Safe Patient Handling and Mobility

Practices to Avoid

Manual lifting of residents | Hook-under-arm assistance | Transferring without a gait belt or assistive device
Conduct a Successful Stand-Up Training Talk

Here are the RULES for a successful training session:

R Recognize differences in participants’ backgrounds, knowledge and learning abilities.

U Understand and communicate the training objectives.

L Lead and allow participants to take an active role in their learning.

E Experiences; tie in real-life examples and experiences relating to the concept.

S Summarize takeaways from the meeting at the end of the session.

Practices to Avoid

- Manual lifting of residents
- Hook-under-arm assistance
- Transferring without a gait belt or assistive device

The following are some at-risk practices that should be avoided:

- Under normal circumstances, a resident should not be manually lifted.
- Poor body mechanics:
  - Bending at the waist
  - Reaching
  - Twisting motions
- Transferring or ambulating a resident without a gait belt.
- Holding a resident’s waistband while ambulating.
- Transferring a resident by holding on under their arm (“hook and toss”).
- Operating a mechanical lift without a second person.
- Continuing an unsafe transfer. For example: You recognize a resident/patient is weaker that day and their normal gait belt transfer should be changed to a sit-to-stand or mechanical lift, but you continue with gait belt.
- Providing care to a resident in bed without adjusting the bed to the appropriate height. Raise the bed each and every time you assist the resident in their bed and remember to lower it when finished.
- Add in and review “at-risk practices” with staff that you have observed in your facility.
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