



BASIC ASSIST TO STAND

EMPHASIZE: The three components of **POWERLIFT**[®]. 1. Keep a Wide Stance 2. Approach from a 45 degree angle 3. Lift with your legs like an elevator, not with your back like a crane.

HANDBOOK PAGES: 28-34

METHOD: Review with your workers the DVD Chapter on Basic Assist to Stand. Then proceed with the following.

TIME: 2:38

Belt up a "resident" and place them in a chair. Ask two Nursing Assistants to **POWERLIFT**[®] the resident to a standing position with the following procedure.

1. Approach your load from a 45° angle, spread your feet wider than shoulder distance apart, and bend with your knees.
2. Get close to the load. Lift with your legs like an elevator rather than with your back like a crane. Place your foot in front of the "resident's" feet so as to bring the load to you rather than allowing the load to go away from you. The lifter is protected if the "resident" falls, only if they maintain wide stance.

Remember that a one person **Assist To Stand** is done with the exact same technique as a two person Assist To Stand. Use **POWERLIFT**[®] for both one and two person Assists To Stand. Also, ask the Nursing Assistants to lift the "resident" to standing with the old bend/twist, crane lifting method. They should feel the benefits of **POWERLIFT**[®] immediately.

After the staff has participated in practicing the **Basic Assist To Stand**, review with them the techniques for **Combativeness**, **Para Lift** and **Standing Stiff, Immobile Individuals** are also included in this chapter.



LIFTING A RESIDENT FROM THE FLOOR

EMPHASIZE: Emphasize the use of **POWERLIFT**[®] and **Crab Walk** even in emergency situations.

HANDBOOK PAGES: 99-100

METHOD: Review with your workers the DVD Chapter 'Lifting A Resident From the Floor'. Then proceed with the following.

TIME: 1:33

Practice using the **POWERLIFT**[®] method of removing a "resident" from the floor.

Use **POWERLIFT**[®] also for the **Blanket Lift** or with whatever type of equipment you use for such incidents. The most important point to make with your Nursing Assistants in this situation is that they should never lift with a bend/twist or back maneuver even if the resident has fallen into a very cramped space. Even if the resident were to have fallen between the toilet stool and sink in the bathroom, there is usually room to place a foot so as to create a **POWERLIFT**[®] stance before assisting the resident.



REPOSITIONING

EMPHASIZE: Using the basic elements of **POWERLIFT**[®] to lift and reposition residents.

HANDBOOK PAGES: 46-49

METHOD: Review with your workers the DVD Chapter 'Repositioning'. Then proceed with the following.

TIME: 1:38

Place a "resident" in a wheelchair. Ask your Nursing Assistants to practice lifting the "resident's" feet and legs and folding up the wheelchair legs with a Back Lift posture, a **POWERLIFT**[®] posture and a **one knee** on the floor Tripod position. Explain to them that it is not the one time of using the back to handle the resident's legs that will injure them but rather the **5,000 times per month** we use our back like a crane that causes the injury. In other words, it is the repetitive nature of lifting that causes injury.

Then, ask your Nursing Assistants to practice repositioning the "resident" in the wheelchair utilizing all three methods as shown on the video. You may find some Nursing Assistants with a preference for one method over another. This is fine as long as they understand that each resident is an individual and that one technique may work better than another for a particular resident. They should choose the technique that works best for them and, at the same time, is most comfortable for the resident.



BASIC TRANSFERS

EMPHASIZE: Combine the components of the **Basic Assist To Stand** with **Crab Walk** to accomplish a **Basic Transfer**.

HANDBOOK PAGES: 36-38

METHOD: Review with your workers the DVD Chapter on 'Basic Transfers'. Use only the Basic Transfer and Blocking Sections. Then proceed with the following.

TIME: 2:00

Set up a typical situation using a wheelchair and a stationary chair. Designate a "resident" and practice one and two person transfers from chair to wheelchair and wheelchair to chair. Make sure the transfer occurs by:

1. Approaching the "resident" from a 45° angle, spreading the feet wider than shoulder distance and bending the knees.
2. Get the Nursing Assistants close to the "resident".
3. Lift and hold the "resident" with the legs like an elevator rather than the back like a crane.
4. Remaining in wide stance **POWERLIFT**[®] position, use **Crab Walk** with slow, deliberate steps to turn the "resident" and sit them in the chair. Remind your workers that they are protected through every phase of the transfer when utilizing this method. Get them to understand that they do not have time to think when a resident falls and drops on them and that by keeping their legs in wide stance and the load close, they are protected automatically should the resident fall.

Also, practice **Blocking** techniques where the resident's knee is blocked with the inside of the Nursing Assistant's thigh or knee and also blocking where the Nursing Assistant blocks the resident's foot with their foot. Make sure they understand that not all residents need to be blocked but those that do can be blocked very effectively in the **POWERLIFT**[®] position.



