Two-person Gait Belt Transfer

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The second person is NOT there to help lift the resident.
Two-person Gait Belt Transfer

- Second person is there to provide assistance with personal care, wheelchair placement, guidance, etc.
- The second person is NOT there to help lift the resident.
- The two caregivers should discuss the transfer prior to approaching the resident to make sure that both know the best practices and which one will take the lead. Plan ahead!
- The second caregiver is not there to help lift the resident. The second caregiver is there to assist with ADLs and comfort the resident.
- Explain to the resident who you are and the transfer process.
- Lock the brakes to the resident’s wheelchair and remove the foot pedals.
- Place the gait belt around the resident’s waist and fasten snugly enough so it will not slip around the ribs (allow space of two-finger width). Never place belt on bare skin.
- Caregiver No. 1 is the “driver,” the one who is directing the transfer. This person stands directly in front of the resident with his/her feet slightly apart and one foot between the feet of the resident. This provides the caregiver a more stable base and the ability to shift his/her center of gravity as needed. Caregiver No. 2, the “assistant,” stands to the side or back of the resident.
- Caregiver No. 1 asks the resident to “scoot” forward. If the resident cannot do this without assistance, Caregiver No. 1 assists the resident by rocking and scooting toward the edge of the chair. This is done by assisting the resident in shifting weight from one buttock to the other.
- Caregiver No. 1 assists the resident to a standing position by grasping the gait belt with his/her hands outside the belt and with arms at the side of the resident. This is done with a pulling-forward motion, not lifting.
- Once in the standing position, Caregiver No. 1 assists the resident to pivot, making sure the caregiver pivots their feet in the process. Caregiver No. 2 is present to assist with dressing, toileting, pivoting, posturing and stabilizing the resident. They should not be used to perform the actual transfer. If that is needed, the resident should be evaluated for a mechanical lift transfer.
- Caregiver No. 1 slowly lowers the resident utilizing proper body mechanics. Caregiver No. 2 may assist the resident with hand placement and guide the resident into the seat.

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.