

Generic Patient Handling Safe Work Procedure (SWP)

SWP 13 **Move person off the floor** **(non-emergency situation)**

SWP 13. Move person off the floor (non-emergency situation)

The following generic SWPs are for Task No. 13 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 be substituted, where possible, for a method from the green sections;
- refer to local SWPs for descriptions of the use of techniques/equipment that are not described here.

When a patient has fallen, it is important that a medical review is conducted to determine whether the patient has been injured. If they have been injured, select the most appropriate technique/equipment to use to raise them off the floor. 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 moving a person off the floor (non-emergency situation):

Pre-activity functional screens for walking	Rationale
Can the patient comprehend and cooperate?	<ul style="list-style-type: none"> • More workers or a transfer method for a dependent patient 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 push through their hands to get into side-sitting, then into 4-point kneeling and to reach and grasp on to the chair. • If patient is unable to adequately use their arms, choose a different transfer method for a dependent patient.
Can the patient roll on to their side?	<ul style="list-style-type: none"> • Does the patient have adequate strength to roll on to their side in preparation for side-sitting? • If the patient cannot roll, they may need more assistance; choose a transfer method for a dependent patient.
Can the patient bridge?	<ul style="list-style-type: none"> • Does the patient have adequate strength to lift their bottom off the floor? Bridging can indicate leg/hip strength and trunk stability which can affect the patient's ability to stand. This will also assist in demonstrating adequate hip and knee mobility.
Can the patient do a straight leg raise?	<ul style="list-style-type: none"> • Consider the patient's quadriceps strength to help determine if they have sufficient strength in that leg to weight bear. • For patients with insufficient lower limb strength, choose a different transfer method for a dependent patient.

Key Information:

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

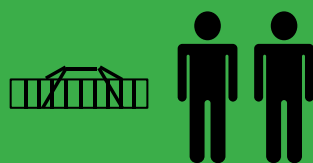
13a: Patient stands independently with prompting



13b: 1A move person off floor through kneeling, using a chair



13c: 2A move off floor using a hoist/sling



13c: 2A move off floor using a hoist/lifting frame



13c: 2A move off floor using an inflatable elevation device



13d: 2A move a fallen patient out of confined space using slide sheets, then mechanical lifting aid to raise from floor

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13b: 1A (one assist) move person off floor through kneeling, using a chair

Note: This method applies only if the functional screen indicates the patient is not injured and is able to stand with minimal assistance and prompting.

If the medical review or functional screens indicate that the patient will be unable to be moved from the floor using this method, then a different SWP must be used (e.g. with a mechanical lifting device such as a hoist or HoverJack). Make the patient comfortable on the floor until the appropriate equipment is sourced.

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 their arms
- ✓ roll on to their side
- ✓ straight leg raise and bridge (to demonstrate adequate hip and knee mobility).

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Clear any obstacles and place a stable chair/wheelchair behind the patient's head.
3. Ensure sufficient space around the work area to allow the task to be performed using safe working postures and movements.

Patient

Tell the patient what they have to do.

Worker

The worker is then positioned:

- in a half-kneel posture, beside the patient. If the chair is light, a second worker will be required to stabilise it.

Do:

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

- Roll on to their side. Then instruct them to push up through their elbow into side-sitting (Figures 1 and 2).
- Push up through their hands and knees into 4-point kneeling (Figure 3). If necessary, the worker guides the patient's hips as they rotate towards their hands and knees.
- Reach forward and place their hands on the chair (Figure 4).
- Move one knee forward and place the foot flat on the floor into a half-kneeling position (Figure 5). If necessary, the worker guides the leg/foot into position.
- Push up through their arms, move the other leg forward and move into standing (Figure 6). The worker moves out of half-kneeling into a semi-squat posture to guide the patient's movements.
- Rotate their body and lower themselves on to the chair (Figures 7 and 8).

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
6. evaluate the reason for the patient being on the floor
7. implement control measures to prevent a reoccurrence, where possible.

Safe variations include:

Two-assist move person off the floor through kneeling, and using a second chair

Assist the patient using the safe work procedure described above. Worker 2 can assist by placing a second chair behind the patient when the patient is standing at the chair in front (Figure 9). Worker 2 can also assist by or by guiding and facilitating patient movements.



