g. Be sure to thank the resident when finished.
2. Repositioning resident from one side of the bed to center or vice versa
 - a. Tell the resident what you are about to do.
 - b. Un-tuck the four corners of the top sheet.
 - c. Ensure the bottom sheet remains tucked in.
 - d. Both caregivers are to roll up the sides of the top sheet creating a handle to grip.
 - e. Grab the rolled up handles palms up with arms/elbows close to the body. The caregiver furthest from the resident must pull the resident towards them while the caregiver on the other side of the bed guides the material to prevent snags. Be careful not to lift the resident nor to slide the resident to far. Keep knuckles in contact with the bed sheet to ensure a sliding motion, not a lifting motion.
 - f. When finished, tuck the top sheet back in to prevent it from sliding.
 - g. Be sure to thank the resident when finished.

3. Position residents on their side or back
 - a. Tell the resident what you are about to do.
 - b. Un-tuck the four corners of the top sheet.
 - c. Ensure the bottom sheet remains tucked in.
 - d. Both caregivers are to roll up the sides of the top sheet creating a handle to grip.
 - e. Grab the rolled up handles palms up with arms/elbows close to the body. The caregiver closest to the resident must pull the resident towards them while the resident rolls with the sheet to the desired position. The caregiver on the other side of the bed guides the resident to ensure their safety and the desired position is achieved. Be careful not to lift the resident or to slide the resident too far.
 - f. When finished, tuck the top sheet back in to prevent it from sliding.
 - g. Be sure to thank the resident when finished.

Appendix 3 – Minimum Assist with Transfer Belts

Purpose

These transfers are used for residents who are unpredictable (unsteady on their feet, easily confused, occasionally dizzy, etc.) The resident will may require some assistance to use equipment. In most cases the resident is still mobile but will need physical assistance from staff to walk or get up and down from surfaces. There are only 2 types of Minimum Assist Transfer Types used at Shoreham Village

- One-Person Transfer with Transfer belt
- Two-Person Assist with Transfer Belts

One Person Transfer with Transfer Belt – (example of use: bed to chair, walker or cane). This transfer may be used for residents that are unpredictable (unsteady on feet, easily confused, occasionally dizzy, etc.). The resident may require some assistance to use equipment. In most cases the resident is still able to take steps. The resident receives physical assistance from one staff:

- a. Inform resident what they should do and how you will assist.
- b. Prepare equipment by:
 1. Adjusting bed height to wheelchair height if possible
 2. Positioning wheelchair so that resident moves towards their stronger side and wheelchair is parallel to or at a 45 degree angle to the bed allowing sufficient room for the caregiver to use proper body mechanics.
 3. Locking bed wheels and wheelchair brakes
 4. Ensure removable arm rests remain in place
- c. Cue the Resident to:
 1. Sit on edge of the bed/chair
 2. Move forward to edge of the bed/chair
 3. Place feet flat on floor
- d. Take your position by:
 1. Applying a transfer belt
 2. Standing on resident's weaker side
 3. Supporting resident with transfer belt around the waist
- e. Supervise the transfer
 1. Instruct resident to lean forward and push up from bed
 2. Give the signal: "1, 2, 3, Stand" and stand together
 3. Stay close to resident to avoid unnecessary strain on your back.
 4. Cue residents who have body/spatial difficulties with reminders of where their feet are and when to move their feet.
 5. Allow resident to then proceed:
 1. With transferring or walking at a pace that is comfortable for them.
 2. If transferring to wheelchair, instruct resident to turn and reach for the farther arm rest of wheelchair if necessary
 3. If transferring to a chair, assist resident to sit on the chair to which they are moving

6. If a resident starts to fall while transferring, bend your knees while tightening your abdominal muscles and avoiding rotation of the spine, and gently lower resident to the floor. In most cases a mechanical lift will be required to lift resident from the floor, following RN/LPN assessment.