BATH AND SHOWER

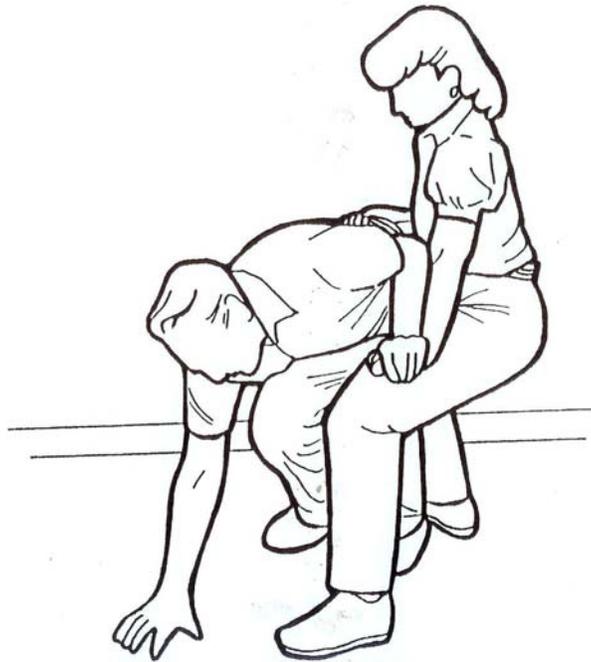
EMPHASIZE: Emphasize maintaining a **POWERLIFT**[®] stance throughout all of these transfers as well as placing a **foot in the bathtub** if necessary.

HANDBOOK PAGES: 83-84

TIME: 2:53

METHOD: Review with your workers the DVD Chapter 'Bath and Shower'. Then proceed with the following.

Move your staff into a bath and/or shower room and practice the transfer. Develop a technique of transferring to the bathtub with a **foot in the tub** by letting the water out of the tub, covering the resident to keep them warm, placing a dry towel on the bottom of the wet tub to keep from slipping and finally, the actual **POWERLIFT**[®] transfer. If you are using walk in tubs or tubs with a resident lift, develop strategies for transferring to and from them.



AMBULATION

EMPHASIZE: The fact that residents will **fall unexpectedly** and to protect yourself you must remain constantly in a **wide stance position** with the **load close**. Using the **modified Crab Walk** allows you to accomplish this.

HANDBOOK PAGES: 91-98

METHOD: Review with your workers the DVD Chapter 'Ambulation'. Then proceed with the following.

TIME: 7:26

Assign a Nursing Assistant to act as a "resident" and practice walking that "resident". Ask your Nursing Assistants to feel the difference between standing directly to the side of a heavy "resident" as opposed to standing at a 45° angle behind the "resident". Point out to them that maintaining a **modified Crab Walk** position will insure that they can instantly hold the weight of a failing or falling resident with their legs instead of their back.

Emphasize then that the concept of protecting yourself with wide stance must be used even when **Weighing A Resident**. The reality of the situation is that we can't **predict** when a resident will fall nor do we have to **time to think** once they do fall. You must remain protected at all times in a wide stance **POWERLIFT**[®] position. Also discuss methods of **Pulling the Wheelchair** and ambulating with the **Walker** and **Parallel Bars**.

Have your Nursing Assistants then practice at least briefly **Related Ambulation Activities** such as the proper way to **Push Off** with the legs, the use of **Wheelies** and methods of **Folding the Wheelchair**. For all of these activities emphasis is placed on using the legs rather than the back.



TRANSFERS TO AUTO

EMPHASIZE: Emphasize placing **a foot inside the automobile** when sitting the resident on the car seat.

HANDBOOK PAGES: 104-108

METHOD: Review with your workers the DVD Chapter 'Transfers to Auto'. Then proceed with the following.

TIME: 3:37

It is best, in this situation, to move your staff out to an automobile to practice one and two person transfers. Differentiate the technique between **two-door** and **four-door** cars. Emphasize also with your staff, that policy is to transfer residents to the **front passenger seat** only of a sedan type automobile. Policy forbids transferring into a van or pick up truck unless the resident is capable of self-ambulation.

Finally, practice placing the **Wheelchair In The Trunk**. Demonstrate to your staff that it is possible, even for short people, to easily get their foot in the trunk for this procedure as long as they use a **Golfer's Bend** to do so. Tipping and lifting the wheelchair may require a little practice. However, once the technique is learned it results in an extremely easy lift of the wheelchair to the trunk.



TRANSPORT VAN

EMPHASIZE: Emphasize using **POWERLIFT**[®] for the **Assist to Stand, Crab Walk** for maneuvering and **knee on the seat** for sitting the resident.

HANDBOOK PAGES: 101-103

METHOD: Review with your workers the DVD Chapter 'Transport Van'. Then proceed with the following.

