



Gait Belts

- Be sure the correct size gait belt is available and that you're using it properly!
- A gait belt should be worn by staff so it is readily available for use.
- As with all transfers, communication is critical between the caregiver and resident/patient. Greet the resident/patient and explain to them the transfer process.
- A gait belt is not a lifting device. Gait belts are positioning devices.
- A gait belt should be placed around the resident's waist.
- Fasten the gait belt snugly around the resident's waist. A general rule is to leave enough room to fit two finger widths between the body and belt. Remember to tighten the belt after the person stands.
- Never place the gait belt on bare skin.
- The caregiver should be positioned in front of the resident/patient in a staggered stance.
 - When transferring to the left, the right foot goes between the resident's leg.
 - When transferring to the right, the left foot goes between the resident's leg.
- Utilize a three-count and remember "Nose Over Toes."
- Pull the resident to a standing position — do not lift!
- Once standing, allow the resident to stabilize and gain their balance before completing the move.
- If, at any time, you feel you have to lift the person or they are not stable, discontinue the move and consider a safer method of transferring (such as mechanical lift).

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Fallen Residents

- Assist the resident off the floor with either a total mechanical lift or a stand-by assist with the resident using a sturdy surface to get up.
- If a resident falls to the floor, notify appropriate staff members to assess for injuries.
- Under normal circumstances, a resident who falls to the floor should never be manually lifted.
- Use a total mechanical lift if the resident does not have the strength, weight-bearing ability or cognitive ability to stand with the chair technique.
- Never leave the resident alone. Have a co-worker retrieve a chair or lift.
- Comfort the resident. There is no rush to get them up, they can't fall any further.
- Place the chair directly in front of the resident. The chair is to help provide balance and support for the resident.

- Log roll the resident to their side. From their side, the resident should be instructed to come to a four-point stance (caregiver should not lift them to a four-point stance – support only). If the resident is unable to come to a four-point stance, stop the transfer and use a total mechanical lift.
- With the resident holding the chair for support, they should be instructed to bring one foot forward. From this position, they should be able to come to a standing position.

Key Points to Remember

- If, at any time, the resident is unable to proceed, the transfer should be stopped, the resident should be lowered to the floor and a total mechanical lift should be used.
- At no time should the caregiver be required to lift or move the resident. If they are required to do so, the transfer should be stopped and a total mechanical lift should be used.

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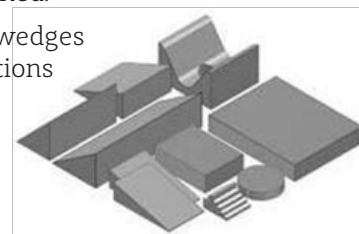


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Friction-Reducing Devices

- Avoid lifting when repositioning by using a friction-reducing device (FRD).
- Repositioning, turning and boosting residents up in bed are common sources of injury. An FRD reduces the “force” necessary when staff is performing these tasks.
- Lock the bed, adjust the bed height to a raised position to minimize bending and then log roll them to place the FRD.
- Use a “palms-up” grip when using an FRD. A palms-up grip is a stronger grip than palms down. A palms-up grip keeps the elbows close to the body and helps maintain a neutral body posture.
- Position the head of the bed to utilize gravity to your advantage (i.e., tilt the head of the bed down).
- Where possible, residents should be encouraged to assist in the process. Instruct the resident to bend their knees and push with their feet, if able.
- Together caregivers should count to 3 and move in unison to ensure a smooth transfer.
- It is important to slide the sheet and resist the tendency to lift up. Dragging your knuckles along the bed can help you to maintain the slide and avoid lifting.
- Place pillow on headboard.
- Lower bed when finished.
- Use body sponges or wedges to help maintain positions for the resident.



