TRANSFER ACTIVITIES

PURPOSE:
To transfer a resident from bed to chair/chair to bed/chair to toilet/toilet to chair.

EQUIPMENT:
1. Appropriate type and size of wheelchair or bedside chair
2. Gait belt
3. Non-skid socks or shoes
4. Positioning device as necessary
5. Mechanical lift, if needed see mechanical lift policy

PROCEDURE:
Standing pivot transfer from a bed to chair
1. Wash hands.
2. Explain the procedure to the resident.
3. Provide privacy.
4. Lock the bed brakes.
5. Assist the resident to a sitting position at the side of the bed. Place hand under the resident's shoulders to support the resident as the resident is raised off the bed. Assist the resident to lower legs/feet over the side of the bed.
6. Position the chair at a 45° angle to the bed and lock the chair breaks, if applicable. (Place the chair on the resident's stronger side).
7. Assist resident to apply non-skid socks or shoes (if needed).
8. The resident's feet should rest on the floor. The bed may need to be adjusted to allow this to happen.
9. Apply gait belt to resident's waist.
10. Stand in front of resident with your knees on the outside of the residents.
11. If needed have the resident put his/her arms on your shoulders being careful not to grab your neck, or resident can put his/her arms around your waist.
12. Grab each side of the gait belt firmly. If the resident is able to, have the resident push self off of the bed by placing hands on the surface of the bed and pushing up.
13. Inform the resident when you want him/her to stand. (1..2..3...).
14. Lift by straightening knees while keeping your back straight until the resident is in an upright position. A rocking motion may be necessary to stand resident upright with minimal exertion.
15. Pivot self using foot closest to the chair and pivot the resident toward the chair. End the pivot turn when the back of the resident's legs are centered against the seat of the chair.
16. Instruct the resident to use the arm rests for support and assist resident to ease down into chair.
17. Remove gait belt.
18. Apply leg rests to chair if applicable.
19. Check resident for good body alignment and correct sitting position.
20. Leave the resident in a position of comfort.
21. Wash hands.

Standing pivot transfer from a chair to bed

1. Wash hands.
2. Explain procedure.
3. Provide privacy.
4. Position the chair at a 45° angle to the bed, either at the head or foot. The chair should be positioned so the resident is leading with his/her stronger side.
5. Lock the bed brakes, if needed.
6. Lock the chair brakes.
7. Ensure that the bed is at a proper height for the resident.
8. If the chair has a removable arm rest, the one closest to the bed may be removed to aid in transfer. (If a resident requires total assistance this will be helpful).
9. Place the resident's feet flat on the floor and remove the foot rests or swing them away, if present.
10. Assist resident to scoot his/her hips forward in the chair by pulling from behind the knees. If the resident is able, ask him/her to push him/herself back against the back of the chair, or use arm rests to push back while sliding the buttocks forward.
11. Apply gait belt to resident's waist.
12. Assist the resident to lean forward.
13. Place your knees outside of the resident's knees.
14. Grab gait belt firmly. If needed, have the resident put arms on your shoulders, being careful that the resident does not grab around your neck or the resident can place his/her arms around your waist.
15. If the resident is able, ask him/her to push him/herself off of the chair by placing hands on the armrests or seat of chair.
16. Notify the resident of when you want him/her to stand. (1..2..3..).
17. Lift by straightening your knees while keeping your back straight until resident is upright enough to clear armrest and bed. A rocking motion may be necessary to stand resident upright with minimal exertion.
18. Pivot the resident toward the bed using the foot closest to the bed. The back of the resident's legs should be against the bed.
19. Assist the resident to lower self onto bed, while bending your knees and maintaining a straight back.
20. Remove gait belt.
21. Leave the resident in a position of comfort.
22. Wash hands.

Sliding board transfer

1. Wash hands.
2. Explain procedure to resident.
3. Make sure the surface the resident is sitting on is close to the surface that the resident is transferring to.
4. Make sure the brakes are locked on both surfaces.
5. Put the transfer board under the resident's thigh being careful not to pinch the skin.
6. The other end of the board should be placed on the flat surface in which the resident is transferring to.

7. Have the resident unweight body by pushing up with arms, and then carefully move body toward the second surface, then lower body onto board. The resident should lean head and shoulders in the opposite direction of the move. Have resident repeat this until the transfer is complete.
8. After the transfer is complete have resident lean to side and assist in removing the board.
9. Leave the resident in a position of comfort.
10. Wash hands.

General principles

1. Never remain in a bent position for a long period of time when the same results can be accomplished in an erect position.
2. Use the largest, strongest, and greatest number of muscles when lifting.
3. Keep a wide base of support by keeping feet about 12 inches apart and by advancing one leg in front of the other.
4. Always assume a starting position that will allow unobstructed movement in range and direction.
5. Have a plan for the move prior to starting the task.
6. Make sure everyone involved in the move is aware of the plan, (resident, co-worker).
7. If a lower position must be maintained for a long period of time, kneel, do not bend.
8. Keep parts of the body as close to a vertical axis of the body as possible.
9. Raise a surface to working height (mid-thigh to waist level) when able to.
10. Push rather than pull, when able to (pulling requires more effort).
11. Use a gait belt.

Other points to remember

1. Transfer – the movement of a body from one location to another or one position to another in the safest most efficient manner.
2. Don't be in a hurry.
3. Encourage the resident to help out as much as he/she can.
4. Never let a resident put his/her arms around your neck.
5. Never pull on a resident's affected extremity.
6. Assess the task and the resident's ability prior to starting a task. Get help from co-workers if you are unsure that you can perform the task by yourself.