TIME: 3:12

It is then best to move your staff out to the Transport Van and practice one and two person transfers from wheelchair to the van seats. Also demonstrate the use of the **knee pad** for buckling in wheelchairs and the use of **wheelies** for maneuvering the wheelchair over belts and buckles and other difficult paraphernalia lying on the floor.



RESIDENT POSITIONING IN BED

EMPHASIZE: Emphasize proper resident positioning for **comfort**.

HANDBOOK PAGES: 85-90

METHOD: Review with your workers the DVD Chapter 'Resident Positioning in Bed'. Then proceed with the following.

TIME: 4:56

With an Nursing Assistant acting as a "resident" have your workers practice positioning that resident to the various positions as depicted on the DVD. Here it is important to **modify this technique** to any particular policies your facility may have for resident positioning. It is also a good idea to have alternate Nursing Assistants act as the "resident" so as to get the feel for the various positions. Once this section has been adequately learned, review again the proper technique for working with **High Beds**.

Emphasize to your staff at this point, that invariably they will find it easier to work over a bed with the **bed low** and a **knee up** as opposed to a bed high and at waist level. If there is any disagreement in this regard have your Nursing Assistants practice various resident positioning moves in both the high bed and low bed mode. They will find immediately that a **low bed with a knee up** is much easier especially if the resident is resistive or heavy.



LIFTING ASSIST DEVICES

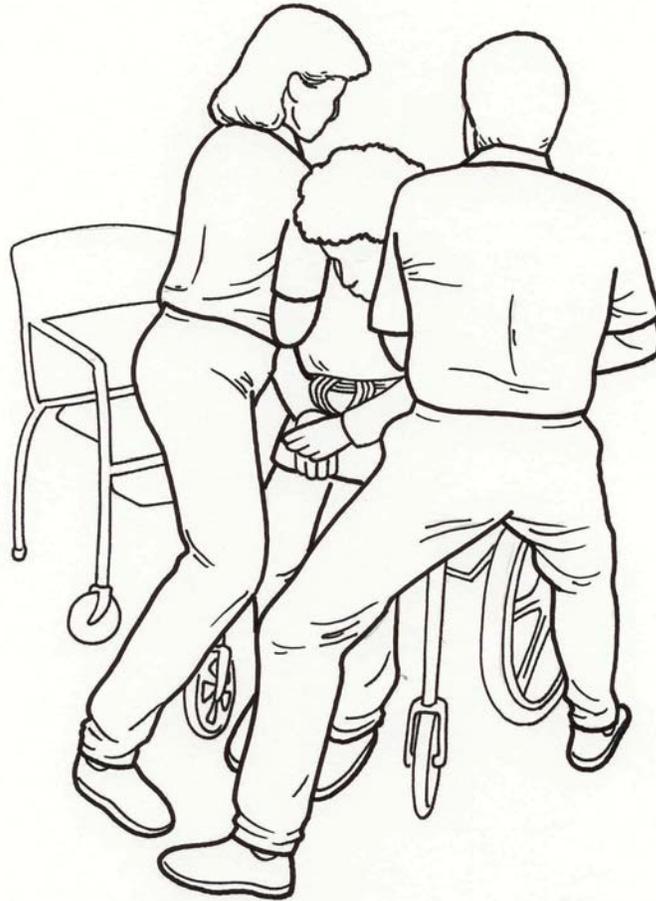
EMPHASIZE: Emphasize keeping a **knee on the bed** and maintaining a **wide stance** position through all phases of using **Lifting Assist Devices**.

HANDBOOK PAGES: 44-45

METHOD: Review with your workers the DVD Chapter 'Lifting Assist Devices'. Then proceed with the following.

TIME: 2:44

Set up a typical transfer situation with a "resident" and whatever lifting assist device you commonly use. To fully demonstrate the importance of a knee on the bed, ask your workers to maneuver a "resident" over the bed, both with a knee on the bed and then with both feet on the floor. They should feel immediately the benefit of keeping a knee up. Also, have them practice the technique of pulling a "resident" snug into a wheelchair by pulling on the lifting sling. Here they need to feel the benefit of keeping a wide stance, 45° approach, which will give them additional strength and, most importantly, protection.



COMMON TRANSFERS

EMPHASIZE: Use the elements of the **Basic Transfer** for other more complicated transfers.

HANDBOOK PAGES: 39-43

METHOD: Review with your workers the 'Common Transfers' section of the DVD Chapter 'Basic Transfers'. Then proceed with the following.

TIME: 4:30

Either set up an area in the classroom with various types of transfer situations or walk your group out to the residents' rooms and utilize actual situations to demonstrate and practice **Common Transfers**. Attempt to practice all categories of **Common Transfers** as shown on the DVD. Pay special attention to transferring from a wheelchair to a couch, loveseat or closely spaced chairs. Here, emphasize to your workers the importance of moving furniture to make their workspace safer and to protect their backs.