13b: 1A (one assist) move person off floor through kneeling, using a chair

Note: This method applies only if the functional screen indicates the patient is not injured and is able to stand with minimal assistance and prompting.

Example Images



Figure 1: Patient rolls on to their side.



Figure 2: Patient moves into side-sitting.



Figure 3: Patient moves into 4-point kneeling.



Figure 4: Patient reaches for the chair.



Figure 5: Positioning of feet and half-kneel

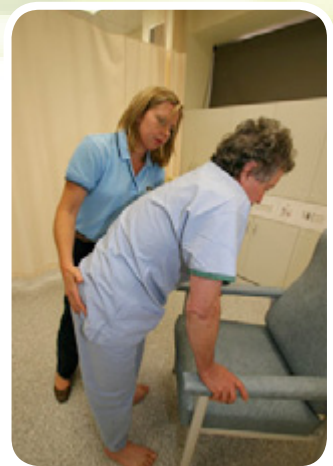


Figure 6: Patient in standing.



Figures 7 and 8: Patient rotating their body.



Figure 9: Variation – place a chair behind the patient.



13c: 2A (two-assist) move a dependent patient off the floor, using a hoist/sling

Note: Read the manufacturer's instructions on safe operation of the hoist. Use this method if the patient is assessed as dependent, and if the medical review determines that a hoist/sling can be safely used with the patient.

Plan:

Complete the pre-activity functional screens relevant to moving a patient off the floor (non-emergency situation) to determine whether the patient's condition has improved. Choose this method when the patient is dependent and not able to assist with the task.

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 work 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 work area to allow the task to be performed using safe working postures and movements.
7. Adjust the working height of transfer surface/s (where relevant).
8. 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 using a basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting a sling), and as per manufacturer's instructions (Figure 1). Use safe postures and movements (e.g. a half-kneel) when assisting to roll the patient and inserting the sling.
2. Place the leg straps between the patient's legs.
3. Move the hoist into position, approaching the patient from the side (Figure 2) or from the foot end (Figure 3), depending on the type of hoist and the available space. If necessary, support the patient's head and legs on pillows for comfort.
4. Lower the hoist over the patient and attach the sling straps to the hoist as specified by the manufacturer. It is generally easier to attach the shoulder straps first, followed by the leg straps.
5. Instruct/assist the patient to keep their arms inside the sling, and to relax into the sling where possible. Reassure them they will be safe and secure when hoisted.

Workers

After the sling has been inserted, workers are positioned:

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

Do:

On the agreed count:

- Raise the patient off the floor to a sufficient height for the destination surface, monitoring the patient and equipment throughout the transfer (e.g. monitor the position of the sling and ensure the patient's legs or head do not strike the hoist).
- Move the patient/hoist to the destination surface using safe postures and movements. Alternatively, Worker 2 moves the destination surface (e.g. a trolley or wheelchair) into position under the patient.
- Lower the patient on to the destination surface, and into the desired position.
- 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, 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. make the patient safe
3. make the area safe
4. check that the transfer went according to plan
5. report/document any problems
6. evaluate the reason for the patient being on the floor
7. implement control measures to prevent a reoccurrence, where possible.

Safe variations include:

1. Three-assist to move person off the floor using a hoist/sling

An extra worker assists with manoeuvring the hoist whilst worker one and two position the patient.



13c: 2A (two-assist) move a dependent patient off the floor, using a hoist/sling

Note: Read the manufacturer's instructions on safe operation of the hoist. Use this method if the patient is assessed as dependent, and if the medical review determines that a hoist/sling can be safely used with the patient.

Example Images



Figure 1: Roll the patient to insert the sling.



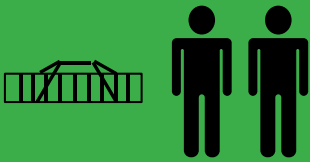
Figure 2: Hoist positioned around the patient, from a side approach.



Figure 3: Hoist positioned around the patient, from the foot end.



Figure 4: Raise the patient off the floor.



13c: 2A (two-assist) move a dependent patient off the floor, using a hoist/lifting frame

Note: Refer to the manufacturer's instructions for information on how to safely operate the hoist/lifting frame attachment. This method can be used when a patient has fallen and has suspected spinal or lower limb fractures.