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Total Mechanical Lifts

- Use a total mechanical lift to transfer non-weight bearing residents/patients.
- The two caregivers should discuss the transfer prior to approaching the resident to make sure that both know the best practices and which one will take the lead. Plan ahead!
- Bring the equipment to the bedside. Make sure the proper size sling is used for the resident. Tell the resident who you are and explain the transfer procedure.
- A caregiver should be positioned on each side of the bed.
- Log roll the resident to place the sling under them.
- Secure the wheelchair from movement (if applicable).
- Position the lift at the side of the resident's bed. Open the base of the lift to the widest point. Place the base underneath the bed so the overhead bar is centered over the resident. Tell the resident to cross their arms over their chest.
- Attach the sling to the lift spreader bar. Check all connections to make sure they are secure. Triple check that the loops are secure prior to raising; loops can slip off until they are taut. Review with staff the proper connection for the brand of lift/sling you use.
- Raise the resident off of the bed. One caregiver will operate the lift controls. The second caregiver will attend to the resident.
- When the lift is high enough to safely move the resident, maneuver the lift away from the bed. The caregiver on the control side of the lift will push/pull the lift. The second caregiver on the resident side of the lift will comfort/support the resident and assist with steering/positioning of the lift.
- If transferring the resident to a chair, position the lift so the chair is inside the base of the lift and the resident is directly over the chair. Slowly lower and position the resident into the chair.

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Practices to Avoid

- Manual lifting of residents
- Hook-under-arm assistance
- Transferring without a gait belt or assistive device

The following are some at-risk practices that should be avoided:

- Under normal circumstances, a resident should not be manually lifted.
- Poor body mechanics:
 - Bending at the waist
 - Reaching
 - Twisting motions
- Transferring or ambulating a resident without a gait belt.
- Holding a resident's waistband while ambulating.

- Transferring a resident by holding on under their arm ("hook and toss").
- Operating a mechanical lift without a second person.
- Continuing an unsafe transfer. For example: You recognize a resident/patient is weaker that day and their normal gait belt transfer should be changed to a sit-to-stand or mechanical lift, but you continue with gait belt.
- Providing care to a resident in bed without adjusting the bed to the appropriate height. Raise the bed each and every time you assist the resident in their bed and remember to lower it when finished.
- Add in and review "at-risk practices" with staff that you have observed in your facility.

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Sit-to-Stand Mechanical Lift

- When performing these transfers, ensure proper sling placement and adjust as necessary.
- Resident must be able to provide assistance throughout the transfer.
- The two caregivers should discuss the transfer prior to approaching the resident to make sure that both know the best practices and which one will take the lead. Plan the transfer so you do not have to stop part way through and leave the resident grasping the handle bars; they tire quickly.
- Bring the equipment to the bedside. Make sure you have the proper size sling for the resident. Inspect the sling for damage and wear. Tell the resident who you are and explain the transfer procedure.
- If the resident is using a wheelchair, make sure the brakes are locked and the foot pedals are removed.
- Position the lift in front of the resident. Ask the resident to place their feet flat on the foot rest and assist them as necessary.
- Secure the strap around the resident's calves. Teamwork helps to efficiently secure the strap.
- Place sling around the resident, making sure their arms are on the outside of the sling. Buckle the sling around the resident to ensure a proper fit.
- Secure the sling straps to the sit-to-stand lift. Check all connections to make sure they are secure.
- One caregiver will operate the lift controls. The second caregiver will attend to the resident throughout the transfer. The sling should be tightened as the resident is lifted to a standing position.
 - The caregiver on the control side of the lift will push/pull the lift. The second caregiver on the resident side of the lift will comfort/support the resident and assist with steering/positioning of the lift.
- If the resident is hanging (not supporting their weight), this is not an appropriate transfer. A total mechanical lift should be used.