Two Person Side-by-Side with Transfer Belt– Appropriate for a resident who can stand with assistance but may be unpredictable. Two staff are required

- a. Choose one staff to be leader and other to be an assistant.
- b. Leader:
 1. Cue resident what you are going to do and how they must help
 2. Assist resident to:
 - Sit on edge of bed/chair
 - Move forward to edge of bed/chair
 - Place feet flat on floor
- c. Both staff: prepare equipment by:
 1. If transferring from bed: Adjusting bed height so that resident's feet are flat on the floor when they are seated on edge of bed.
 2. Placing wheelchair parallel to bed or at a slight angle on resident's stronger side, and locking all wheels on equipment in use
 3. Removing foot rests if possible or adjusting them so that they do not endanger resident or care-giver
 4. Applying a transfer belt
- d. Both Staff:
 1. Stand on each side of resident
 2. Grasp transfer belt
- e. Leader:
 1. Instruct the resident to lean forward
 2. Give the signal "1, 2, 3, stand"
 3. Cue residents who have body/spatial difficulties with reminders of where their feet are and when to move their feet.
- f. Both Staff:
 1. Stay close to resident to avoid unnecessary strain on your back.
 2. Allow resident to then proceed with transferring or walking at a pace that is comfortable for them.
 3. Assist resident to sit on surface to which they are moving
 4. If a resident starts to fall while transferring, bend your knees while tightening your abdominal muscles and avoiding rotation of the spine, and gently lower resident to the floor. In most cases a mechanical lift will be required to lift resident from the floor, following RN/LPN assessment.

Appendix 4 – Mechanical Lifts

A Mechanical Lift is used for moving a non-weight bearing resident or a resident who is inconsistent with transfers from surface to surface.

Use of a mechanical lift for a resident is:

- a) Determined through transfer and lift team assessment. A request for reassessment can be initiated at any time. (See Appendix 1)
- b) Documented on the care plan
- c) Able to be used by staff on any given day a resident is unable to weight bear as usual. Advise supervisor.
- d) A two person procedure, for both attaching sling and lifting resident.
- e) Raise the head of the resident's bed.

Mechanical Lift Procedure

1. Plan the procedure.
 - Ensure bed and wheelchair brakes are in working order.
 - Ensure bed is raised at least to hip height or higher when turning a resident on their side.
 - Ensure that there are no obstacles preventing safe movement of lift and that the distance between point A and B is minimal.
2. Review resident's care plan and transfer logo posted on the Bathroom Door for the appropriate transfer method for every resident. If there is any need to deviate from the normal policy/procedure it is documented in the resident care plan.
3. Residents are not to be left alone while the sling is attached to the mechanical lift.
4. Two Staff must be present for a mechanical lift transfer. One or two staff will position the sling. Use same number of staff as is required for bed repositioning as noted in the resident care plan. **Two staff are required when attaching sling to mechanical lift.** Both staff members are responsible for the proper application of the sling.
5. The Logo located on the Resident's Bathroom Door will indicate whether or not to remove sling from under resident.
6. **When using mechanical floor lift, legs of lift must be adjusted to maximum width for stability. Be mindful not to push lift sideways, as the base on some models will close when knocked against furniture and may result in tipping the lift over.** Ensure that there are no obstacles in anticipated path of lift. *It is useful to practice moving lift from chair to bed without resident to ensure there is ample room to perform actual transfer.*

CHAIR TO BED TRANSFER

A. Applying the Sling in Chair

1. Choose appropriate size sling for resident.
2. Put the head of the Resident's bed up
3. Ensure back loops and labels are facing outward.
4. Lean resident forward. If resident is unable to maintain position, second staff can assist resident to remain forward.
5. Slide sling down back of resident leaving top of commode opening at top of resident's coccyx. Check that sling is square at resident's shoulders.
6. Arrange straps for resident's lift - See logo posted on resident's bathroom door.
 - i) For **individual legs**, pass strap under one leg and up between legs. Repeat with opposite leg. Straps may be crossed or not to attach to carrier bar.
 - ii) For **hammock-style**, pass leg straps under both legs and check that sling is pulled smoothly under legs. Appropriate for someone recovering from a stroke or fractured hip. It may designate in resident care plan to not cross straps.

NOTE: The PTA reserves the right to recommend alternatives to the aforementioned processes. Changes will be noted in the care plan.

NOTE: From this point onward there must be two staff present to continue with this procedure.

B. Attaching the sling to the lift

7. Position lift with carrier bar just in front of resident's forehead. Attach shoulder straps on shortest loops and leg straps on longest loops.

