

Generic Patient Handling Safe Work Procedure (SWP)

SWP 3 Rolling (temporary position change in bed)

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The generic safe work procedures that follow are for Task No. 3 on the FURAT patient handling transfer table:

- the safe work procedures have therefore been coded to align with the numbering in the transfer table;
- tasks in green are preferred methods. Tasks that appear in yellow are considered not preferred and, where possible should be substituted for a method from the green sections;
- refer to local safe work procedures for descriptions for any techniques/equipment use that have not been addressed in the generic safe work procedures that follow.

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 rolling:

Pre-activity functional screens for rolling	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. • A confused patient may grab the worker during the transfer so a variation using a draw sheet may be needed to envelop the patient.
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 bed stick to facilitate the roll)?
Can the patient reach and roll?	<ul style="list-style-type: none"> • Does the patient have adequate strength to reach towards the direction of the roll to facilitate the roll? • If the patient is weak they may need assistive devices such as a bed stick and/or a transfer method for needs assist patient. • If the patient cannot complete the task they may need greater assistance and a transfer method for a dependent patient may be chosen.

Key Information:

1A = one-worker assist **2A** = two-worker assist
3A = three-worker assist **4A** = four-worker assist

* Refer to district specific SWP & manufacturer instructions

3a: Patient rolls self (reach and roll) with supervision



3b: 1A push roll for a needs assist patient with or without aids (using patient and worker body mechanics)



3c: 2A push/pull roll for dependent patient



3d:* 3A using an electric turning bed (e.g. Engrit bed)



3e: 3-4A log roll (spinal)



3f: 2A using a hoist/sling



3b: 1A (one-assist) push roll for a needs assist patient, with or without aids/equipment (patient is assisted to roll using patient and worker body mechanics).

Plan:

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

- ✓ comprehend and cooperate
- ✓ use their arms
- ✓ reach and roll.

Prepare:

Environment/Equipment

Check the work area and ensure appropriate equipment is available:

1. Adjust the bed to an appropriate height for the worker (approximately knuckle height).
2. Position the bed rail up on the side the patient is rolling towards.
3. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements.

Patient

Instruct or assist the patient to:

1. position their arm (on the side they are rolling towards) away from their body;
2. bend their knee (on the side closest to the worker and on the side opposite to the direction of the roll);
3. turn their head to look towards the direction of roll and;
4. reach towards and grasp the bed rail (as able).

Worker

The worker is pre-positioned:

- on the side the patient is rolling away from;
- in a safe working posture such as a forward lunge, beginning with their weight on their back foot;
- with one hand on the patient's shoulder and the other on the patient's hip.

Do:

The worker communicates the transfer to the patient and on the agreed count:

- The patient pushes through the foot of their bent leg and reaches for the bed rail.
- The worker transfers their weight forward and applies a push force through the patient's hip and shoulder to assist the patient to roll (Figure 1).

Review:

After the transfer:

1. ensure 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 using a 'pull-to-roll' technique (Figure 2).

Prepare the environment, equipment and patient as described in the procedure above ('push-to-roll' technique) with the exception that the bed rail should not be raised. A bed stick should be considered if required. The worker should be pre-positioned on the side the patient is rolling towards, in a reverse lunge posture, beginning with weight on their front foot. The worker places one hand on the patient's bent knee and their other hand supports the patient's folded arm/shoulder.

The worker communicates the transfer to the patient and on the agreed count the patient pushes through the foot of their bent leg and reaches across their body. At the same time the worker transfers their weight backwards and applies a gentle pull force through the patient's arm and bent knee to facilitate the turn. The worker then steps in towards the patient to ensure they are secure in side-lying.

2. One assist using a 'pull-to-roll' technique and a bed sheet (Figure's 3 & 4).

Once the patient is pre-positioned the worker untucks the bed sheet on the side the patient is rolling away from. The worker places the untucked bed sheet over the patient to secure the patient and enhance worker grasp. The worker grasps the bed sheet at the patient's shoulder and hip, and uses the safe work procedure described above for the 'pull to roll' technique.

3. Two assist push/pull roll with workers positioned at opposite sides of the bed (Figure 5).

Refer to Safe Work Procedure 3c for a description of this method.

4. Two assist roll with workers positioned on the same side of the bed ('push-to-roll' or 'pull-to-roll' techniques).

Refer to Safe Work Procedure 3c Variations for a description of these methods.