TOILETING

EMPHASIZE: Emphasize the use of **POWERLIFT®** and **Crab Walk** for the transfer as well as pushing the wheelchair out of the way while making the transfer.

HANDBOOK PAGES: 76-82

METHOD: Review with your workers the DVD Chapter 'Toileting'. Then proceed with the following.

TIME: 5:31

Either set up a typical bathroom scene using a stationary chair to act as the toilet or move your staff into a resident room for authenticity. Practice one and two person transfers from wheelchair to toilet and back again. Emphasize with your staff that the bathrooms generally are **not too small** to **POWERLIFT®** and **Crab Walk** in, if in fact, the wheelchair is kept out of the room.

Also review with them privacy issues and proper procedure to insure resident privacy. Then explain to them that if a resident, for whatever reason, is too difficult to handle in that particular bathroom, to use a **commode**. Practice with them **one, two and three person transfers** from wheelchair to commode and back again. It is very important here that your Nursing Assistants learn to maintain a wide stance **POWERLIFT®** position with the **load close** as they undress, dress and clean their resident and to use **Crab Walk** to move the resident.



RELATED BED DUTIES

EMPHASIZE: Emphasize using **POWERLIFT**[®] for all related bed duties.

HANDBOOK PAGES: 58-59

METHOD: Review with your workers the DVD Chapter 'Related Bed Duties'. Then proceed with the following.

TIME: 2:17

Take your workers through the various **Related Bed Duties** as depicted on the DVD in both a Back Lift stance as well as a **POWERLIFT**[®] stance. Your workers should be able to feel the difference **POWERLIFT**[®] makes in regards to their strength and ease of work with virtually all of these activities. The most important activity is perhaps **raising and lowering side rails**. Your Nursing Assistants need to learn that it is very easy to use the legs as opposed to the back for this job. Also point out to them that wide stance will eliminate the bend/twist from this maneuver. You also may need to visit some resident rooms and demonstrate there how **POWERLIFT**[®] can be applied even in areas where there is clutter and not much room to maneuver.



CRAB WALK

EMPHASIZE: The four components of **Crab Walk**.

HANDBOOK PAGE: 35

METHOD: Review with your workers the DVD Chapter 'Crab Walk'. Then proceed with the following.

TIME: 2:18

Have two Nursing Assistants stand on either side of a co-worker who is wearing a transfer belt. Ask the Nursing Assistants to grasp the transfer belt but to stand with their feet only shoulder distance apart or closer. Then ask the "resident" to let their knees fold up so as to be supported by the Nursing Assistants. The Nursing Assistants should walk the "resident" around in a circle with each Nursing Assistant moving to their left. Ask them to feel the amount of work that is involved with this process. Then ask them to Crab Walk. Explain to them that to Crab Walk they must:

1. Approach your load, if possible, from a 45° angle, spread your feet wider than shoulder distance apart, bend with your knees.
2. Get close to the load.
3. Lift and hold your load with your legs like an elevator rather than with your back like a crane.
4. Move with slow, deliberate steps in coordination with your lifting partner.

The Nursing Assistants should feel an immediate increase in strength with the **Crab Walk**.



BASIC BED WORK

EMPHASIZE: Emphasize using your last step to place your knee up on the bed for all **Basic Bed Duties**.

HANDBOOK PAGES: 50-57

METHOD: Review with your workers the DVD Chapter 'Basic Bed Work'. Then proceed with the following.

TIME: 7:12

Set up a bed that is sheeted with a draw sheet and pillow. Assign a Nursing Assistant to act as a "resident" and practice first a two person **reposition** of the "resident" to the head of the bed with a draw sheet. Then practice one and two person moves to **sit** the "resident" up in bed as if preparing to transfer the "resident" off the bed.

The next most important activity is **Assisting The Resident To Stand From The Bed**. After these three basic moves have been mastered it is time to review other aspects of **Basic Bed Work** including infection control, repositioning to the side of the bed, turning the resident as with resident cares and working with a bed that is too high.

Your Nursing Assistants should immediately feel the benefit of keeping a **knee on the bed** for all of these activities.



TRANSFERS TO & FROM BED

EMPHASIZE: Emphasize using all the components of **POWERLIFT**[®] and Crab Walk for these transfers.

HANDBOOK PAGES: 60-67

METHOD: Review with your workers the DVD Chapters on 'Transfers To and From The Bed'. Then proceed with the following.

TIME: 8:59

With a Nursing Assistant acting as a "resident" practice one and two person transfers from the bed. Here is is very important that your Nursing Assistants learn to **leave a knee on the bed** until the resident is standing and stabilized. They need to feel the power that this position will give them if the resident should fail to bear weight.

