

Generic Patient Handling Safe Work Procedure (SWP)

SWP 12 Walking (from a seated position)

SWP 12. Walking (from a seated position)

The following generic SWPs are for Task No. 12 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.

The following pre-activity functional screens are a minimum guide for the task of walking from a seated position:

Pre-activity functional screens for walking	Rationale
Can the patient comprehend and cooperate?	<ul style="list-style-type: none"> • More workers or a different transfer method may be needed to complete the task if the patient resists the transfer or does not assist when instructed. • Because a confused patient might grab the worker or equipment during the transfer, workers need to plan one or more strategies to deal with this event.
Can the patient use their arms and hands to grasp and support upper body weight?	<ul style="list-style-type: none"> • Patient must have adequate upper limb strength to grasp the walking aid or to maintain grip of the handholds or frame of the hoist with at least one arm/hand. • If patient is unable to adequately grasp on to equipment, a different transfer method may be needed.
Can the patient maintain sitting balance?	<ul style="list-style-type: none"> • Consider the patients ability to sit unassisted and to maintain dynamic sitting balance. • A patient with poor sitting balance might not be able to walk.
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 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 weight forward (nose over toes) and to maintain balance during the standing transfer. • Consider the patients ability to weight bear through legs and arms. • Demonstrate ability to maintain balance throughout the transfer and stand unsupported, with or without an aid. • The patient should perform this task three times to assess their endurance in repeating this task. • If the patient is unable to adequately do pre-standing, then a different transfer method may be needed.
<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 standing balance. • Consider the use of equipment (e.g. walk belt) to maintain trunk control and stability. • A patient with poor standing balance might not be able to walk.
<p>Can the patient march on the spot?</p>	<ul style="list-style-type: none"> • Consider the patients ability to shift their weight from one foot to the other
<p>Can the patient take a step forward step?</p>	<ul style="list-style-type: none"> • Consider the patients ability to take a step forward and clear toes above the floor. • Consider the patients ability to maintain balance in standing while taking a step. • A patient who cannot take a step forward on both feet might not be able to walk.

Key Information:

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



12a: Patient mobilises self with prompting/supervision



12b: 1A mobilise a needs-assist patient



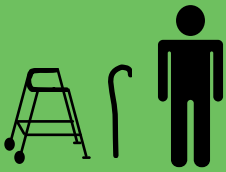
12c: 2A mobilise a needs-assist patient, using a walking hoist

Before mobilising a patient, workers should have one or more strategies planned for dealing with the possibility of unexpected events, including a patient collapse.

If at any time the patient is not performing as expected, stop the procedure immediately and, where possible, return them to a safe, seated position. For example, if the patient:

- strikes out or grabs at workers or equipment
- feels unwell, dizzy or in pain
- is poorly balanced
- is unable to weight bear sufficiently
- pushes to one side, forward or backward
- needs more than a comfortable physical effort from worker/s.

If a patient collapses during mobilisation, workers should apply safe postures and movements, where possible, to prevent an injury to themselves, and to minimise possible injury to the patient (e.g. protecting the patient's head). Note: Never try to catch a falling patient to prevent their fall — this is a high-risk practice for workers.



12b: 1A (one-assist) mobilise a needs-assist patient

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
- ✓ straight leg raise
- ✓ do pre-standing and full standing
- ✓ maintain standing balance
- ✓ march on the spot
- ✓ forward step.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Ensure sufficient space around the work area to allow this task to be performed using safe working postures and movements.
3. Clear the area and ensure a clear path is available for the walk.
4. Gather, check and position any equipment (e.g. walking aid, transfer belt, portable IV pole, oxygen bottle). Place walking aids close by the patient before assisting the patient into standing.
5. Adjust the walking aid to the required height for the patient (if unsure how to adjust it, read the manufacturer's instructions or ask a physiotherapist).
6. A transfer belt may be used to improve worker grip and to help guide and control the trunk during walking. Place the belt around the patient's waist, as per manufacturer's instructions.