3b: One-assist push roll for a needs assist patient, with or without aids/equipment (patient is assisted to roll using patient and worker body mechanics).

Example Images



Figure 1: one assist using a 'push-to-roll'.



Figure 2: variation - one assist using a 'pull-to-roll'



Figure 3: variation – using a bed sheet and 'pull-to-roll'. Starting position.



Figure 4: variation – using a bed sheet and 'pull-to-roll'. Finishing position.



Figure 5: Variation – two assist push/pull roll; workers positioned at opposite sides.



3c: 2A (two-assist) push/pull roll for dependent patient

Plan:

Complete the pre-activity functional screens relevant to rolling to identify if the patients condition has improved. This method of transfer is chosen when the patient is dependent and not able to assist with the task.

Prepare:

Environment/Equipment

Check the work area and ensure appropriate equipment is available:

1. Adjust the bed to an appropriate height for the workers (approximately knuckle height of shorter worker).
2. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements.

Patient

Pre-position the patient by assisting them to:

1. position their arm (on the side they are rolling towards) away from their body;
2. position their other arm so as to reach across their body towards the direction of the roll;
3. bend their knee on the side opposite to the direction of the roll; and
4. turn their head to look towards the direction of the roll.

Workers

The workers are pre-positioned at opposite sides of the bed (Figure 1):

- **Worker 1:** Stands on the side the patient is rolling away from in preparation for 'pushing the patient'. They adopt a safe working posture e.g. forward lunge position with weight starting on their back foot and hands placed on the patient's hip and shoulder.
- **Worker 2:** Stands on the side the patient is rolling towards in preparation for 'receiving the patient'. They adopt a safe working posture e.g. reverse lunge position with weight starting on their front foot and one hand placed on the patient's knee, the other hand supporting their folded arm.

Do:

Workers communicate the transfer and on the agreed count:

- Worker 1 transfers their weight using a forward lunge whilst pushing on the patient's hip and shoulder (Figure 2).
- Worker 2 is ready to receive the patient at the knee and folded arm adopting a safe, balanced posture e.g. reverse lunge. Once they have rolled the patient, worker 2 steps in towards the patient to ensure they are secure in side-lying (Figure 2).

Review

After the transfer:

1. ensure 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 push/pull roll with patient pre-positioned with their legs crossed.

The patient is pre-positioned with their legs straight and crossed at the ankles.

2. Two assist push/pull roll using a bed sheet (Figure 3).

Once the patient is prepositioned, worker 1 untucks the bed sheet on their side of the bed and places it over the patient. This aims to secure the patient and enhance worker grasp. Worker 2 grasps the bed sheet at the patient's shoulder and hip, and uses the safe work procedure described above for the two assist push/pull roll for a dependent patient.

3. Two assist roll with workers positioned on the same side of the bed ('push-to-roll' or 'pull-to-roll' techniques).

For the pull-to-roll technique prepare the environment, equipment and patient as described in the procedure above (two assist push/pull roll for a dependent patient). Workers are pre-positioned on the side the patient is rolling towards in a reverse lunge posture beginning with weight on their front foot (Figure 4). Worker 1 positions their hands on the patients shoulder and hip and worker 2 positions their hands on the patient's hip and knee. On the agreed count both workers transfer their weight backwards and apply a gentle pull force through the patient's shoulder, hip and bent knee to facilitate the turn (Figure 5). The workers then step in towards the patient to ensure they are secure in side-lying. (Figure 6)

For the push-to-roll technique prepare the environment, equipment and patient as described in the procedure above (two assist push/pull roll for a dependent patient). In addition, the bed rail is raised on the side the patient is rolling towards. Workers are

pre-positioned on the side the patient is rolling away from in a forward lunge posture beginning with weight on their back foot (Figure 7). Worker 1 places their hands on the patient's shoulder and hip and worker 2 places their hands on the patient's hip and bent knee. On the agreed count workers transfer their weight forward and apply a push force through the patient's shoulder, hip and bent knee (Figure 8).

4. Two assist modified log roll (non-spinal patient), with or without the use of a bed sheet:

This procedure is selected when the patient cannot bend their leg and when body alignment must be maintained at the hip. A charnley pillow (or similar) is inserted between the patient's legs to stabilise their pelvis and low back. Two workers are pre-positioned on the same side to 'pull-to-roll' (as seen in Figures 9 and 10) or to 'push to roll' (as seen in Figure 11).

