

Generic Patient Handling Safe Work Procedure (SWP)

SWP 10 Reposition in chair

SWP 10. Reposition in chair

The following generic SWPs are for Task No. 10 on the FURAT patient handling transfer table:

- the SWPs are coded to align with the numbering in the transfer table;
- tasks shaded green are preferred methods;
- tasks shaded yellow are not preferred – they should, where possible, be replaced by a method from the green section;
- refer to local SWPs for descriptions of the use of techniques/equipment that are not described here.

The choice of technique must be based on the Individual Patient Handling Assessment, and the principles of safe patient handling should be used. Workers should also refer to the Standard Preparation and Precautions that apply to all patient handling tasks.

Strategies for preventing the patient repeatedly slipping down in a chair:

- Select an appropriate chair for the patient to be sat out in to begin with: consider the patient's requirements for seat depth, size or shape, foot support, sitting posture and balance.
- Prepare a suitable seat surface for the patient, e.g. a chair with a base that is level or slopes slightly backwards; non-slip surface; non-slip clothes; one-way slip products on the chair (following risk assessment).

The following pre-activity screens are a minimum guide for the task of repositioning in a chair:

Pre-activity functional screens for repositioning in a chair	Rationale
Can the patient comprehend and cooperate?	<ul style="list-style-type: none"> • More workers or a transfer for a dependent patient may be needed if the patient resists the transfer or does not assist when instructed.
Can the patient use their arms, with or without aids (e.g. grasp armrests of chair)?	<ul style="list-style-type: none"> • Can the patient use their arms to assist to bring their weight off the back of the chair and push into standing? • Does the patient have sufficient arm strength to use aids or equipment, e.g. mechanical or non-mechanical standing aid?
Can the patient perform a straight leg raise?	<ul style="list-style-type: none"> • Consider the patient's quadriceps strength to help determine whether they have sufficient strength in that leg to weight bear.

<p>Can the patient maintain sitting balance (and shift their weight from side to side)?</p>	<ul style="list-style-type: none"> • Consider the patients ability to sit unassisted and to maintain dynamic sitting balance. • Consider the patients ability to shift their weight from side to side to perform a transfer using their body mechanics.
<p>Can the patient do pre-standing (e.g. can the patient bring their weight forward over their feet and lift their bottom off the chair)?</p>	<ul style="list-style-type: none"> • Consider the patients sitting balance and ability to shift their weight forward (nose over toes) and to maintain balance during the standing transfer. • Consider the patient's strength and ability to weight bear through legs and arms. • If the patient is unable to adequately do pre-standing, a different transfer method may be needed.
<p>Can the patient fully stand?</p>	<ul style="list-style-type: none"> • Consider the patients ability to move from sit to stand with or with an aid. Does the patient demonstrate balance throughout the transfer? • Consider the patients endurance to repeat this task
<p>Can the patient maintain standing balance?</p>	<ul style="list-style-type: none"> • Consider the patients ability to stand unassisted and to maintain dynamic sitting balance. • If the patient has poor standing balance, a different transfer method may be needed.

Key Information:

1A = one-worker assist **2A** = two-worker assist

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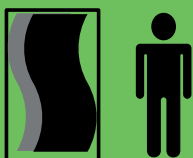
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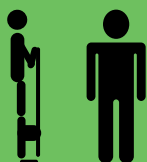
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10a: Patient repositions themselves in chair using body mechanics and prompting



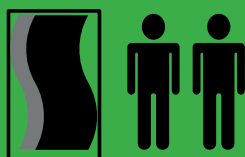
10b: 1A reposition in chair using patient & worker body mechanics, for a needs-assist patient



10c: 1A reposition in chair using non mechanical standing aid, for a needs-assist patient



10d: 1-2 assist (one or two-assist) reposition in a chair, using a standing hoist, for a needs-assist patient



10e: 2A reposition in an electric recliner chair using slide sheets, for a dependent patient



10f: 2A reposition in chair using hoist/sling



1ob: 1A (one-assist) reposition in a chair using patient and worker body mechanics, for a needs-assist patient

Note: This technique is not suitable for patients with painful knee or hip joints.