The next most important element is that they learn to **step out in wide stance** immediately on bringing their bedside foot back to the floor. This keeps them in a wide stance **POWERLIFT**[®] position and **protected**. Then have them practice using **POWERLIFT**[®] to remove a "resident" from the bed without a knee up but in a **POWERLIFT**[®] Stance. Get them to begin **planning** with their work partners which method to use for **that particular resident**.

Once your Nursing Assistants feel secure with these moves, demonstrate to them, if you wish, the use of the **Pivot Disc**. Finally, practice **Transfers To the Bed**. Here it is very important that the Nursing Assistants understand to use their **last step** to place their knee on the bed as they sit the resident on the bed. From this position they are then automatically in a **POWERLIFT**[®] stance if they need to use a **Cradle Lift** to boost the resident further on the bed. Very importantly, make sure your Nursing Assistants are as **close as possible** to the resident, both with a knee on the bed and with a foot on the floor before the Cradle Lift is attempted.

Once you are satisfied that they understand this procedure, review briefly **Problem Solving** as with the **Mattress On The Floor** and proper wide stance technique for high beds. This is also a good time to review with your Nursing Assistants proper positioning for **range of motion**. A knee on the bed provides for much more strength and much less bend/twisting when doing work such as **range of motion, applying Ted Socks or other related duties**.



HOUSEKEEPING DEPARTMENT

EMPHASIZE: Always use one of the five **POWERLIFT**[®] Techniques **OR** get help.

HANDBOOK PAGES: 188-128

METHOD: Review with your workers the DVD Chapter 'Housekeeping Department'. Then proceed with the following.

TIME: 8:00

Explain to staff that there are **an infinite number** of tasks that must be performed in the housekeeping department. We can use **POWERLIFT**[®] for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

Use the **Housekeeping and Maintenance Department Check List** so you cover all pertinent activities.

In addition, look through the Mini-Sessions for Industry and Home and review a different scenario at least once or twice each month. The training should reflect at **work** and at **home** activities.



DIETARY DEPARTMENT

EMPHASIZE: Always use one of the five **POWERLIFT**[®] Techniques **OR** get help.

HANDBOOK PAGES: 109-117

METHOD: Review the DVD Chapter on 'Dietary Department'. Then proceed with the following.

TIME: 7:00

Explain to staff that there are **an infinite number** of tasks that must be performed in the dietary department. We can use **POWERLIFT**[®] for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

Use the **Dietary Department Check List** so you cover all pertinent activities.

In addition, look through the Mini Sessions for Industry and Home and review a different scenario at least once or twice each month. The training should reflect at **work** and at **home** activities.



TRANSFERS FROM BED TO GURNEY

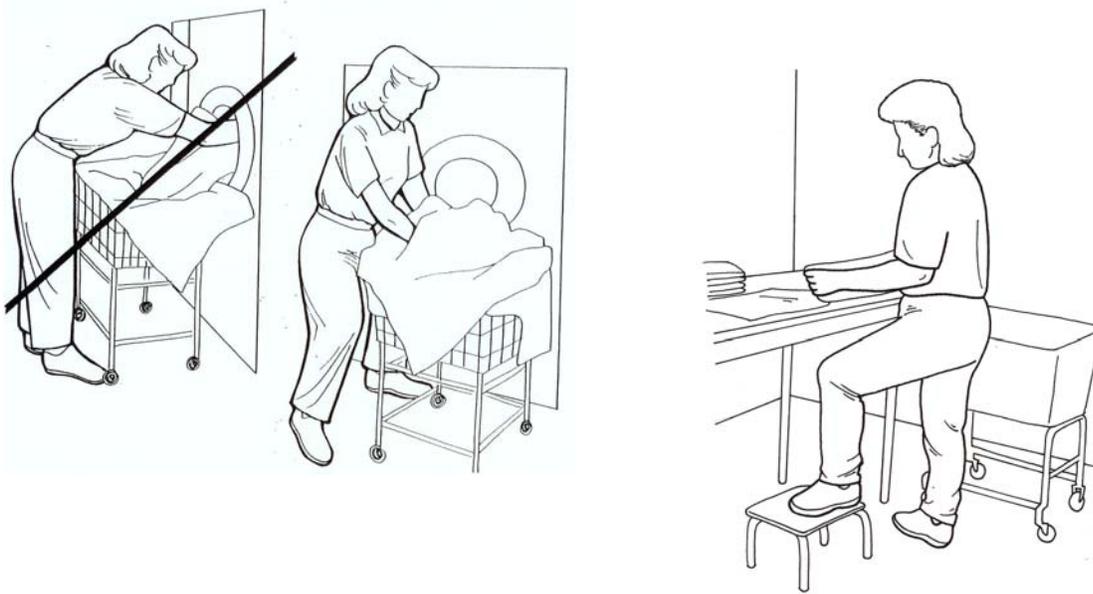
EMPHASIZE: Emphasize keeping the **knee up** and making the transfer in **stages**.

