

Generic Patient Handling Safe Work Procedure (SWP)

SWP 8 Bed to bed/trolley (lateral transfer)

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The following generic SWPs are for Task No. 8 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 bed to bed/trolley (lateral transfer):

| Pre-activity functional screens for lying to sitting on side of bed | 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. |
| Can the patient use their arms to push or pull themselves up the bed, with or without aids (e.g. monkey bar, bed stick, bed rope)? | <ul style="list-style-type: none">• Can the patient lift and hold their head/shoulders/torso off the bed to change position and move across the bed? |
| Can the patient bridge? | <ul style="list-style-type: none">• Can the patient lift their bottom off the bed to change position and move across the bed? |
| Can the patient reach and roll? | <ul style="list-style-type: none">• Can the patient lift and hold their head/shoulders/torso off the bed to change position and move across the bed?• If a needs-assist transfer is needed, can the patient assist to perform a basic roll to allow the slide sheets and slide board to be inserted? |

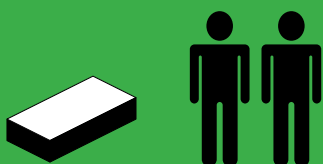
Key Information:

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

8a: Patient moves self across bed/trolley with prompting



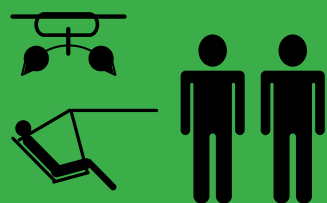
8b: 2A-4A bed to bed/ trolley using a slide board and slide sheets for a needs-assist patient



8c: 2A bed to bed/ trolley using an air-assisted transfer device



8d: 2A-4A bed to bed/trolley using a slide board and slide sheets with a dependent patient



8e: 2A bed to bed/trolley using hoist/sling



8b/8d: 2A – 4A (two to four-assist) bed to bed/trolley using a slide board and slide sheets for a needs-assist or dependent patient

Plan:

Complete the pre-activity functional screens relevant to bed to bed/trolley (lateral transfer) to determine whether the patient's condition has improved. Choose this method when patient is dependent and not able to assist with the transfer.

The number of workers required for this transfer will depend on the patient's condition and level of dependency; however a minimum of two workers is required.

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 shorter worker).
3. Ensure sufficient space around the bed to allow this task to be performed using safe working postures and movements.
4. Start with the beds separated while the slide board and slide sheets are inserted.
5. After the slide sheets and slide board inserted, move the receiving bed/trolley into position to align the two transfer surfaces. If possible, adjust the height of the receiving surface to be slightly lower than the starting surface (Figure 3).
6. Apply the brakes to both transfer surfaces to ensure they are secure.
7. 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.
8. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Read the manufacturer's instructions for more details.

Patient

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

- Roll them on to their side using a basic roll technique, and insert two slide sheets under the full length of their body (Figure 1) (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets).
- While the patient is still on their side, insert the slide board under the slide sheets (Figure 2). The slide board is inserted partially under the patient and ensuring it bridges the gap between the two surfaces (i.e. bed/trolley).
- Roll the patient back on to the board/slide sheets and pull the slide sheets through under the patient's body.

Worker

After the slide board and slide sheets are inserted, workers are positioned on opposite sides of the beds (Figure 5):

- Worker 1 stands on the side the patient is moving from, ready to 'push 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 (Figure 6).
- Worker 2 stands on the side the patient is moving towards, ready to 'receive the patient'. They adopt a safe working posture, e.g. reverse lunge, starting with their weight on their front foot. They grasp the top slide sheet, near the patient's hip and shoulder and as close as possible to the patient without overreaching (Figures 4 and 5).
- Depending on the width of the two surfaces, this task may need to be performed in two moves to reduce the amount of reaching by the workers on the receiving side. Workers count into each part of the move, to enable smooth and coordinated movement, and use their weight shift to push or pull the patient across the board.