Plan:

Complete the pre-activity functional screens relevant to this transfer method. To perform this transfer method, the patient must be able to:

- ✓ comprehend and cooperate
- ✓ maintain sitting balance (and shift their weight from side to side)
- ✓ use their arms.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Ensure there is sufficient space around the chair to allow this task to be performed using safe working postures and movements.

Patient

Explain the transfer to the patient. To prepare the patient, instruct or assist them to:

1. position their feet flat on a stable surface, shoulder width apart and slightly behind the line of their knees
2. grasp the arms of the chair and lean forward to bring their weight off the backrest of the chair (Figure 2).

Worker

The worker may assist the patient to bring their weight off the backrest by standing to the side of the chair and using a safe posture, e.g. reverse lunge. The worker is then positioned:

- in front of the seated patient
- in a safe working posture, such as a semi-squat or half-kneel
- with their hands on the patient's knee and shoulder (Figure 2).

Do:

Explain the procedure to the patient and instruct/assist them to:

- lean their weight to one side and push through their arms and feet as they move their buttock back in the chair (Figure 3). Repeat this leaning movement on the other side.
- The worker assists (if required) to guide the movement by applying a comfortable force at the patient's knee (Figure 2) or hip, as the patient shifts their weight and transfers back in the chair.

Review:

After the transfer:

1. ensure that the patient is in the desired position
2. implement strategies to prevent the patient from sliding back down the chair
3. make the patient safe
4. make the area safe
5. check that the transfer went according to plan
6. report/document any problems.

Safe variations include:

1. 1A reposition patient in a chair using a slide sheet (Figure 4)

To position the slide sheet, instruct or assist the patient to lean forward off the backrest of the chair. Insert the folded slide sheet under the back third of the patient's buttocks, with the open ends facing away from patient. Assist them to move back in the chair, using the safe postures and movements described in the procedure above. With the patient in the required position, remove the slide sheet by again leaning the patient forward off the backrest and folding the slide sheet under itself, taking care to maintain the patient's position in the chair.

2. 2A reposition patient in a chair (with or without the use of a slide sheet) (Figure 5)

Both workers position themselves in front of the patient with their hands on the patient's knee and shoulder. Perform the transfer as outlined in the safe work procedure described above.



10b: 1A (one-assist) reposition in a chair using patient and worker body mechanics, for a needs-assist patient

Note: This technique is not suitable for patients with painful knee or hip joints.

Example Images



Figure 1: Starting position of patient (patient has slid down in chair).



Figure 2: Patient leans forward off the backrest, with worker positioned to guide at the patient's knee and shoulder.



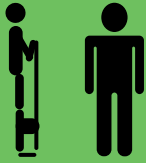
Figure 3: Patient shifts weight from side to side as they push back in chair.



Figure 4: Variation 1 — 1A using a slide sheet.



Figure 5: Variation 2 — 2A reposition in a chair, with or without a slide sheet.



10c: 1A (one-assist) to reposition in a chair, using a non-mechanical standing aid (e.g. Romedic Return, Arjo Stedy), for a needs-assist patient

Note: Refer to the manufacturer's instructions for information on how to safely operate the non-mechanical standing aid, including the minimum number of workers required.

Plan:

Complete the pre-activity functional screens relevant to this transfer method. To perform this transfer method, the patient must be able to:

- ✓ comprehend and cooperate
- ✓ use arms (to maintain grasp of the frame, with at least one arm)
- ✓ maintain sitting balance
- ✓ straight leg raise (patient needs to be able to weight bear through at least one leg, preferably both)
- ✓ do pre-standing and full standing
- ✓ maintain standing balance.

The patient must also have sufficient knee flexion to enable them to position comfortably in the frame.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Ensure sufficient space around the chair to allow this task to be performed using safe working postures and movements.
3. Gather and/or adjust equipment as per manufacturer's instructions.
4. Read the manufacturer's instructions for the specific non-mechanical standing aid.
5. Read the safe working load (SWL) of the standing aid and determine suitability of use with patient.
6. Ensure the equipment is in good working order.
7. Do not use a non-mechanical standing aid over long distances.

Patient

Explain the transfer to the patient. Position and/or instruct the patient to maximise their function during the transfer (Figure 1).