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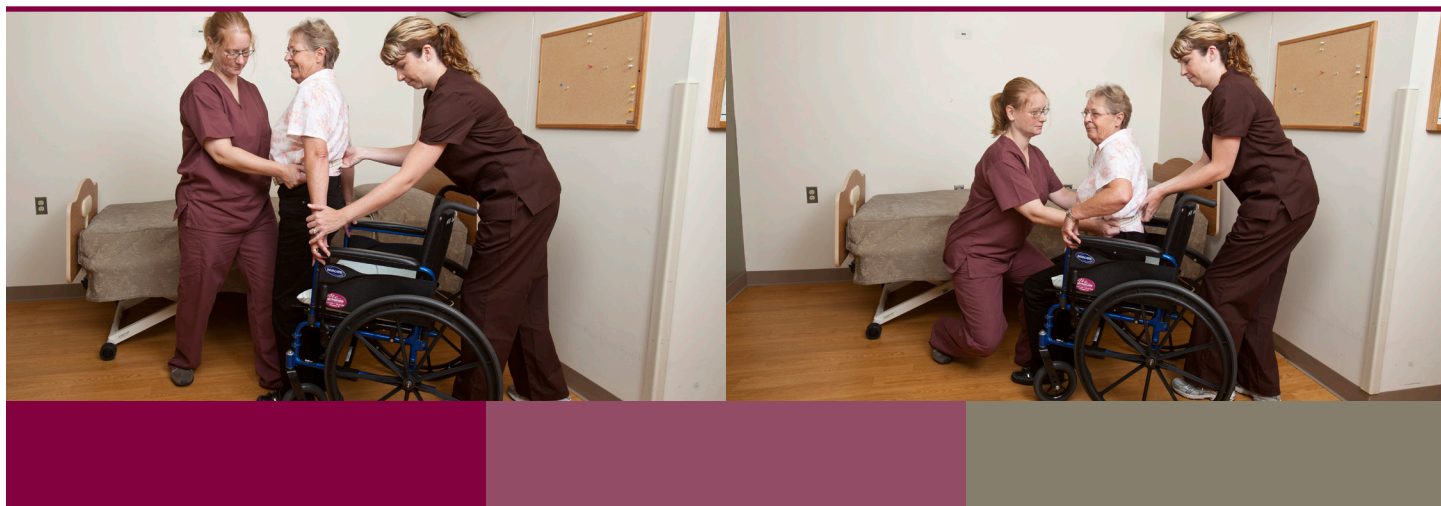
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Two-person Gait Belt Transfer

- Second person is there to provide assistance with personal care, wheelchair placement, guidance, etc.
- The second person is NOT there to help lift the resident.
- The two caregivers should discuss the transfer prior to approaching the resident to make sure that both know the best practices and which one will take the lead. Plan ahead!
- The second caregiver is not there to help lift the resident. The second caregiver is there to assist with ADLs and comfort the resident.
- Explain to the resident who you are and the transfer process.
- Lock the brakes to the resident's wheelchair and remove the foot pedals.
- Place the gait belt around the resident's waist and fasten snugly enough so it will not slip around the ribs (allow space of two-finger width). Never place belt on bare skin.
- Caregiver No. 1 is the "driver," the one who is directing the transfer. This person stands directly in front of the resident with his/her feet slightly apart and one foot between the feet of the resident. This provides the caregiver a more stable base and the ability to shift his/her center of gravity as needed. Caregiver No. 2, the "assistant," stands to the side or back of the resident.
- Caregiver No. 1 asks the resident to "scoot" forward. If the resident cannot do this without assistance, Caregiver No. 1 assists the resident by rocking and scooting toward the edge of the chair. This is done by assisting the resident in shifting weight from one buttock to the other.
- Caregiver No. 1 assists the resident to a standing position by grasping the gait belt with his/her hands outside the belt and with arms at the side of the resident. This is done with a pulling-forward motion, not lifting.
- Once in the standing position, Caregiver No. 1 assists the resident to pivot, making sure the caregiver pivots their feet in the process. Caregiver No. 2 is present to assist with dressing, toileting, pivoting, posturing and stabilizing the resident. They should not be used to perform the actual transfer. If that is needed, the resident should be evaluated for a mechanical lift transfer.
- Caregiver No. 1 slowly lowers the resident utilizing proper body mechanics. Caregiver No. 2 may assist the resident with hand placement and guide the resident into the seat.

