**Two Person** **Minimal Assist with Transfer Belt** 

**Qualification: Resident is full weight bearing on at least one leg and needs assistance rising from a seated position but not more than 70lbs of force and they can take some steps.**

* Read Care Plan
* Complete PACE Assessment
  + If Different
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, you can move up the decision ladder based on PACE results, not lower without an official re-assessment)*

1. If resident’s current status matches care plan/logo begin procedures. Clear all obstacles from the path of the transfer, ensure the Resident is wearing appropriate clothing and non slip footwear. Explain to Resident what you are going to do and what they must do to help with the procedure.
2. Position the wheelchair at a 45 degree angle to the bed on the side to which the Resident is to be transferred, preferably their stronger side. Remove the footrests and the armrest closest to Resident. If possible, lock all wheels of the equipment in use, unless otherwise required. If using a walker keep the walker within reach of the resident (or other walking aid).
3. Remove or lower the bed rail. Adjust the height of the bed so that Resident is able to place their feet flat on the floor with their knees at an 80°-90° angle. Ask or assist the Resident to sit on the edge of the bed and place both feet flat on the floor. Pause for a moment to let Resident adjust to the upright position.
4. Apply the transfer belt and tighten until snug. Place transfer belt around resident’s waist **NOT the hips or ribs**, ensure it is snug
5. One employee should be on each side of the resident. Each employee uses the hand closest to resident to grasp the back of the transfer belt. Grip the entire transfer belt, no just loops. With the other hand, if necessary stabilize through residents elbow. **DO NOT** grab resident under their arm or by their pants or underwear
6. Ask the Resident to look up and lean slightly forward (nose over toes). Resident’s feet should be shoulder width apart. Ask Resident to assist as much as possible with their arms by pushing down when it is time to transfer.
7. Based on the specific care plan: Employee may block the Resident’s foot/feet with their foot. To do this, place one foot in front of Resident’s weaker side to prevent slipping.) Employee’s rear foot should be aligned with resident’s hip, employee’s lead foot should be in front of resident’s feet and facing in the direction you want to go.
8. Employees should bend their knees; tighten the abdominal and buttock muscles. Count “1…2…3…stand”. On “stand”, employee should use their body-weight (using no more then 70lbs of force-35lb each) to initiate the movement, straighten the knees and assist the resident to a standing position using a smooth motion. Stop, with resident standing, double check transfer belt snugness and position before proceeding. Employees final position should be shoulder to shoulder and hip to hip with the resident
9. Ask Resident to walk forward, using walker if needed, then backup toward the wheelchair until they are able to feel their legs touching the chair and to place both hands, if possible, on the arm rests of the wheelchair. If using a walker, the resident should **NOT** pull themselves up using the walker. Keep the walker within reach of the resident
10. Count “1…2…3…down”. Slowly assist Resident to sit back down in wheel chair. Remove the transfer belt. Replace the footrests and ensure Resident is comfortable, safe and well supported.