HANDBOOK PAGES: 74-75

METHOD: Review with your workers the DVD Chapter 'Transfers From Bed to Gurney'. Then proceed with the following.

TIME: 2:00

Set up a bed with a gurney and practice the transfer either with a **draw sheet** or with a **transfer board**. Help your staff figure out how to adjust the gurney for better approximation to the height of the bed and how to position themselves with proper knee up technique. Also emphasize with them the fact that they should **take charge** when ambulance crews or morticians are present so as to show them how the transfer is made properly. Your staff needs to remember that it is **their back** they are protecting and should, therefore, speak up and explain your policy and technique.



LAUNDRY DEPARTMENT

EMPHASIZE: Always use one of the five **POWERLIFT**[®] Techniques **OR** get help. Keep a foot up when standing and folding laundry.

HANDBOOK PAGE: 134

METHOD: Review with your workers the DVD Chapter 'Laundry Department'. Then proceed with the following.

TIME: 6:00

Explain to staff that there are **an infinite number** of tasks that must be performed in the laundry department. We can use **POWERLIFT**[®] for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to **stop, think and get help**.

A large amount of time is spent **standing** to fold laundry. Have staff practice standing with a foot up on a low stool to ease back stress. Remember, if standing on the **right foot** with the **left foot up**, the body should be turned slightly to the **left** with the **right thigh leaning** into the table. This is a very comfortable position and of course, the up foot can be switched between left and right for comfort.

Use the **Laundry Department check List** so you cover all pertinent areas.

In addition, look through the Mini-Sessions for Industry and Home and review a different scenario at least once or twice each month. The training should reflect at **work** and at **home** activities.



SUPPORT BELTS

EMPHASIZE: Support belts are not meant to protect you while using poor technique.

METHOD: Review with your workers the following:

Support belt manufacturers say that the belts supply support to the lower lumbar area of the spine and also to the abdominal area as workers lift. In addition, just the act of wearing the belt is a daily reminder to lift safely. What they don't state as fact is that lifting belts will **prevent** back injuries.

On the negative side of the issue, we have the "**Girdle Effect**". The girdle effect occurs because as the back muscles are supported by external means over extended periods of time, the muscles need no longer function to support the torso and gradually suffer weakening due to lack of use. The girdle effect occurs primarily in workers who do not use the belts as instructed. Lifting belts are designed to be conveniently **tightened** just before executing a lift and to be **loosened** immediately following the lifting session. In practice, however, workers routinely wear the belts cinched up tight for the majority of the workday.

Another common problem cited with support belts is the "**Superman Effect**". Studies show that many workers who wear their belts cinched tight most of the day will feel as though they are immune to a back injury. Falsely presuming that the belt will protect their backs in all situations, these workers tend to use poor body mechanics while lifting. They unfortunately learn the hard way that back injury can result, even with the aid of a support belt, if poor lifting techniques are used.



BENDING AND LIFTING

EMPHASIZE: It is not just the weight of what we are lifting that stresses the back; it is also the weight of our **upper body**.

METHOD: Review with your workers the following:

We bend down to lift many more times each day than we realize. Just getting dressed in the morning requires about **15 bend/lift motions**. Consider putting on your shoes and socks. We bend/lift for each sock x 2, each shoe x 2 and tie each shoe x 2 for a total of 6 motions. It is estimated that the average person does at least **5000** such bend/lift motions per month. Working in the Long Term Care or Hospital environments requires even more bending and lifting of sometimes small items. These can be bending to tie a patient's shoe, picking up linens, meds from the med cart, a pen you dropped and on and on.

Eliminate your body weight when you lift even small items by using one of the **POWERLIFT**[®] techniques. Use a Golfer's Bend, a Tripod Lift or a **POWERLIFT**[®] when you go down. If you only need one hand to grasp the object, use the other to **Bridge**.

Note: a great technique to get this point across and give your staff practice is to toss a small box of paper clips onto the floor and have each of your workers in turn demonstrate a good way to pick them up.



MAKING BEDS

EMPHASIZE: Never bend/twist your back when making beds, always protect yourself with POWERLIFT[®].

METHOD: Review with your workers the DVD chapter on RELATED BED DUTIES.

TIME: 1:02

The problem with making beds is with the fact that as we bend/twist to lift the mattress we tend to give our backs a sudden extra insult as we push the sheet under the mattress. This is actually the most hazardous position we can put ourselves in. To remedy this, simply stay in wide stance and bend your knees which allows the hips to do the twisting and the legs to do the lifting instead of the back.

Review with staff methods of cranking up the bed (if you have manual beds), moving the bed and raising/lowering bed rails.