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The Log Roll

- Utilize proper techniques to ease the log-rolling process.
- Explain to the resident who you are and what you are going to do.
- Adjust the height of the bed. The optimum working level is between the caregiver's waist and elbows. With two caregivers of different heights, find the height that is best for both.
 - A bed that is too low may require a caregiver to bend over in an awkward position.
- Bend the resident's leg opposite to the side you are turning them to.
- Ask the resident to assist in the procedure by reaching across their body (toward the side you are turning them to) and holding onto the bed rail.
- The caregiver on the side of the bed in which the resident is being rolled should place one hand on the resident's hip and the other on the resident's shoulder. The second caregiver can provide support and assistance.

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Bed Adjustment

- Adjust the bed height to the optimal working level, which is typically at the caregiver's waist or slightly above (hip to elbow).
- Properly adjusting a resident's bed before transferring, assisting, repositioning or providing care is a key element in maintaining proper body mechanics.
- Utilize the bed to help a resident sit up. With the resident lying in bed (supine position), raise the head of the bed all the way up. From this position, you can pivot the resident's legs to the side.

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Falling Residents

- If a resident starts to fall, using the gait belt, pull them close to your body and guide them to the floor.
- Always ambulate a resident with a gait belt.
- One hand should remain on the gait belt gripping with palm up. Be ready for a potential fall at any time.
- Do not attempt to catch or hold up a resident who is falling.
- If the person will be ambulating for a long distance, plan resting spots along the way. For example, place a chair as a halfway point, so they have somewhere to rest if need be.
- If you use a wheelchair to follow behind, a second person should push the wheelchair, so you are able to provide full attention to the resident/patient. One caregiver should not be ambulating and pulling the wheelchair with the other hand.

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Sling Inspections

- A sling should be inspected before each use for damage and excessive wear. Common areas for frays/tears are the loops or near the areas where the most tension is placed.
- If a sling is damaged, it should not be used. Pull the sling from use and notify the appropriate person for replacement.
- Make sure the slings you are using are designed for the lifts you are using.
- Each manufacturer's sling inspection requirements may differ. Locate the owner's manual for the specific manufacturer of the sling you use in your facility and review the recommended inspection process with staff.

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Proper Body Mechanics

Staggered Stance | Pull; Don't Lift | Hold a Neutral Posture

- Proper body mechanics is a key element when transferring, assisting and repositioning residents. The following is a hands-on exercise to complete with staff to reinforce the power stance when performing a transfer. The power stance is when the caregiver's feet are shoulder-width apart and staggered.
- Have team members stand up and pick a partner. If there is an odd number, you will serve as the odd person's partner.
- Instruct your team members to stand facing each other, approximately 1 foot away from each other. Their feet should be together. Both team members should raise their hands toward each other. They should slightly push on their partner's hands to see who falls off balance first. This exercise will be repeated three times with this being the first.
- Instruct those that fell off balance to spread their feet shoulder-width apart. The other team member will keep their feet together. Ask them to slightly push on each other's hands again until someone falls off balance.
- Ask them if it was harder, easier or the same to push their partner off balance again. It will be harder for each person because we changed their position to a stronger stance.
- For the third time, the exercise will be repeated, but this time ask the team member who had their feet shoulder-width apart to also stagger their stance by putting one foot in front of the other in a lunge position. The other trainee keeps their feet together/side-by-side. Ask them to slightly push on each other's hands again until someone falls off balance.
- They will find this time that they will not be able to push their partner off balance, or that it is very difficult to do so. Explain to the staff that having their feet shoulder-width apart with a staggered stance is the power stance that should be used during resident transfers. This gives them improved balance and stability to best control their body movements and the transfer/move.

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