Plan:

Complete the pre-activity functional screens relevant to moving a patient off the floor (non-emergency situation) to determine whether the patient's condition has improved. Choose this method when the patient is dependent and not able to assist with the task.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Clear the area and prepare destination surface (e.g. to minimise distances travelled with the hoist).
3. Gather the hoist and lifting frame/attachments (including the lifting slats, extension straps, if required).
4. Follow the manufacturer's instructions for the hoist and lifting frame, observing the safe working load (SWL), compatibility and clinical suitability of use with the patient and task.
5. Ensure the battery is sufficiently charged for the transfer, and that the hoist/sling are in good working order.
6. Read the manufacturer's instructions on using the brakes.
7. Adjust the working height of transfer surface/s (where relevant).
8. 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 frame around the patient and attach the lifting slats, as per manufacturer's instructions (Figures 1 and 2). Use safe postures and movements (e.g. a half-kneel) when attaching the frame and slats.
2. Move the hoist into position as per manufacturer's instructions — generally, by approaching from behind the patient's head.
3. Orientate the yoke of the hoist to run lengthwise with the patient (Figure 3).
4. Lower the hoist over the patient and attach the straps to the hoist, as per manufacturer's instructions (Figure 3).
5. Instruct/assist the patient to fold their arms across their chest. Reassure them they will be safe and secure when hoisted.

Worker

Workers are positioned:

- Worker 1 operates the hoist
- Worker 2 assists with positioning equipment and monitoring the patient (Figure 3).

Do:

On the agreed count:

- Raise the patient off the floor to a sufficient height for the destination surface, monitoring the patient and equipment throughout the transfer (e.g. monitor the position of the patient/lifting frame, and ensure the frame does not strike the hoist).
- Rotate the patient/lifting frame to clear the boom of the hoist and for positioning on the destination surface (Figure 4).
- Worker 1 remains with the patient/hoist. Worker 2, using safe postures and movements, moves the destination surface (e.g. a trolley) into position under the patient and applies the brakes.
- Move the patient/hoist over the destination surface, and lower the patient, ensuring they are centred and secure (Figures 5 and 6).
- Detach the lifting frame from the hoist and remove the hoist/lifting frame.

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.

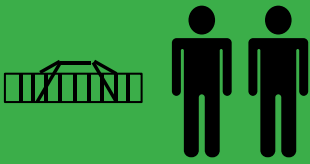
Stop the transfer and return the patient to a safe surface if:

- **The patient makes unexpected movements, e.g. uncontrolled movements or they become aggressive or distressed**
- **There are signs that the hoist or lifting frame are not performing as expected, e.g. a lifting slat breaks or dislodges; the patient slides in the frame 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. evaluate the reason for the patient being on the floor
6. implement control measures to prevent a reoccurrence, where possible.



13c: 2A (two-assist) move a dependent patient off the floor, using a hoist/lifting frame

Note: Refer to the manufacturer's instructions for information on how to safely operate the hoist/lifting frame attachment. This method can be used when a patient has fallen and has suspected spinal or lower limb fractures.

Example Images



Figure 1: Workers in half-kneel while positioning frame around patient.



Figure 2: Workers inserting slats.



Figure 3: Positioning the hoist.



Figure 4: Rotating the frame/patient to clear the hoist boom.



Figure 5: Lowering the patient on to the destination surface.



Figure 6: Centring the patient on the destination surface.



13c: 2A (two-assist) move a dependent patient off the floor, using an inflatable elevation device (e.g. HoverJack®).

Note: This method is applicable if the patient is assessed as dependent, and if the medical review identifies that this device can be safely used with the patient. The number of staff required depends upon the patient's condition.

Plan:

In this method, the patient is raised from the floor using an inflatable elevation device (e.g. HoverJack®). An air-assisted transfer device (e.g. HoverMatt®) is positioned on top of the inflatable elevation device, and is used to move the patient laterally on to the destination surface (e.g. bed/trolley) after they have been raised off the floor.

Complete the pre-activity functional screens relevant to moving a patient off the floor (non-emergency situation) to determine whether the patient's condition has improved. Choose this method when the patient is dependent and not able to assist with the task.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available
2. Read the manufacturer's instructions for the specific device to be used.
3. Ensure an appropriately sized mat is available for the patient and the task.
4. Ensure the devices are in good working order (e.g. check for damage to the valves or mat that may affect the inflation on either device; check stitches; check straps).
5. Prepare the mat — fold or roll it and close all air valves (Figure 1).
6. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
7. Place the mat on top of the elevation device and roll/fold both so they are ready to be positioned under the patient.
8. Plug the air supply into a power outlet and ensure that it is within close reach to the patient's foot (or where the hose attaches to the mat).
9. Clear the area and prepare the destination surface (e.g. place it nearby; adjust the working height, where relevant).