For standing, consider the following:

1. appropriate footwear is worn
2. attachments are clear
3. buttocks are close to the front edge of the seat surface
4. feet are flat on the footplate, shoulder width apart and slightly behind knees
5. knee pads are positioned appropriately

6. trunk is leaning forward with head erect
7. hands are grasping the non-mechanical aid (in preparation to pull to stand).

For sitting, consider the following:

1. legs are touching the seat surface
2. hips are beginning to bend and buttocks moves backwards
3. patient may release one hand off the aid and begin reaching back towards a chair/arm seat surface.

Workers

Worker is positioned to stabilise the non-mechanical standing aid, as per manufacturer's instructions (Figure 1).

Do:

For standing:

- As the patient's trunk bends forward, instruct them to pull up on the aid into standing, while the worker stabilises the aid (Figure 2).
- If moving into full standing, prompt the patient to straighten their hips and knees, while firmly holding the aid for stability.

For sitting:

- When the patient is balanced in standing, the worker moves the device/patient in towards the chair to achieve the desired position (Figure 3).
- Instruct the patient to sit. As their trunk bends forward and they reach back for the chair arms/surface, the worker stabilises the device as per manufacturer's instructions.
- When seated, instruct or assist the patient to move their feet off the foot plate and then remove the device. Ensure the patient's limbs are positioned comfortably.

Review

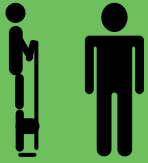
After the transfer:

1. ensure that the patient is in the desired position
2. implement strategies to prevent the patient from sliding back down the chair
3. make the patient safe
4. make the area safe
5. check that the transfer went according to plan
6. report/document any problems.

Safe variations include:

1. Two-assist reposition in a chair using a non-mechanical standing aid (e.g. Romedic Return, Arjo Stedy) for a needs-assist patient

Assist the patient, using the safe work procedure described above, with Worker 2 repositioning the chair behind the patient when they are in standing.



10c: 1A (one-assist) to reposition in a chair, using a non-mechanical standing aid (e.g. Romedic Return, Arjo Stedy), for a needs-assist patient

Note: Refer to the manufacturer's instructions for information on how to safely operate the non-mechanical standing aid, including the minimum number of workers required.

Example Images



Figure 1: Patient and worker in position with Romedic Return.



Figure 2: Patient moves into full standing.



Figure 3: Patient and device are then moved closer to the chair.



Figure 4: The patient reaches back and sits down in the chair



Figure 5: Using a different non-mechanical standing aid (the Arjo Stedy).



10d: 1-2 assist (one or two-assist) reposition in a chair, using a standing hoist, for a needs-assist patient

Note: Read the manufacturer's instructions on how to safely operate the standing hoist, including the minimum number of workers required.

Plan:

Complete the pre-activity functional screens relevant to this transfer method. To perform this method, the patient must be able to:

- ✓ comprehend and cooperate
- ✓ use arms (to maintain grip on handholds or frame of the hoist, with at least one arm)
- ✓ maintain sitting balance
- ✓ straight leg raise (must be able to weight bear through at least one leg, preferably both)
- ✓ standing balance.

The patient must also have sufficient knee flexion to enable them to position comfortably in the standing hoist.

Prepare:

Environment/ Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Read the manufacturer's instructions for the hoist and sling, observing the safe working load (SWL), compatibility and clinical suitability for the patient. Select a sling suitable for the patient and the hoist (e.g. size, type and purpose).
3. Check the sling before use for signs of wear and tear, broken stitches, cracked clips, damaged loops, shrinking and appropriate labelling (e.g. visible SWL).
4. Ensure the battery is sufficiently charged for the transfer, and that the hoist and sling are in good working order.
5. Read the manufacturer's instructions on using the brakes.
6. Ensure sufficient space around the work area to allow the task to be performed using safe working postures and movements.
7. Do not use a standing hoist over long distances.