When three workers are required to complete the transfer:

- Workers 1 and 2 are on the receiving side and Worker 3 is on the opposite side, as described above (and seen in Figures 4 and 5).

When four workers are required to complete the transfer (Figure 7):

- Two or three workers are positioned, as described above, and an extra worker may be positioned at the patient's feet or head. Workers positioned at the feet or head may adopt a safe work posture, such as a semi-squat or side lunge.

Do:

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

- Worker 1 uses a forward lunge to transfer their weight to their front foot as they 'push' the patient across to the other surface
- Worker 2 uses a reverse lunge to transfer their weight backwards as they 'pull' the patient across to the receiving bed/trolley using the slide sheet.

If more workers are required:

- Worker 3 performs the transfer as per Worker 2
- Worker 4 supports the patient's feet or head and transfers their weight using a slide lunge or they step across with the patient.

If necessary, repeat these actions until the patient is centred on the receiving surface. The patient can be repositioned on the receiving bed/trolley as required using the slide sheets (refer to Safe Work Procedures 2 – Moving up or down the bed).

After the transfer, remove the bed/trolley that the patient was transferred from. Then remove the slide board and slide sheets by again rolling the patient using a basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slide sheets).

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. Three-assist to four-assist (Figure 7)

The position of the extra workers will depend on the patient's condition and dependency level (e.g. one worker may be at the head end to support the patient's head or airway; another worker may be at the foot end to keep the patient's legs aligned with their body). These workers adopt a side lunge posture as the patient is moved across to the receiving surface.

2. One knee on the bed

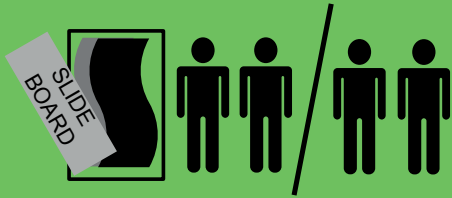
Workers on the receiving side are positioned with one knee on the bed so as to be closer to the patient, to avoid overreaching as they grasp the top slide sheet (Figure 8). Adjust the height of the receiving surface to ensure a comfortable position for the workers' hip. Then assist the patient to move on to the receiving surface using safe postures and movements, as described above, completing the transfer in stages as required. Workers should place both feet on the floor to complete the transfer.

3. Rigid board

Where the patient is already positioned on a rigid board (e.g. spine board), apply the safe work procedure described above.

4. Bed sheet

Where a bed sheet is in place under the patient, insert the slide board and slide sheets under the patient (and the bed sheet), and apply the safe work procedure described above. Workers on the receiving side grasp the bed sheet and slide sheets to move the patient across to the receiving surface.



8b/8d: 2A – 4A (two to four-assist) bed to bed/trolley using a slide board and slide sheets for a needs-assist or dependent patient

Example Images



Figure 1: Insert two slide sheets under the patient using a basic roll technique.



Figure 2: Insert the slide board under the patient and slide sheets.



Figure 3: Make the receiving surface slightly lower.



Figure 4: Workers on receiving side in a forward lunge position.



Figure 5: Two workers on receiving side in a forward lunge position.



Figure 6: Worker 1 is positioned ready to initiate a push action.



Figure 7: Variation 1 – 3A to 4A.



Figure 8: Variation 2 – workers on the receiving side positioned with a knee on the bed.



8c: Two-assist bed to bed/trolley using an air-assisted transfer device (e.g. HoverMatt® or AirPal®)

Plan:

Complete the pre-activity functional screens relevant to bed to bed/trolley (lateral transfer) 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. Ensure an appropriately sized mat is available for the patient and task.
3. Ensure the mat is 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).
4. Prepare the mat by folding or rolling it.
5. Adjust the bed to an appropriate height for the workers (about knuckle height of shorter worker).
6. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
7. Keep the beds separated while the air-assisted transfer device is inserted.
8. After the mat has been inserted, move the receiving bed/trolley into position to align the two transfer surfaces. If possible, adjust the height of the receiving surface to be slightly lower than the starting surface (Figure 6).
9. Apply the brakes to both transfer surfaces to ensure they are secure.
10. 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).
11. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Read the 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:

- 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 (Figure 1).
- Connect the two safety straps. As a guide, leave a space of about two fists between the patient and straps to allow for mat inflation (Figure 2).