LIFTING BULKY OBJECTS

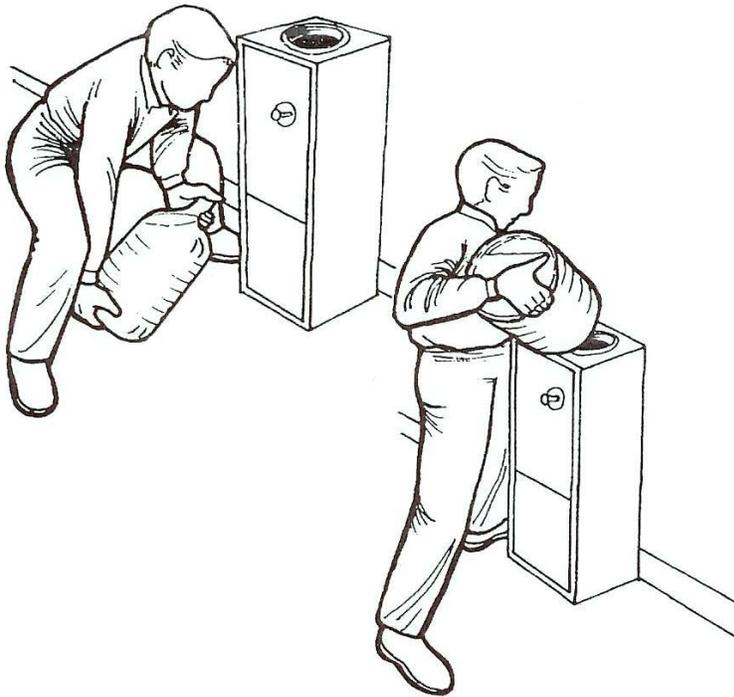
EMPHASIZE: Even though the object you wish to handle is large, you can still keep it close if you learn to approach from a **45° angle** and **tip the load**.

METHOD: Review with your workers the following:

Have you ever had to lift a sofa, easy chair, commode or any number of big bulky objects? Did you use your back or your legs?

To use your legs we must remember to always **approach the object from an angle**. This way you have a much better chance to get nice and close. Then to make it a whole lot easier, **learn to tip the load**. Always if you can, tip the load **toward** you and not away from you. You will be surprised how much easier large bulky objects will be to handle.

For a good demonstration use the Mini Sessions titled: **LIFTING FURNITURE** and also **LIFTING TALL OBJECTS**. It would be best to use a prop such as a tall box (tape two regular boxes together to make a tall box) or a love seat and have the workers practice their technique.



MAINTENANCE DEPARTMENT

EMPHASIZE: Always use one of the five POWERLIFT® Techniques OR get help.

HANDBOOK PAGES: 118-128

METHOD: Review with your workers the DVD Chapter 'Housekeeping/Maintenance Department'. Then proceed with the following.

Explain to staff that there are an infinite number of tasks that must be performed in the maintenance department. We can use POWERLIFT® for nearly all tasks. However, there are always problem situations that crop up where it is impossible to use good, safe technique. These are the moments when we need to stop, think and get help.

A large amount of time is spent bending and reaching to fix equipment and maintaining the facility. It is important to remember that one episode of bending and twisting will not hurt the back. Rather it is the constant, repetitive nature of these bad habits that will eventually wear the back down.

Use the Housekeeping and Maintenance Check List so you cover all pertinent activities.

Look through the Mini Sessions for Industry and Home and review a different scenario at least once or twice each month. The training should reflect at work and at home activities.



ALTERNATE TRANSFER METHODS

HANDBOOK PAGES: 68-74

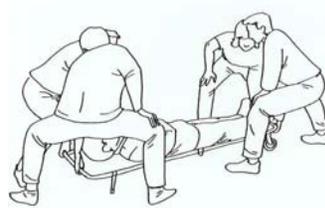
EMPHASIZE: **Problem Solving** with respect to difficult resident transfers.

METHOD: Review with your workers the DVD Chapter on 'Alternate Transfer Methods'. Then proceed with the following.

Using a bed and a **wheelchair with removable arm rest** and a Nursing Assistant assigned to play the role of "resident", practice the various **Alternate Transfer Methods**. For the **Barrel Lift** and **PowerLifter** transfers it is extremely important that the Nursing Assistants understand they must remain as **close as physically possible** to the load they are lifting. If this does not occur, a shoulder or upper back injury can happen just as with any other transfer where the load is held too far from the lifter.

Review also the use of the **Slide Board** with emphasis on the fact that as this transfer is made, the move is more of a slide than a lift. Then review the use of the **PowerLifter** and **Slide Board** combination for residents who are too heavy to be moved with the **PowerLifter** alone. Finally, practice the use of the **Beasy Trans** if your facility utilizes them.