Patient:

Explain the transfer to the patient, including the action of the hoist, and reassure them they will be safe and secure when hoisted. To prepare the patient:

1. insert the sling behind the patient, and as per manufacturer's instructions. Workers adopt safe postures and movements (e.g. a reverse or side lunge posture) when assisting to move the patient forward off the backrest. Secure the sling around patient's waist and/or chest
2. ask/assist the patient to place their feet flat on the foot plate (where relevant)
3. adjust the knee pad and secure the knee strap (where relevant) as per manufacturer's

instructions

4. attach the sling to the hoist, as per manufacturer's instructions (Figure 1)
5. ask the patient to grasp handhold/s on hoist and keep holding during the transfer (Figure 2), as per manufacturer's instructions.

Workers:

The workers are positioned:

- Worker 1 operates the hoist
- Worker 2 (if required) assists with positioning equipment and monitors the patient.

Do:

Before raising the hoist, workers instruct/assist the patient to hold onto the hoist and remain holding whilst completing the transfer. Operate the hoist as per manufacturer's instructions.

For standing:

- Raise the patient to a sufficient height to clear the seat surface (Figure 3). If moving into full standing, prompt the patient to straighten their hips and knees, while holding the hoist for stability.
- Move the patient/hoist in towards the seat surface (Figure 4) using safe postures and movements, such as a forward lunge. Alternatively, Worker 2 moves the chair in behind the patient.

For sitting:

- When positioned over the transfer surface, lower the hoist.
- When lowering into sitting, ensure the patient's bottom is positioned towards the back of the chair.
- When seated, detach the sling and instruct/assist the patient to move their feet off the foot plate, then remove the hoist. Ensure the patient's limbs are positioned comfortably.

Throughout the transfer:

- monitor the patient and equipment (e.g. condition of the patient, positioning of the sling)
- never leave the patient suspended in the hoist without supervision.

Stop the transfer and return the patient to a safe surface if:

- The sling slides up under the patient's axilla (and no longer supports the patient adequately), even when it has been properly positioned.
- The patient makes unexpected movements, e.g. uncontrolled movements, they become aggressive or distressed or start to lose balance.
- Lower limb weight bearing is insufficient, e.g. knee hyper-extends.
- There are signs that the hoist or sling is not performing as expected, e.g. the sling selection is unsuitable; a clip breaks or dislodges; the patient slides in sling and is not secure; there are issues with the hoist tracking or battery.

Review:

After the transfer:

1. ensure that the patient is in the desired position
2. make the patient safe
3. make the area safe
4. check that the transfer went according to plan
5. report/document any problems.



10d: 1-2 assist (one or two-assist) reposition in a chair, using a standing hoist, for a needs-assist patient

Note: Read the manufacturer's instructions on how to safely operate the standing hoist, including the minimum number of workers required.

Example Images



Figure 1: Securing the sling around the patient.



Figure 2: Patient is prepared for transfer.

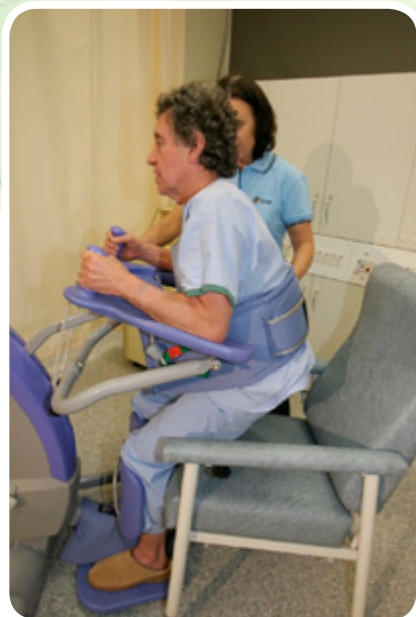


Figure 3: Raising patient to a height to clear the seat surface.



Figure 4: Moving patient/hoist in closer to the chair.



10e: 2A (two-assist) reposition in an electric recliner chair using slide sheets, for a dependent patient

Plan:

Complete the pre-activity functional screens relevant to repositioning in a chair to determine whether the patient's condition has improved. Choose this method when the patient is dependent and not able to assist with the transfer.

