

Generic Patient Handling Safe Work Procedure (SWP)

SWP 2 Moving up or down the bed

SWP 2: Moving up or down the bed

The following generic SWPs are for Task No. 2 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 screens are a minimum guide for the task of moving up or down the bed:

Pre-activity functional screens for moving up or down the bed	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 to complete the task if the patient resists the transfer or does not assist when instructed.
Can the patient use their arms to push or pull themselves up in bed with or without aids (e.g. monkey bar, bed stick, bed rope)?	<ul style="list-style-type: none">• Does the patient have adequate upper limb strength to use aids to manoeuvre themselves (e.g. to use a monkey bar to pull themselves up the bed)?
Can the patient bridge?	<ul style="list-style-type: none">• Does the patient have adequate strength to lift their bottom off the bed and push through at least one leg to move themselves up the bed?
Can the patient reach and roll?	<ul style="list-style-type: none">• Can the patient lift their head/shoulders/torso off the bed to assist with moving themselves up the bed?• Can a patient assist by rolling to enable a slide sheet to be inserted if this transfer method is required?

Key Information:

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

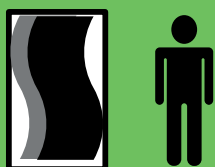
+/- = with or without



2a: Patient moves self with prompting



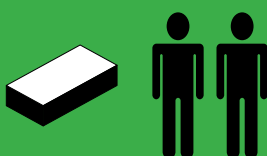
2b: 1A bed slide/bridge with or without aids/equipment for a needs-assist patient



2c: 1A bed slide using a slide sheet for a needs-assist patient



2d: 2A bed slide using slide sheets for a dependent patient



2e: 2A using an air assisted transfer device



2f: 2A using a hoist/sling



2b: 1A (one-assist) bed slide/bridge with or without aids/equipment for a needs-assist patient (worker may stabilise the patient's feet while the patient pushes self up the bed)

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
- ✓ bridge.

Prepare

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Adjust the bed to an appropriate height for the worker (about knuckle height).
3. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements, e.g. lower bed rails.
4. Check the equipment is within reach and secured, e.g. monkey bar.

Patient

Explain the transfer to the patient. Instruct or assist them to bend at least one leg.

Worker

The worker is positioned:

- to one side at a 45 degree angle at the foot end of the bed
- in a forward lunge position
- to avoid overreaching as they stabilise the patient's ankle/s (Figure 1).

Do

Explain the procedure to the patient and, on the agreed count, the worker instructs/assists the patient to:

- bend their knees, push down through their arms and heels, and raise their bottom off the bed and to push up the bed to reposition (Figure 1)
- worker stabilises one or both of the patient's ankle/s (Figure 3).

Repeat if necessary until the patient is adequately repositioned.

Where possible, position the patient to prevent them sliding back down by profiling the bed or placing a pillow under their legs (Figure 4).

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.

Safe variations include:

1. One-assist bed slide using a monkey bar

The patient uses aids/equipment (e.g. monkey bar) to assist with raising their bottom and moving up the bed (Figure 2).

2. One-assist bed slide using weight shift action

The patient is prompted to use a weight shift action (e.g. hip hitching from side to side/'wriggling the bottom up the bed') to assist with moving up the bed.

3. One-assist bed slide using the tilt mechanism of the bed

Place a pillow against the bed head before tilting the bed. Raise the side rail on the side opposite the worker. Tilt the bed (head end lower than foot end) and stabilise the patient's ankles as they push and slide up the bed. Once in the required position, bring the bed back to parallel with the floor.



2b: 1A (one-assist) bed slide/bridge with or without aids/equipment for a needs-assist patient (worker may stabilise the patient's feet while the patient pushes self up the bed)

Example Images



Figure 1: Patient pushes self up the bed with worker stabilising the ankles.



Figure 2: Variation 1 - Patient uses a monkey bar with worker stabilising the ankles.



Figure 3: Worker assisting by stabilising the patient's ankles.



Figure 4: Position the bed and patient to prevent slipping further down the bed.