Patient

Explain the transfer to the patient, including the action of the inflatable elevation device and mat, and the noise as they inflate. To prepare the patient:

- centre them on the mat
- ask/assist them to fold their arms across their chest.

Worker

Workers are positioned:

1. Adopt a safe working posture (e.g. a half-kneel) beside the patient. Using a basic roll technique, roll the patient and insert the elevation device and mat under them (Figure 2), ensuring the hose attachments are at the foot end (Figure 1). Reverse the rolling procedure to allow the elevation device and mat to be pulled through under the patient (Figure 3).
2. Connect the safety straps from both the elevation device and mat. As a guide, allow a distance of about two fists between the patient and the straps (Figure 4).
3. Secure the air supply hose to the first inlet valve on the elevation device, as per manufacturer's instructions.
4. Worker 1 remains at the side with the patient while Worker 2 plugs the air supply unit into a power outlet.

Do:

1. Raise the patient from the floor on the inflatable elevation device (HoverJack ®):

- Inflate the elevation device sequentially from bottom to top, ensuring each level is fully inflated and the cap is in place to close the valve before proceeding to the next level (Figures 5 and 6).
- When all four levels are fully inflated, move the receiving bed/trolley into position beside the device and apply the brakes.
- Lower the receiving bed/trolley so that it is slightly lower than the inflated elevation device (Figure 7).

2. Transfer the patient laterally off the elevation device on to a receiving bed/trolley using the air transfer mat (HoverMatt ®):

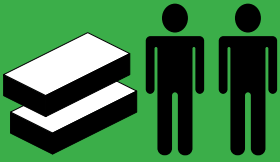
- Insert the air supply hose and secure it to the mat (i.e. HoverMatt ®) on the side closest to the receiving surface (Figure 8).
- Worker 1 remains at the side of the patient while Worker 2 operates the air supply to inflate the mat.
- Undo the straps of the elevation device, but leave the straps of the mat connected.
- After the mat has been inflated, workers stand on opposite sides of the mat and bed.
- Assist the patient to transfer laterally on the inflated mat to the receiving bed/trolley, as per Safe Work Procedure 8c: Two-assist bed to bed/trolley using an air-assisted transfer device (e.g. a HoverMatt ®).
- When the patient is in position on the receiving bed/trolley, deflate the mat. Worker 1 remains beside the patient while Worker 2 operates the air supply pump.
- Determine whether the deflated mat can remain under the patient or if it should be removed for pressure care requirements. To remove the mat, roll the patient using a basic roll technique.
- Deflate the elevation device (Figure 9) and store it appropriately.

Never leave the patient unattended on the inflatable elevation device or mat when inflated.

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. evaluate the reason for the patient being on the floor
6. implement control measures to prevent a reoccurrence, where possible.



13c: 2A (two-assist) move a dependent patient off the floor, using an inflatable elevation device (e.g. HoverJack®).

Note: This method is applicable if the patient is assessed as dependent, and if the medical review identifies that this device can be safely used with the patient. The number of staff required depends upon the patient's condition.

Example Images



Figure 1: Rolling the patient and preparing the inflatable elevation device and mat.



Figure 2: Elevation device folded under ready to be moved next to the patient.



Figure 3: Rolling procedure reversed. The elevation device and mat are pulled through from under the patient.



Figure 4: Attaching the straps of the elevation device and mat, ensuring adequate space between straps and patient.

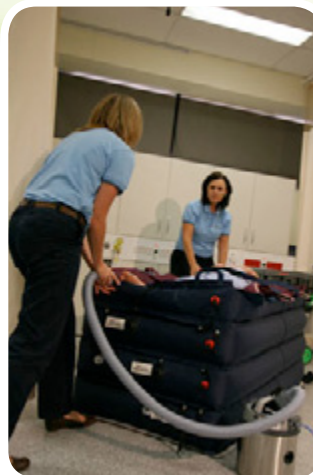


Figure 5: Inflating the elevation device.