Workers

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

- Worker 1 remains with the patient while the mat and receiving surface are positioned. They adopt a semi-squat/lunge position, starting with their weight on their back foot, and their arms braced with hands on the mat (or handles) at the level of the patient's hip and shoulder (Figures 3 and 4).
- Worker 2 attaches the hose to the mat on the side the receiving bed will be located and ensures that it is secured as per manufacturer's instructions (Figure 5). They then move the receiving bed/trolley into position. They are on the receiving side in a forward lunge posture, with their weight on their front foot. Alternatively, they could be positioned with one knee on the bed to avoid overreaching when grasping the handles of the mat (Figure 6).

Do:

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

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

With workers opposite each other at the sides of the bed, they perform the transfer on the agreed count:

- Worker 1 performs a forward lunge and initiates the transfer by 'pushing' the inflated mat (and patient) across the bed, beginning at the head end of the mat.
- Worker 2 receives the inflated mat (and patient) by performing a backward lunge as they 'pull' the patient across to the receiving bed/trolley (Figure 7).

Repeat the action to move the foot end of the mat across on to the receiving bed/trolley until the patient is centred on that surface.

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

- remove the bed/trolley that the patient was transferred from
- determine whether the deflated mat can remain under the patient or if it should be removed for pressure care requirements. To remove it, use the basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing an air-assisted device).

Never leave the patient unattended on an inflated mat.

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. Three-assist or four-assist

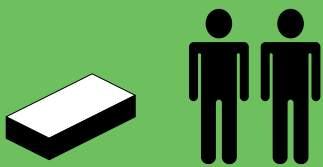
Use the safe postures and movements described in the procedure above. The position of the extra workers will depend on the patient's condition and dependency level (e.g. Worker 3 could be at the head end to support the patient's head or airway; alternatively, Workers 3 and 4 could be at either side of the patient to assist with initiating the push action and with receiving the patient). A worker at the head end adopts a side lunge transfer as the patient is moved across to the receiving surface.

2. Transfer bridge or slide board

Use a transfer bridge or slide board to bridge the gap between the two transfer surfaces, if this is indicated in the manufacturer's instructions.

3. Bed sheet or slide sheet

Loop a bed sheet or slide sheet between the handles of the mat on the receiving side to create an extended handle and reduce overreaching when receiving the patient on to the second bed/trolley.



8c: Two-assist bed to bed/trolley using an air-assisted transfer device (e.g. HoverMatt® or AirPal®)

Example Images



Figure 1: Inserting the air mat.



Figure 2: Straps attached ensuring adequate gap.



Figure 3: Starting position: Worker 1 (positioned to initiate a push action).

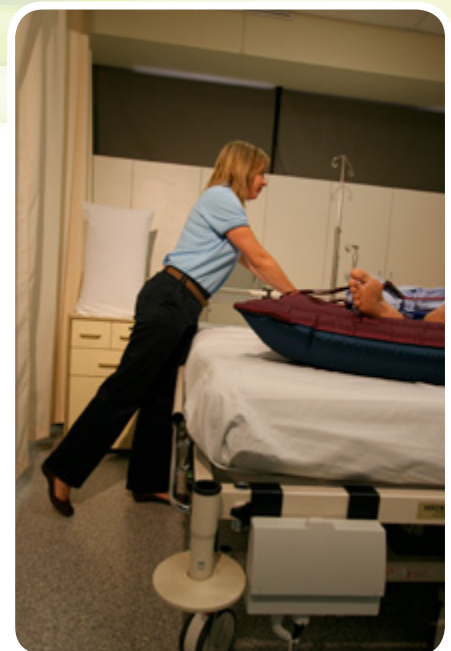


Figure 4: End position: Worker 1 (push action beginning at head end).