This is an excellent opportunity for **Problem Solving**. Explain to your Aides that they need to become problem solvers on the floor while working. If, for instance, a particular resident is deteriorating and is becoming too difficult to transfer with one method they must be aware of **Alternate Transfer Methods**. Remind them that they must go through the normal chain of command to change a transfer method but that their input is **valuable** and that you wish to have them speak up about a difficult situation **before** one of them becomes injured while working.



LIFTING THE GURNEY

Lifting a gurney with a heavy disabled individual can be a potentially dangerous situation unless you concentrate on keeping the back out of the lift by using the legs. As seen in the illustration on the upper left, to move an individual from the ground to the gurney, the first task is for all lifters to assume a tripod position around the individual and gurney. Note that one of the lifters will be required to be on the opposite side of the gurney away from the disabled individual. Notice that the two lifters on the sides are bridging either to the gurney or to one of their legs. The lifters at the head and feet of the individual cannot bridge as they need to use both of their hands for the lift. They are extremely close to the load however, because they have assumed a very good **Tripod** position. As seen in the illustration on the upper right, lifting the individual then becomes an easy task as all four of the lifters are in a **POWERLIFT**[®] position. As the lift commences be sure to count to three and create a coordinated effort.

As seen in the illustration on the lower left, to pick up the gurney, all of the lifters are using a **One-Handed Bridged POWERLIFT**[®]. They are all standing in a wide **POWERLIFT**[®] stance with one hand to the gurney and bridging to their leg with the other hand. This makes for a very strong lifting stance. In the illustration on the lower right, on the count of three, the gurney is lifted and as it comes up, the hand that was used for the bridge is immediately placed on the gurney. This results on a strong grip on the gurney as it is taken away by the lifters. As you can see, all of the moves required for lifting the disabled individual and lifting the gurney with the individual on it have been accomplished with the legs and not the back. Always use **POWERLIFT**[®] Technique especially in potentially dangerous situations such as this.



LIFTING THE STAIR CHAIR

EMPHASIZE: Keep cool in emergencies and always use your **POWERLIFT**[®] Technique.

METHOD: Review the Mini Session 'Lifting the Stair Chair'. Then proceed with the following.

A very efficient device for evacuating an individual who has become disabled is by using a Stair Chair. The Stair Chair is especially useful if having to move an individual up or down a flight of stairs. Using this device however, can lead to a severe amount of back lifting unless proper technique is utilized while negotiating the stairs.

As seen in the illustration above, whether you are above or below the chair, it is vital that you keep one foot on the step above and one foot on the step below your position. This technique will allow you to maintain a wide stance and stay much closer to the load than while having both feet on the same step.

As you ascent or descend the stairs, keep your movements coordinated with your partner so that you are both stepping at the same time if at all possible. If you have an extremely heavy individual be sure to move the Stair Chair one step at a time. Begin by lifting off the step and then setting the chair on the next step, repositioning your feet to the next two steps, then lifting and moving the chair again. With this technique even very heavy individuals can be moved safely utilizing the Stair Chair.



Illustration 1



Illustration 2



Illustration 3



Illustration 4



Illustration 5

LIFTING A RESIDENT FROM THE FLOOR

HANDBOOK PAGES: 99-100

EMPHASIZE: Emphasize the use of **POWERLIFT®** and **Crab Walk** even in emergency situations.

METHOD: Review with your workers the DVD Chapter 'Lifting a Resident From the Floor'. Then proceed with the following.

Practice using the **POWERLIFT®** method of removing a "resident" from the floor. Use **POWERLIFT®** also for the **Blanket Lift** or with whatever type of equipment your facility uses for such incidents. The most important point to make with your Nursing Assistants in this situation is that they should never lift with a bend/twist or back maneuver even if the resident has fallen into a very cramped space. Even if the resident were to have fallen between the toilet stool and sink in the bathroom, there is usually room to place a foot so as to create a **POWERLIFT®** stance before assisting the resident.

This is also a good opportunity to review **lifting a gurney** with your staff, if they are expected to do this work occasionally. Here again, point out to them that even with standing six people around a gurney, that everyone can assume a wide stance **POWERLIFT®** posture when lifting.



TAKING A BLOOD PRESSURE

EMPHASIZE: Do not bend at the waist to take blood pressures because that way your back must support the weight of your upper body.

Taking blood pressure is a repetitive procedure that is usually done by bending over the resident, who may be in a chair or in bed. It is not the weight of the cuff and stethoscope that stresses the back but rather the **weight of the upper body** that is the stressor. If the resident is sitting for the blood pressure, use a **Tripod** position as shown above. If the resident is in bed, put your **knee up** on the bed to support your body weight. If the bed is high, consider lowering it so you can get a knee up and **leave it** in a low position for the next person. What ever you do, do not load up your back with your body weight.