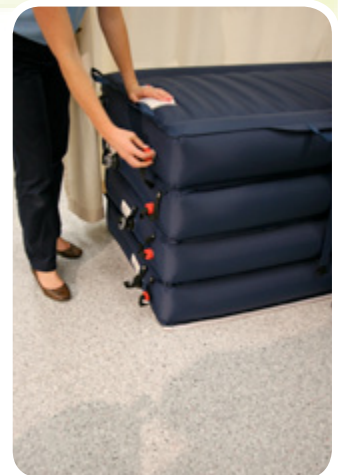


Figure 6: Closing the caps on each valve.



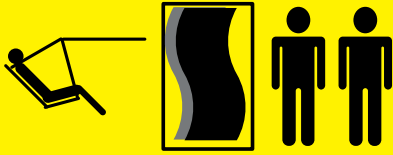
Figure 7: Receiving bed/trolley is moved into position, and the transfer mat is inflated.



Figure 8: Air hose attached to the mat.



Figure 9: Deflating the elevation device.



13d: 2A move a fallen patient out of confined space using slide sheets, then mechanical lifting aid to raise from floor

This technique applies when the patient is unable to be assisted to stand (using the method in SWP 13b), and there is insufficient space for a hoist or inflatable elevation device (e.g. a confined space beside a toilet).

Plan:

In this two-step method, the patient is first moved out of the confined space using two large slide sheets. Then in a more accessible area, they are raised from the floor with a mechanical lifting aid (e.g. a hoist or inflatable elevation device such as a HoverJack®). In this example, the patient is raised with a hoist/sling.

- ✓ Check the patient has no injuries, and make them as comfortable as possible (e.g. place a pillow under their head).
- ✓ Decide on an appropriate mechanical aid for raising them off the floor.

Complete the pre-activity function screens relevant to moving a patient off the floor (non-emergency situation). Choose this method when the patient is dependent and not able to assist with the task.

Prepare:

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Gather and check the mechanical lifting aid.
3. Position the mechanical lifting aid nearby for use when the patient has been moved out of the confined space.

Patient

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

Insert two large slide sheets under them, ensuring there is enough slide sheet at the end for the worker to grasp when sliding the patient out of the confined area (Figure 1). The method for inserting the slide sheets will depend on the patient's position and available space (e.g. use a basic roll technique, or insert the slide sheets under the patient from head to feet, or vice versa).

Workers

Workers should try to minimise awkward working postures, as much as possible, and may use a half-kneel or semi-squat posture, if able.

Do:

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

- Workers grasp the top slide sheet and begin to slide the patient out of the confined area (Figure 2).
- Because workers are likely to be in awkward positions, it is important to perform the task in stages. Repeat these small stages until the patient is near where a mechanical aid can be moved into position.
- When out of the confined space, use the mechanical lifting aid to raise the patient off the floor (Figure 3), as per relevant safe work procedure (e.g. SWP 13c: 'Two-assist move a dependent patient off the floor, using a hoist or inflatable elevation device').

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
6. evaluate the reason for the patient being on the floor
7. implement control measures to prevent a reoccurrence, where possible.

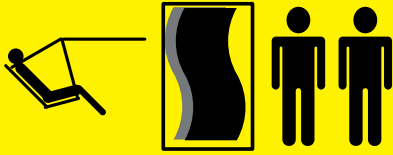
Safe variations include:

1. Use more workers

Assist the patient using the safe work procedure described previously, with extra workers to reduce individual worker effort.

2. Use an inflatable elevation device

Roll the patient on to an inflatable elevation device (e.g. HoverJack®) instead of slide sheets. Use extended drag straps to pull the patient out of the confined area on the device, until there is sufficient space for the device to be inflated. Refer to SWP 13c for more information about the use of the inflatable elevation device.



13d: 2A move a fallen patient out of confined space using slide sheets, then mechanical lifting aid to raise from floor

This technique applies when the patient is unable to be assisted to stand (using the method in SWP 13b), and there is insufficient space for a hoist or inflatable elevation device (e.g. a confined space beside a toilet).

Example Images



Figure 1: Inserting slide sheets.



Figure 2: Workers grasp top slide sheet and slide patient out of confined area.



Figure 3: Inserting a sling under the patient in preparation for hoisting them off the floor.