Figure 5: Pump attached to mat.



Figure 6: Starting position: Worker 2: (position to receive the patient).



Figure 7: End position: Worker 2: (patient moved on to receiving surface).



8e: 2A (two-assist) bed to bed/trolley 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 bed to bed/trolley (lateral transfer) 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. Refer to the manufacturer's instructions on using the brakes.
6. Adjust the bed to an appropriate height for the workers (about knuckle height of shorter worker).
7. Ensure sufficient space around the bed to allow the task to be performed using safe working postures and movements.
8. Clear the area and prepare destination surface (e.g. to minimise distances travelled with the hoist); adjust the working height of transfer surface/s (where relevant).
9. Do not use a mobile hoist over long distances.
10. If a pressure-relieving mattress is in use, temporarily hyper-inflate it. Read the 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 the patient using a basic roll technique (refer to Patient Handling Fundamentals: Safe Work Procedures – Inserting/removing slings), and as per manufacturer's instructions (Figure 1).
2. Position the leg straps as per manufacturer's instructions.
3. Move the hoist into position and lower over it the patient.
4. Attach the sling straps to the hoist as specified by the manufacturer.
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.

1. Worker 1 operates the hoist.
2. Worker 2 monitors the patient.

Do:

On the agreed count, Worker 1 raises the hoist until the patient clears the bed (Figure 2). After the patient has been raised in the hoist:

- Worker 1 pulls the patient and hoist out away from the bed and remains with the patient. This enables the bed to be replaced by the second bed/trolley (i.e. the receiving surface).
- Worker 2 then replaces the bed with the receiving bed/trolley (Figure 3). When in position, apply the brakes on the bed/trolley.

Then move the patient/hoist back in over the receiving bed/trolley and lower into the required position:

- As a guide, the patient's hips should be in line with the bed break as the patient is lowered (Figure 4).

Both workers detach the sling from the hoist:

- Worker 1 removes the hoist, while
- Worker 2 remains with the patient.

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. To remove it, use a basic roll technique (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.

Safe variations include:

1. Two-assist bed to bed/trolley using a hoist/lifting frame (e.g. Jordan frame)

Choose this method when use of a standard sling is contraindicated. Read the manufacturer's instructions and Safe Work Procedure 13c for information on the safe use of a hoist/lifting frame.

2. Three-assist or four-assist

Use the safe postures and movements described in the procedure above. The position of the extra workers will depend on the patient's condition and dependency level.



8e: 2A (two-assist) bed to bed/trolley 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: Inserting the sling.



Figure 2: Raising the patient in the hoist to clear the bed surface.

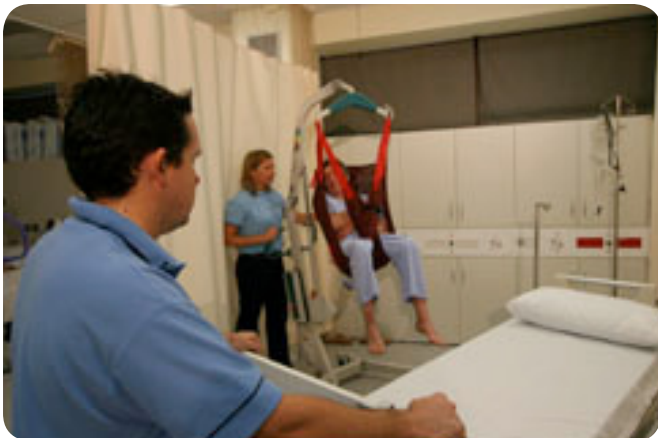


Figure 3: Hoist moved out and the bed is replaced by the receiving bed/trolley.



Figure 4: Patient moved back in and lowered on to the receiving bed/trolley.