For the 'pull-to-roll' technique: in the example shown, workers are pre-positioned in a semi squat position, grasping the bed sheet at the patient's shoulders/hips and hips/lower leg. On the agreed count, workers stand up from the semi squat position as the patient is rolled onto their side. Once the patient has rolled, workers step in towards the bed to ensure the patient is secure in side-lying.

For the 'push-to-roll' technique, refer to Safe Work Procedure 3c variation 3 above for a description of this method.



3c: 2A (two-assist) push/pull roll for dependent patient

Example Images



Figure 1: starting position for workers using the push/pull roll



Figure 2: end position for workers using the push/pull roll



Figure 3: variation – using a bed sheet

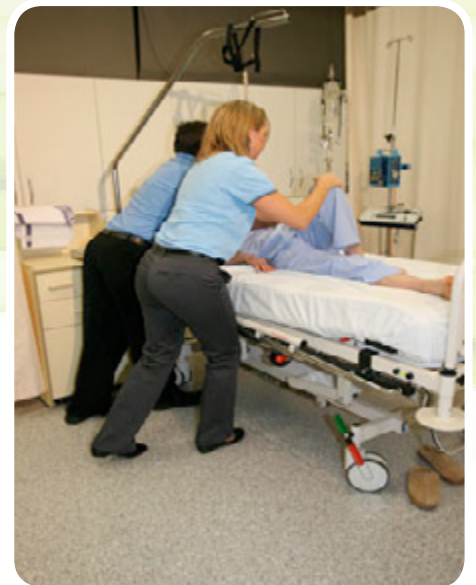


Figure 4: variation – starting position for two assist 'pull-to-roll'



Figure 5: variation – two assist 'pull-to-roll'



Figure 6: variation – end position for two assist 'pull-to-roll'



Figure 7: variation – starting position for ‘two assist push-to-roll’



Figure 8: variation – end position for ‘two assist push-to-roll’



Figure 9: Variation – starting position for two assist modified log roll (non spinal). Workers pre-positioned to ‘pull-to-roll’.



Figure 10: Variation – finishing position modified log roll (non spinal) pull-to-roll.



Figure 11: Variation – finishing position two assist using a modified log roll (non-spinal), workers pre-positioned to ‘push-to-roll’.



3e: 3A-4A (three to four-assist) log roll (spinal)

Plan:

Pre-activity functional screens should not be performed for this transfer. This transfer method is chosen when the patient's diagnosis requires body alignment to be maintained. The number of workers is dependent on the patient's characteristics, their diagnosis and medical instructions.

Prepare:

Environment/Equipment

Check the work area and ensure appropriate equipment is available:

1. Adjust the bed to an appropriate height for the workers (approximately knuckle height of shorter worker).
2. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements.
3. Remove the bed head if required to improve access to the patient.

Patient:

Pre-position the patient with:

1. a medically approved neck support, if prescribed;
2. their arms across their chest;
3. a pillow between their legs to stabilise the pelvis and lower back.

Workers:

When three workers are required to complete the transfer:

- All workers are positioned on the side the patient is rolling towards with one worker supporting the patient's shoulders/head, one supporting the hips and one supporting the legs (Figure 1). Preferably, workers should be positioned in order of height with the tallest at the patient's shoulders. The worker positioned at the patient's shoulders/head is responsible for coordinating the transfer by communicating instructions.
- All workers are pre-positioned in a semi-squat posture (Figure 2)
- Workers can position their hands adjacent to one another or cross their arms to assist in moving in unison (Figures 1 and 5).

When four workers are required to complete the transfer:

- Three workers are positioned on the side the patient will roll towards as described above.
- One additional worker is positioned at the head of the bed. This worker is responsible for supporting the patient's head and maintaining the airway as per medical instruction. This worker leads and coordinates the transfer by communicating instructions (Figure 3).

Do:

On the agreed count:

- Workers at the side of the bed stand up from the semi-squat position as the patient is rolled onto their side and;
- The worker at the head of the bed moves from the semi-squat into a side lunge posture to follow the movement of the patient onto their side.
- Once the patient is on their side, workers at the side of the bed are positioned close to the bed/patient to ensure the patient is secure in side-lying (Figure 4).