2c: 1A (one-assist) bed slide using a slide sheet for a needs-assist patient (worker stabilises the patient's feet while the patient pushes self up the bed)

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
- ✓ bridge
- ✓ reach and roll.

Prepare

Environment/Equipment

1. Check the work area and ensure appropriate equipment is available.
2. Adjust the bed to an appropriate height for the worker (about knuckle height).
3. Raise the bed rail on the side the patient is rolling towards.
4. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements.

Patient

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

1. Insert a folded slide sheet under them using the basic roll technique (Figure 1). The slide sheet must be positioned under their buttocks and shoulders, with the open ends towards their head (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets).
2. Place a pillow on top of the slide sheet under the patient's head or move the pillow to the head of the bed to prevent their head striking the head board as they move up the bed.
3. Instruct them to place their arms on their chest and to bend both knees (Figure 2).

Worker

The worker is positioned:

- to one side at a 45 degree angle at the foot end of the bed
- in a forward lunge position
- to avoid overreaching as they stabilise the patient's ankle/s (Figure 2).

Do

Explain the procedure to the patient and, on the agreed count, the worker instructs/assists the patient to:

1. push down through their feet to slide themselves up the bed
2. worker stabilises the patient's ankle/s (Figure 2).

Repeat the process as necessary until the patient is repositioned as required.

Remove the slide sheet, 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, position the patient to prevent them sliding back down the bed by profiling the bed or placing a pillow under their legs.

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.

Safe variations include:

1. **One-assist bed slide using a slide sheet and monkey bar** (Figure 3)

Patient uses the monkey bar to assist with raising their bottom and sliding up the bed. Worker assists as per the SWP described above.

2. **One-assist bed slide using a slide sheet and the tilt mechanism of the bed** (Figure 4)

Place a pillow against the bed head before tilting the bed. Raise the side rail on the side opposite the worker. Tilt the bed (head end lower than foot end) and stabilise the patient's ankles as they push and slide up the bed. Once in the required position, bring the bed back to parallel with the floor.

3. **Two-assist bed slide using a slide sheet with workers positioned at opposite corners at the head of the bed** (Figure 5)

The patient assists as per the SWP described above. On the agreed count, help slide the patient up the bed by pulling on the top section of the folded slide sheet (refer to Safe Work Procedure 2d).



2c: 1A (one-assist) bed slide using a slide sheet for a needs-assist patient (worker stabilises the patient's feet while the patient pushes self up the bed)

Example Images



Figure 1: Inserting the slide sheet.



Figure 2: Patient and worker positioned.



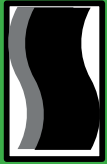
Figure 3: Variation 1 — using a slide sheet and monkey bar.



Figure 4: Variation 2 — using a slide sheet and bed tilt (gravity assist).



Figure 5: Variation 3 — two-worker assist.



2d: 2A (two-assist) bed slide using slide sheets for a dependent patient

Plan

Complete the pre-activity functional screens relevant to rolling 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 bed to an appropriate height for the workers (about knuckle height of shortest worker).
3. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements. If required, move the bed away from the wall to enable workers to stand at the head of the bed.
4. For all slide sheet transfers, a rolled-up pillow slip (or similar) can be inserted inside the slide sheet to improve the worker's grip on the slide sheet.
5. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Refer to manufacturer's instructions for more details.

Patient

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

1. Insert two slide sheets under them using the basic roll technique. Note: under the entire patient (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets).
2. Place a pillow on top of the slide sheet under the patient's head or move the pillow to the head of the bed to prevent their head striking the head board as they move up the bed.
3. Instruct or assist the patient to place their arms on their chest.

Workers

Workers are positioned:

- on opposite sides at the head end of the bed
- in a forward lunge posture, with weight on their front foot (Figure 1)
- grasping the top slide sheet as close as possible to the patient's shoulder, while avoiding overreaching and maintaining neutral wrists.

Do

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

- transfer their body weight from their front to rear foot using a reverse lunge (Figure 2). The force required to move the patient up the bed comes from the worker's legs and buttocks as they transfer their weight, not from a pulling action of the arms.