Prepare:

Environment/ Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Adjust the chair mechanisms to recline the patient into a supine position (i.e. adjust the foot support; lower the backrest; lower the armrests, etc.).
3. Adjust the chair to an appropriate height for the workers (about knuckle height of shorter worker, if relevant).
4. Ensure sufficient space around the chair to allow the task to be performed using safe working postures and movements. If necessary, move the chair away from the wall to enable workers to stand at the head of the chair.
5. For all slide sheet transfers, a rolled-up pillow slip (or similar) can be inserted inside the top slide sheet to improve the worker's grip on the slide sheet.

Patient:

Explain the transfer to the patient. To prepare the patient:

1. Recline the chair so that the patient is in a fully reclined supine position.
2. Using the basic roll technique, insert two slide sheets under the patient. Note: under the entire patient (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets) (Figure 2).
3. Instruct or assist the patient to place their arms on their chest.

Workers:

Both workers adopt safe postures and movements when adjusting the chair and inserting the slide sheets (Figure 2). After the slide sheets are inserted under the patient, workers are positioned:

- at the top corners of the chair in a forward lunge posture with weight beginning on their front foot (Figure 3)
- grasping the top slide sheet as close as possible to the patient's shoulder, while avoiding overreaching and maintaining neutral wrists.

Do:

In this method, move the patient into a fully reclined supine position and then reposition them in the chair using two slide sheets.

On the agreed count:

- Workers transfer their body weight from their front to back foot using a reverse lunge as the patient is moved up the chair. Ensure that the force to move the patient comes from the legs and buttocks and not by pulling with the arms.
- Repeat if necessary until the patient is adequately repositioned.

Remove the slide sheets, taking care not to alter the patient's position in bed (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets).

Where possible, profile the recliner chair to prevent the patient sliding back down the chair (Figure 4).

Review:

After the transfer:

1. ensure that the patient is in the desired position
2. implement strategies to prevent the patient from sliding back down the chair
3. make the patient safe
4. make the area safe
5. check that the transfer went according to plan
6. report/document any problems.



10e: 2A (two-assist) reposition in an electric recliner chair using slide sheets, for a dependent patient

Example Images



Figure 1: Patient has slipped forward in a recliner chair.

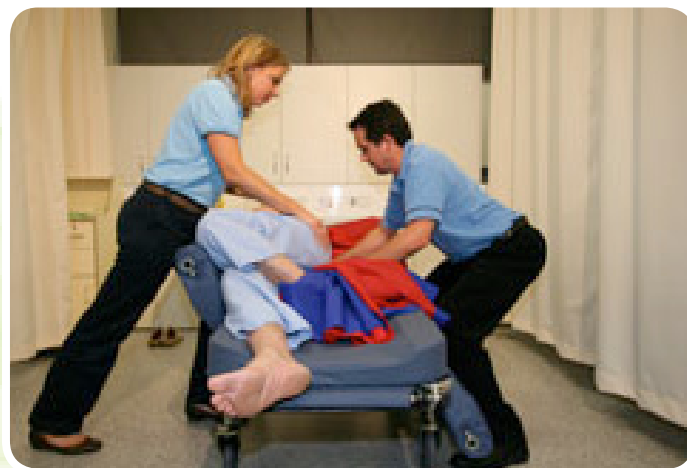


Figure 2: Inserting two slide sheets.



Figure 3: Workers positioned at top corners of the chair, in a forward lunge posture.



Figure 4: Chair profile is adjusted to prevent patient slipping down again.



1of: 2A (two-assist) reposition in a chair, using a hoist/sling (ceiling hoist or mobile hoist)

Note: Refer to the manufacturer's instructions for information on how to safely operate the hoist.

Plan:

Complete the pre-activity functional screens relevant to repositioning in a chair to determine whether the patient's condition has improved. Choose this method when the patient is dependent and not able to assist with the transfer.

Prepare:

Environment/ Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Read the manufacturer's instructions for the hoist and sling, observing the safe working load (SWL), compatibility and clinical suitability for the patient. Select a sling suitable for the patient and the hoist (e.g. size, type and purpose).
3. Check the sling before use for signs of wear and tear, broken stitches, cracked clips, damaged loops, shrinking, and appropriate labelling (e.g. visible SWL).
4. Ensure the battery is sufficiently charged for the transfer, and that the hoist/sling are in good working order.
5. Read the manufacturer's instructions on using the brakes.
6. Ensure sufficient space around the chair to allow the task to be performed using safe working postures and movements.
7. Do not use a mobile hoist over long distances.