Note: Never use the transfer belt to lift or to hold the patient up in standing if they are unable to maintain standing.

Patient

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

1. Provide instruction to them about what they will have to do and where they will have to go.
2. Ensure they are wearing appropriate footwear; that any attachments are clear; and that orthotics are applied (if relevant).
3. Assist them into standing using safe postures and movements, as described in SWP 6 & 7: Sit to stand).

Worker

The worker is then positioned:

1. At the patient's side to maximise patient function and to minimise risk (Figure 1). This will generally be on the affected side (if applicable), and slightly behind the patient, so as to not impede the patient's natural gait or the walking aid, if being used.
2. If using a walking aid (e.g. a rollator or wheeled walker (Figure 3), the worker places one hand on the frame in front, and their other hand grasps the transfer belt behind the patient.
3. If using a transfer belt, the worker grasps the near and opposite handles of the transfer belt (Figure 2).

Do:

Explain the procedure to the patient and, on the agreed count:

- When the patient is secure in standing, instruct them to start walking, and provide verbal prompt as necessary (e.g. 'look ahead'; 'keep your head up'; 'keep your shoulders back').
- Remain beside the patient as they walk. If necessary, assist to guide weight transfer.
- If using a walking aid, assist the patient to move the frame forward as they step.

Review:

After the transfer:

1. make the patient safe
2. make the area safe
3. check that the transfer went according to plan
4. report/document any problems.

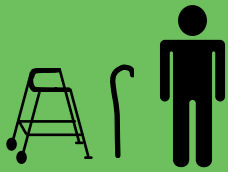
Safe variations include:

1. 2A mobilise a needs-assist patient

Use the safe postures and movements described above (Figure 4). When grasping the transfer belt, workers can use optional hand positions — their arms crossed (Figure 5) or uncrossed (Figure 6) behind the patient.

2. Worker 2 follows the patient with a wheelchair (Figure 7)

The patient can return to a sitting position at any time during the walk if they are unable to continue to hold their own weight.



12b: 1A mobilise a needs-assist patient

Example Images



Figure 1: 1A mobilise the patient.



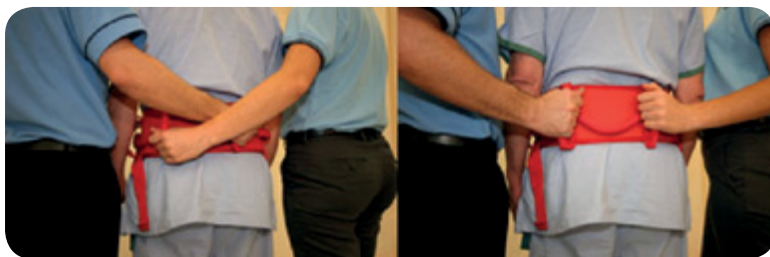
Figure 2: Worker grasps hold of the transfer belt.



Figure 3: Patient using a walking aid.



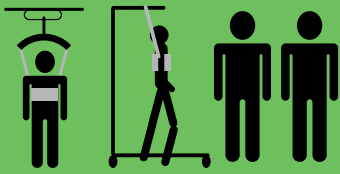
Figure 4: Variation 1 — 2A mobilise the patient.



Figures 5 and 6: Optional hand positions on the transfer belt.



Figure 7: Variation 2 — Worker 2 follows with a wheelchair.



12c: 2A mobilise a needs-assist patient, using a walking hoist

Note: Read the manufacturer's instructions on safe operation of the walking hoist, 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 (e.g. if using a walking aid or 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 (although the walking hoist will support the patient in standing and will take their full weight if they lose their balance and begin to fall, it is intended for patients with fair to good standing balance).

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. Gather, check and position the hoist.
8. Check if the patient needs other equipment to be transported (e.g. portable IV pole, oxygen bottle).