If necessary, repeat the transfer until the patient is positioned as required.

Remove the slide sheet, 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, position the patient to prevent them sliding back down by profiling the bed or placing a pillow under their legs.

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.

Safe variations include:

1. **Two-assist bed slide using slide sheets with workers assisting from the side** (Figures 3 and 4)

Where the bed cannot be moved or obstacles prevent workers from standing at the head of the bed, workers can assist from the side of the bed. Stand opposite each other in a semi-squat posture and grasp the top slide sheet close to the patient at the hip and shoulder. Workers then lean back slowly through their heels until there is tension on the slide sheet. On the agreed count, workers move from the semi-squat position into a side lunge, transferring their weight towards the bed head, keeping elbows braced and maintaining tension on the slide sheet. The force required to move the patient comes from the workers' legs and buttocks as they transfer their weight, not from a pulling action of the arms.

2. **Two-assist bed slide using slide sheets and bed tilt**

Place a pillow at the bed head before tilting the bed. With the patient positioned on the slide sheets, Worker 1 tilts the bed (head end lower than foot end) while Worker 2 remains at the bed side to monitor the position of the patient. The patient is assisted to slide up the bed on the slide sheet by the action of the tilting bed (gravity assist). Once in the required position, bring the bed back to parallel with the floor.



2d: (two-assist) bed slide using slide sheets for a dependent patient

Example Images



Figure 1: Starting position with worker at the head of the bed in a forward lunge.



Figure 2: Worker transfers weight backwards using a reverse lunge.

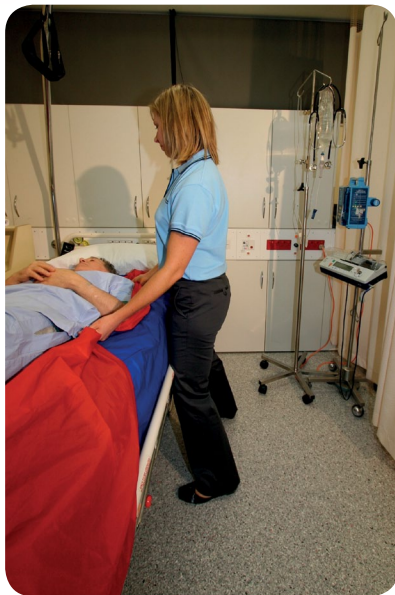
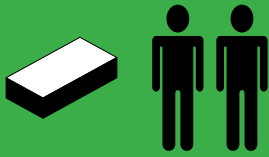


Figure 3: Variation 1, with workers at the side — starting position for workers.



Figure 4: Variation 1, with workers at the side — end position for workers.



2e: 2A (two-assist) using an air-assisted transfer device (e.g. a HoverMatt[®] or AirPal[®]) to move a patient up the bed

Plan

Complete the pre-activity functional screens relevant to rolling 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 specific device to be used.
3. Ensure an appropriately sized mat is available for the patient and task.
4. Ensure the mat is in good working order (e.g. check for damage to the valves or mat that may affect inflation, check stitches, check straps).
5. Prepare the mat by folding or rolling it.
6. Adjust the bed to an appropriate height for the workers (about knuckle height of shortest worker).
7. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
8. Plug the air supply unit 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. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Refer to manufacturer's instructions for more details.

Patient

Explain the transfer to the patient, including the action of the air-assisted transfer device, and the noise level as it inflates. To prepare the patient:

1. insert the mat under the patient using the basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing an air-assisted device). The patient should be centred on the mat.
2. connect the two safety straps. As a guide, leave a space of about two fists between the patient and straps to allow for inflation (Figure 1).

Workers

After the mat has been inserted, workers are positioned on opposite sides of the bed.

- Worker 1 attaches the hose to the mat and ensures that it is secured as per the manufacturer's instructions.
- Worker 2 remains with the patient.

Do

Explain the procedure to the patient and, on the agreed count, workers fully inflate the mat.

- Worker 1 turns on the air supply.
- Worker 2 remains with the patient.