Review:

After the transfer:

1. ensure 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. Workers are pre-positioned as above, but with their arms crossed to assist them to move in unison (as seen in Figure 5).
2. Use of a bed sheet to secure the patient and enhance worker grasp (Figure 6).
3. An additional worker may be required to support the patient's legs.



3e: Three to four assist log roll (spinal)

Example Images



Figures 1: pre-positioning of workers and patient



Figure 2: workers pre-positioned in a semi-squat posture



Figure 3: additional worker positioned at patients head when four workers are required.



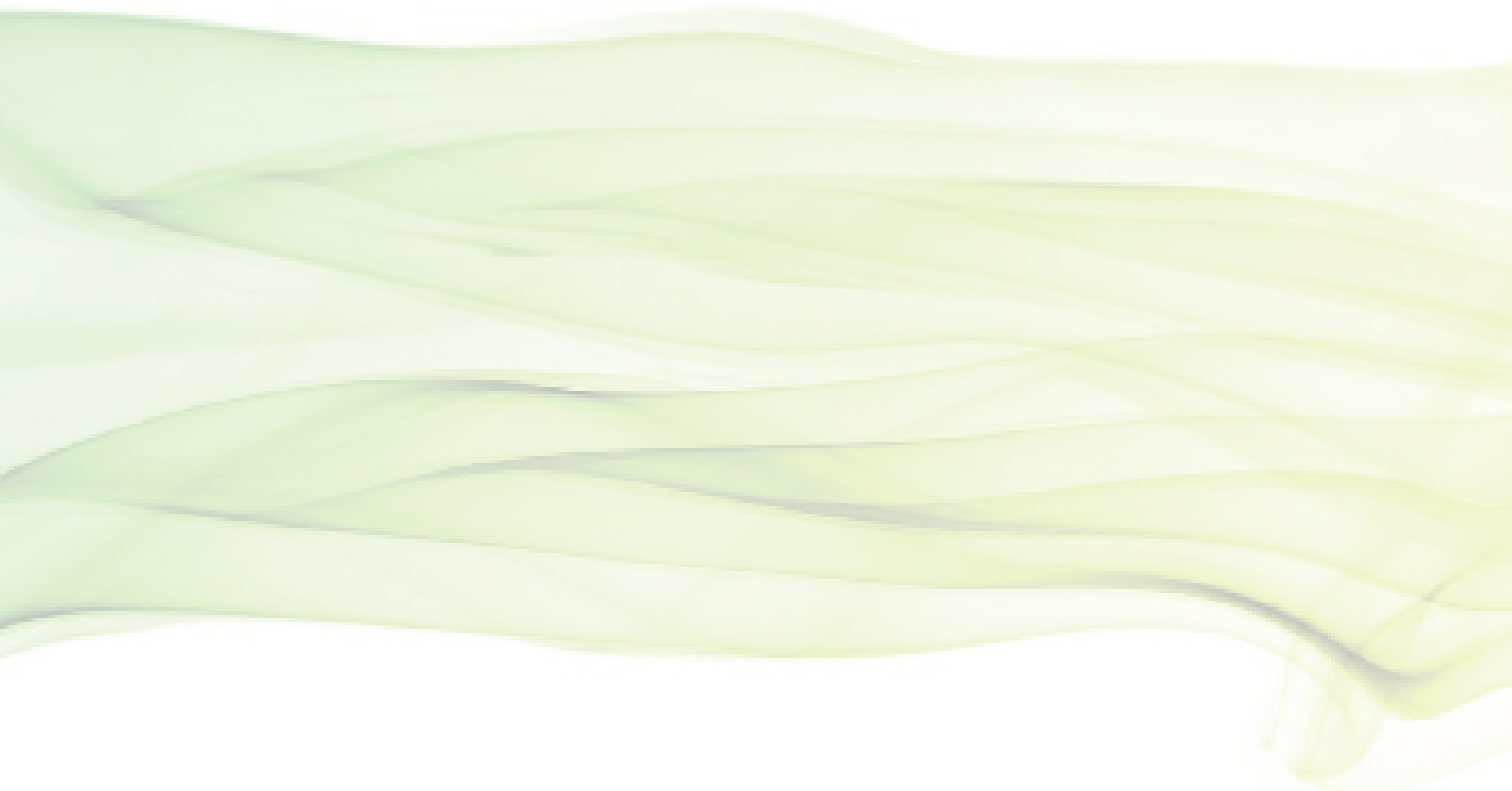
Figure 4: end position with patient in side-lying



Figure 5: variation – workers pre-positioned with arms crossed



Figure 6: variation – using a bed sheet to roll the patient





3f: 2A (two-ssist) using a hoist/sling

Plan:

Complete the pre-activity functional screens relevant to rolling to identify if the patients condition has improved. This method of transfer is chosen when the patient is dependent and not able to assist with the task.