NOTE: If you are having a problem with a resident leaning, it is useful to move to the next loop at shoulders. This reclines and stabilizes the resident a bit more. The grey loops can also be used as these facilitate transfers both into and out of bed safely.

8. Check that sling is applied smoothly and symmetrically.

C. Lifting the Resident

9. As you lift the resident adjust the leg straps toward knees to ensure sling is smooth under thighs.

10. Lower carrier bar using hand control. This will enable you to attach sling loops on hooks of the carrier bar. Before moving lift, ensure that all loops are attached symmetrically and are pulled down over hooks on carrier bar.
11. Raise resident by using hand control. Before moving resident from above chair, ensure that there are no wrinkles in sling.
12. One staff should use the hand control and move the lift. The other staff should guide resident by their shoulders or knees during the lift. The guiding staff should not hold onto sling seat as this may cause the weight of resident to shift in the sling.
13. Transfer resident to bed raising them just high enough to clear bed.(about 2-4 inches) Limit time resident is suspended in lift.
14. Position resident over center of bed and lower them using hand control.
15. Unhook sling seat and move mechanical lift away.
16. Sling must be removed from under resident unless otherwise documented in resident care plan.

NOTE: If a resident is resistive, delay transfer and contact supervisor.

BED TO CHAIR TRANSFER

- A. Applying Sling in Bed
 1. Choose appropriate size sling
 2. One staff lowers bed rail getting close to resident and gently push resident forward (using body momentum) towards other staff. If the resident care plan indicates one person for repositioning then one staff may apply sling. Encourage resident to assist with repositioning as able.
 3. If resident care plan indicates that two are required for repositioning then two staff must apply sling. Once resident has been repositioned on their side, the second should hold resident in position at their shoulder and hip. Engage your core muscles when maintaining this position.
 4. If resident does not turn well, second staff should assist in turning the resident from the same side of bed as the first. Pillows can be used to position the resident and prevent rolling back in bed.
 5. Fold sling lengthwise – place center of commode cutout at top of resident’s coccyx – NO LOWER.

6. Ensure back loops and label are on the outside, facing away from resident.
7. The center of sling (from commode cut-out to headrest) should run up along resident's spine. Tuck one half of sling under resident and other place other half over side of resident facing you.
8. Reposition resident on their back, if a second staff is present they should roll resident to opposite side and pull sling out on the other side.

B. Attaching Sling to Lift

From this point onward there must be two staff present to continue with this procedure.

9. Raise head of resident's bed.
10. Attach sling straps to carrier bar.

Note: To facilitate resident in sitting upright, attach the straps to the carrier bar - short at shoulders and long at legs.

Positioning the Straps:

- i) For **individual legs**, pass strap under one leg and up between legs. Repeat with opposite leg. Straps may or may not be crossed to attach to carrier bar.
 - ii) For **hammock-style**, pass leg straps under both legs and check that sling is pulled smoothly under legs. This is appropriate for someone recovering from a stroke or fractured hip. It may designate in resident care plan to not cross straps.
 - iii) Any deviation from the normal process will be indicated in resident care plan.
11. Check that sling is applied smoothly and symmetrically.

C. Lifting the Resident

12. Place resident's wheelchair beside bed and ensure brakes are applied.
13. As you lift resident adjust leg straps toward thighs to ensure sling is smooth under thighs.
14. Lower carrier bar using hand control. This will enable you to attach sling loops on to hooks of carrier bar. You may need to raise head of bed to attach shoulder and head straps.
15. Raise resident by using hand control. Before moving lift, ensure that there are no wrinkles in sling and all loops are attached symmetrically.
16. One staff should use hand control and move lift. The other staff should guide

resident by their shoulders or knees during the lift. The guiding staff should not hold onto sling seat as this may cause the weight of resident to shift in sling.

17. Transfer resident to chair by raising them just high enough to clear bed,(about 2-4 inches) Limit time resident is suspended in lift.
18. Position resident over top of back of wheelchair and lower them using hand control. Their buttocks should slide down the back of wheelchair. The wheelchair will tip in this process, but this is a good indicator that resident will be positioned correctly.
19. Unhook sling seat and move mechanical lift away.
20. The lift seat must be removed from under resident unless otherwise documented in the resident's care plan.