With workers opposite each other at the side of the bed, grasp the handles of the inflated mat (Figure 2). On the agreed count, both workers:

1. move from a semi-squat into a side lunge to transfer their weight towards the head of the bed
2. keep their elbows braced by their side, and
3. maintain neutral wrists (Figure 3).

The force required to move the patient will come from the workers' legs as they transfer their weight.

Once the patient is in position, deflate the transfer device:

- Worker 1 operates the air supply unit while
- Worker 2 remains with the patient.

When the patient is in the required position and is centred on the bed:

- Determine whether the air-assisted device can remain under the patient or should be removed for pressure care requirements. To remove the air-assisted device, use the basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing air-assisted device).

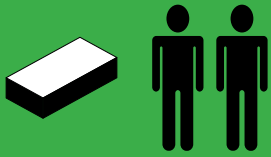
Where possible, position the patient to prevent them sliding back down by profiling the bed or placing a pillow under their legs.

Never leave the patient unattended on the air-assisted transfer device 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. report/document any problems.



2e: 2A (two-assist) using an air-assisted transfer device (e.g. a HoverMatt[®] or AirPal[®]) to move a patient up the bed

Example Images



Figure 1: Straps attached ensuring adequate gap.

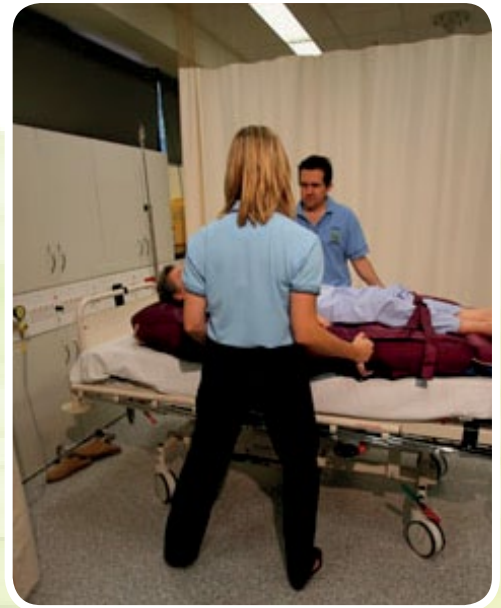


Figure 2: Workers positioned, grasping the air-transfer device.



Figure 3: End position of workers as the patient is moved up the bed.



2f: 2A (two-assist) using a hoist/sling (ceiling hoist or mobile hoist) to move patient up the bed

Plan

Complete the pre-activity functional screens relevant to moving up or down the bed 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 and sling are in good working order.
5. Read the manufacturer's instructions on using the brakes.
6. Do not use a mobile hoist over long distances.
7. Adjust the bed to an appropriate height for the worker (about knuckle height of shortest worker).
8. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
9. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Refer to manufacturer's instructions for more details.

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 them using the basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slings), and as per manufacturer's instructions
2. position the leg straps as per manufacturer's instructions
3. move the hoist into position and lower it over the patient
4. attach the sling straps to the hoist as per manufacturer's instructions
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 on opposite sides of the bed:

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

Do

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

- raise the hoist until the patient clears the bed (Figure 1)
- one worker remains with the patient while the second worker repositions the bed under the patient (Figure 2). As a guide, the patient's hips should be in line with the bed break (Figure 3)
- once in the required position, lower the patient back on to the bed.

When the patient is in the required position and is centred on the bed:

- 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.
- Where possible, position the patient to prevent them sliding back down by profiling the bed or placing a pillow under their legs.

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.

Safe variations include:

Two-assist using a hoist/lifting frame (e.g. Jordan frame) to move the patient up the bed. This method is used when the use of a standard sling is contraindicated. Refer to the manufacturer's instructions and to Safe Work Procedure 13c for information on the safe use of a hoist/lifting frame.



2f: 2A (two-assist) using a hoist/sling (ceiling hoist or mobile hoist) to move patient up the bed

Example Images



Figure 1: Patient is raised to clear the bed surface.



Figure 2: Worker 2 repositions bed under the patient.



Figure 3: Using the bed break to guide correct positioning of the patient on the bed.