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. Provide instruction to them about what they will have to do and where they will have to go.
2. Ensure they are wearing appropriate footwear; that any attachments are clear; and that orthotics are applied (if relevant).
3. Secure sling around patient's waist and/or chest and attach it to the hoist, as prescribed by the

manufacturer (Figure 1).

4. Ask/assist the patient to place their feet flat on the floor in preparation for standing (Figure 2).
5. Instruct them to grasp the handhold/s on the hoist (Figures 3 and 4), as per manufacturer's instructions.

Workers

The workers are positioned:

- for standing the patient:
 - Worker 1 operates the hoist while
 - Worker 2 positions equipment and monitors the patient.
- when the patient is in standing:
 - Both workers are now beside the patient with one hand on the hoist in front, and their other hand supporting either behind the patient or also on the hoist (Figure 5).

Do:

1. Assist patient into standing as per manufacturer's instructions (Figures 3 and 4).
2. Raise the hoist to a sufficient height to ensure there is minimal slack/tension in the straps of the walking sling (i.e. the hoist should not be carrying the patient's weight).
3. Explain the transfer to the patient and on the agreed count:
 - Instruct the patient to start walking, and prompt as necessary (e.g. 'look ahead'; 'keep your head up'; 'keep your shoulders back'). The patient should walk using normal movement patterns, as able, but not let their weight sink into the sling during walking.
 - Remain beside the patient as they walk, assisting with propelling and steering the hoist, as necessary (Figure 5).

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:

(e.g. allow patient to take a break and sit by lowering them on to a chair)

- The patient is performing poorly or relying on significant support from the sling.
- The sling slides up under the patients axilla (and is no longer supporting 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.
- Their lower limb weight bearing is insufficient, e.g. knee hyperextends.
- 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. make the patient safe
2. make the area safe
3. check that the transfer went according to plan
4. report/document any problems.

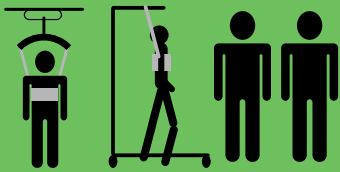
Safe variations include:

1. Three to four-assist mobilise a needs-assist patient, using a walking hoist

Assist the patient using the safe work procedure described above. More workers can assist with manoeuvring the hoist, walking aid or other equipment such as IV poles; following the patient with a wheelchair; facilitating the patient's movements; monitoring the patient during mobilisation.

2. Two-assist mobilise a needs-assist patient using a ceiling hoist

When assisting a patient to mobilise, therapists may use a ceiling hoist for gait retraining. As well as using the safe work procedures described above, read the manufacturer's instructions on safe operation of the hoist. Also, read the patient's individual mobility plan for specific procedures. More workers may also be required to assist.



12c: 2A mobilise a needs-assist patient, using a walking hoist

Note: Read the manufacturer's instructions on safe operation of the walking hoist, including the minimum number of workers required.

Example Images



Figure 1: Attaching the sling to the patient.



Figure 2: Positioning the patient's feet for standing.

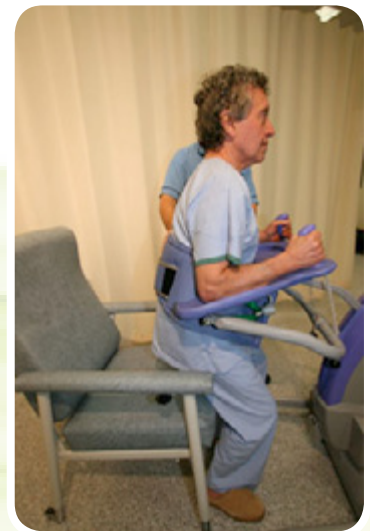


Figure 3: Raising the patient in the hoist into full standing.



Figure 4: The patient in the hoist in full standing.



Figure 5: Workers assisting to guide the patient and hoist.