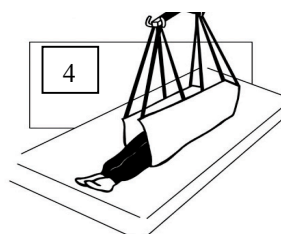
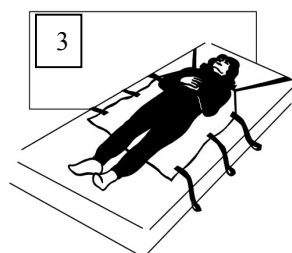
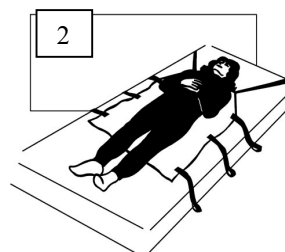
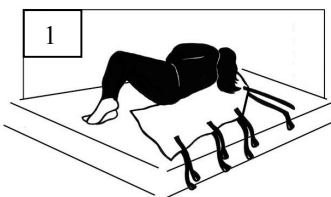
NOTE: If a resident is resistive, delay transfer and contact supervisor.

Positioning Sling Procedure:

Purpose: This sling is designed to allow an individual to be lifted and positioned in a supine position. It may also be utilized to roll or turn for a frequent change of position while in bed. This sling is not suitable for a lift to a seated position.

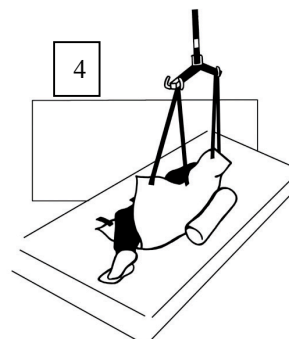
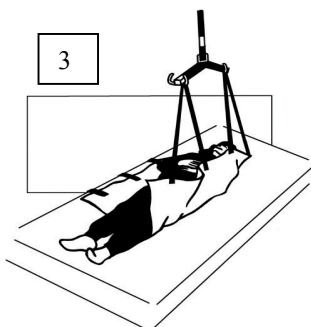
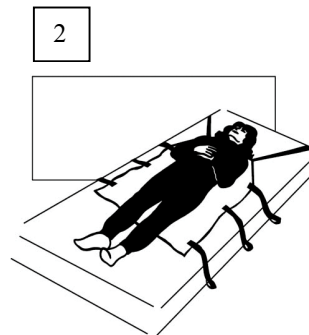
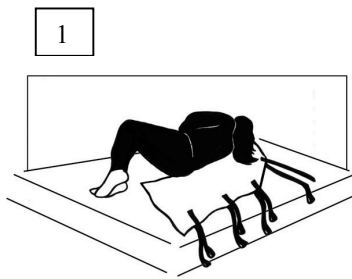
To Position in Bed/ Transfer to flat surface

1. Introduce sling by turning resident towards you, so that they are positioned on their side. Fold sling in half and lay it flat behind the individual. The top of sling should be level with top of the head, and bottom should be above the back of knee or with the full length positioning sling, it will extend to the end of the foot.
2. Turn resident onto their back, and ensure they are positioned in middle of the sling.
3. From one side, four sling straps can be attached to carrier bar hooks as detailed. The remaining four sling straps can now be attached in a similar manner.
4. Raise carrier bar just enough to produce tension on straps, and ensure that all straps are securely attached. The individual is now ready to be positioned towards head of the bed, or transferred to a stretcher or other flat surface.



To Turn in Bed

1. Introduce sling by turning resident towards you, so that they are positioned on their side. Fold sling in half and lay it flat behind individual. The top of sling should be level with top of the head, and bottom should be above the back of the knee or with full length positioning sling, it will extend to end of the foot.
2. Turn resident onto their back, and ensure they are positioned in the middle of sling.
3. To turn resident to left or right, attach the four sling straps to one side of carrier bar parallel to resident. Note: carrier bar is parallel to resident.
4. To turn resident to one side, raise carry bar to the desired position and support with a pillow.
5. The sling is to remain in bed at all times, except for laundering.
Note: A sheet should be placed over sling in bed to protect resident's skin.



Appendix 5 – Transfer Logos

