



LIFTING TIPS FOR HEALTH CARE WORKERS

GUIDELINES FOR LIFTING AND TRANSFERS FOR PATIENT CARE

- Realize that training to lift carries a subtle message to managers and employees leading each to think they have done enough and this can undermine pursuing ergonomic measures.
- Remember: Cannot teach you how to do the wrong thing, the right way
- Plan the move, prepare the patient and the space, choose equipment and use best practice methods
 - Use slides and lateral transfers rather than actual lift
- Use equipment: gait belt, sliding board, pivot disc, motorized stand assist, etc.: NEVER manually lift if you can use assist equipment
- Encourage patient independence
 - Besides placing feet with a slight turn, place patient's hands with expectation that he/she will assist
 - Have patient lift head as comes to stand
 - Be sure all clothing is fastened, shoes fit, assistive devices are handy
 - Patient should not be wearing slippery material
- Use neutral spinal and return to neutral spine frequently
 - Be sure to return to stand correctly after task
 - When mopping, take breaks from neck flexion and stand straight
 - Not just the spine, use your other joints in alignment as well, e.g. don't wring a cloth with bent wrists and twisted forearms-use neutral forearm and squeeze
- Be at your level of work
 - Use your legs when doing work to lower you to the starting point
 - Lower the person slowly by bending your legs, not your back
 - Can kneel when making beds or cleaning toilets
 - When repositioning in bed, have beds at slightly above hip height as waist height places an undue stress on the arms
 - Have bed low enough for patient to place feet on floor if the lift is for someone who is independent or who needs minimal assistance

- Have bed adjusted so your hands on gait belt are at your mid-thigh to hip height for your best lifting strength if the patient requires moderate assistance
- Bring the work close to you whenever you can
 - If the bed is adjustable, raise it up for bed making
 - If can lift small garbage can to place in new plastic liner, do so
- At NO time and under no circumstances should the patient be manually lifted from the bath as a routine procedure
- Always face your work-do not twist
 - Do not twist when turning instead pivot whole body in direction of move
 - The more closely the line of weight of the patient is to the spine of the handler, the less the stress
 - When moppin, do not cross the midline
- Keep person/equipment/supplies being moved close to you from start to finish
 - When make the bed, walk around it
 - Don't bend down when mopping: keep the handle close and move your feet
 - Position surface as close as possible to each other
 - If you have to reach across the bed, use golfer's lift technique
- Move the person towards you, not way from you
 - When turning the patient in bed, roll the person towards you
 - When moving the person to the edge of the bed with a draw sheet (hopefully with a friction reducing device under it), move the head and shoulders, then the legs and lastly the trunk
 - Consider 2 people bringing patient to you on 1 side rather than the helper having to lift across the bed/stretchers
- Use a wide balanced stance with 1 foot slightly ahead of the other
 - Never lift in front of your knees
 - Feet need to be far enough apart to maintain balance in the friction of movement at the end of the lift
 - One foot close enough to patient to take his weight at the beginning of the transfer
 - The other in the direction of movement and ready for where the patient's weight is to be transferred
 - This foot position helps to avoid sideways bending or rotation

EXTRA TIDBITS:

- When lifting with others, coordinate lifts by counting down and synchronizing the lift

- Get a good hand hold by rolling up edges of draw sheets and incontinence pads or use other assist equipment like gait belts.

If you have any additional questions or concerns, please [contact us](#).