This transfer method may be chosen when rolling a patient where:

1. the sling is already positioned under the patient e.g. a patient who requires frequent turning for pressure area relief;
2. The patient is heavy/large;
3. There are not enough workers to perform a holdover for a larger patient and;
4. The holdover may be prolonged without adequate rest for the worker.

When choosing this transfer method consider the need for the turning sheet to be able to split into two to perform tasks such as cares/dressing whilst the hoist is taking the patients weight in the holdover position.

Prepare:

Environment/ Equipment

Check the work area and ensure appropriate equipment is available:

1. Adjust the bed to an appropriate height for the workers (approximately knuckle height of shorter worker).
2. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
3. Check the battery is sufficiently charged for the transfer and that the hoist and sling are in good working order.
4. Read the manufacturer's instructions on compatibility and use of the hoist and sling and the suitability of use with the patient.
5. Ensure the SWL is not exceeded for either the sling or hoist.

Patient:

Communicate the action of the hoist and reassure the patient that they will be safe and secure when hoisted. Pre-position the patient:

- Insert the sling under the patient using the basic roll technique (refer to Patient Handling

Fundamentals: Safe Work Procedures – Inserting/removing slings). Ensure the join in the sling is positioned under the small of the patients back away from normal pressure point areas.

- Once the sling is positioned under the patient, the patient is pre-positioned on their back in preparation for the slide sheet to be inserted.

Workers:

The workers are pre-positioned on opposite sides of the bed:

- Worker 1: is pre-positioned to insert the slide sheet and to receive the patient into side-lying.
- Worker 2: is pre-positioned to operate the hoist on the side of the bed the patient is turning away from.

Do:

Insert the slide sheet and attach the hoist:

- Worker 1 inserts a single folded slide sheet under the sling without rolling the patient. The slide sheet is positioned under one third of the patient, along the length of their body and on the side the patient is rolling towards. The fold of the slide sheet is positioned towards the centre of the bed (i.e. open ends towards the direction of the roll). (Figure 1).
- Worker 2 moves the hoist into position on the side the patient is rolling away from. The yoke is positioned parallel to the patient. This worker lowers the yoke and attaches the sling straps to the hoist, as per the manufacturer's instructions (Figure 2). Read the manufacturers instructions on using the brakes.
- Worker 1 instructs or assists the patient to turn their head in the direction of the roll and to position their arm away from their body so that they don't roll onto their arm during the transfer. Worker 1 assists or instructs the patient to reach with their other arm across their body in the direction of the roll.
- Worker 2 instructs or assists the patient to bend their knee (on the side closest to the worker and on the opposite side to the direction of the roll).

On the agreed count:

- Worker 2 slowly raises the hoist. As the patient begins to turn, worker 1 monitors the position of the patient ensuring the sling is not dragging along the patient's skin (Figures 3)
- Once the patient is on their side, the worker 1 should be positioned close to the bed/patient to ensure the patient is secure in side-lying (Figure 4)

Once the patient is in the required position:

- Worker 2 lowers the yoke and detaches the straps from the hoist.
- Worker 1 removes the slide sheet (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/Removing Slide Sheets)
- Ideally the sling should be left under the patient.

To remove the sling:

- Remove the sling using the basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slings)

Review:

After the transfer:

1. ensure 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.

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

- Unexpected patient movements are observed (e.g. uncontrolled movements; the patient becomes aggressive or distressed);
- 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 the sling and is not secure; there are concerns with the hoist tracking or battery)



3f: 2A (two-ssist) using a hoist/sling

Example Images



Figure 1: sling and slide sheet inserted



Figure 2: attaching the sling to the hoist



Figure 3: the patient is turned onto their side as the hoist is raised.



Figure 4: end position with patient in side-lying