Patient:

Explain the transfer to the patient, including the action of the hoist, and reassure them that they will be safe and secure when hoisted. To prepare the patient:

1. Insert the sling under the patient as per manufacturer's instructions (Figures 1 and 2) (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slings).
2. Position the leg straps as per the manufacturer's instructions (Figure 3).
3. Move the hoist into position and lower it over the patient.
4. Attach the sling straps to the hoist as specified by the manufacturer (Figure 4).
5. Instruct/assist the patient to keep their arms inside the sling, and to relax into the sling, where possible.

Workers:

After the sling has been inserted, workers are positioned:

- Worker 1 operates the hoist
- Worker 2 assists with positioning the equipment and monitoring the patient.

Do:

On the agreed count, workers:

- Raise the patient to a sufficient height to clear the seat surface (Figure 5).
- Move the patient/hoist in towards the chair using safe postures and movements, such as a forward lunge (Figure 6). Alternatively, Worker 2 can move the chair under the patient.
- Lower the patient on to the destination surface, ensuring their bottom is positioned back into the chair. If using a hoist with a pivot frame attachment, adjust the patient's sitting position by pushing down on the frame handle, or by adjusting the pivot frame mechanically, if available. Note: Push down on the pivot frame only after the hoist has been lowered, i.e. at the worker's waist height or lower.
- Detach the sling from the hoist and remove the hoist.

When the patient is in the required position:

- Determine whether the sling can remain under the patient or if it should be removed for pressure care requirements. If removing the sling, move the leg straps out from under the patient's legs, then assist the patient to lean forward off the backrest and remove the sling from behind them. (Refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slings).

Throughout the transfer:

- monitor the patient and equipment (e.g. condition of the patient, positioning of the sling)
- never leave the patient suspended in the hoist without supervision.

Stop the transfer and return the patient to a safe surface if:

- **The patient makes unexpected movements, e.g. uncontrolled movements, or they become aggressive or distressed.**
- **There are signs that the hoist or sling is not performing as expected, e.g. the sling selection is unsuitable; a clip breaks or dislodges; the patient slides in sling and is not secure; there are issues with the hoist tracking or battery.**

Review:

After the transfer:

1. ensure that the patient is in the desired position
2. implement strategies to prevent the patient from sliding back down the chair
3. make the patient safe
4. make the area safe
5. check that the transfer went according to plan
6. report/document any problems.



10f: 2A (two-assist) reposition in a chair, using a hoist/sling (ceiling hoist or mobile hoist)

Note: Refer to the manufacturer's instructions for information on how to safely operate the hoist.

Example Images



Figure 1: Moving the patient forward off the backrest and inserting the sling.

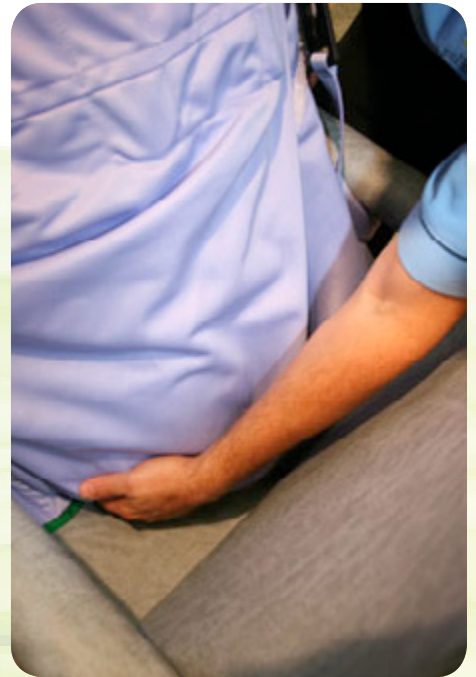


Figure 2: Inserting the sling behind the patient.



Figure 3: Positioning the leg straps.



Figure 4: Attaching the sling to the hoist.



Figure 5: Raising the patient to a height to clear the seat.



Figure 6: Patient/hoist are moved in closer to the chair.