

## **LIFTING AND POSITIONING TECHNIQUES**

### **PURPOSE:**

To move or reposition a resident while promoting comfort and safety.

### **EQUIPMENT:**

1. Turn/lift sheet, if applicable
2. Positioning devices as necessary

### **PROCEDURE:**

#### **Turning a Resident Toward You**

1. Wash hands.
2. Explain procedure.
3. Provide privacy.
4. Raise bed to a working height.
5. Lock bed brakes, if needed.
6. Stand facing the resident with one leg advanced as close to the bed as possible.
7. Shift your weight to the forward leg.
8. Reach over the resident and take a firm hold on the resident's shoulder and hip that are farthest away from you. If a draw sheet is being utilized, reach over the resident and grab hold of the end of the draw sheet that is furthest away from you.
9. Shift your weight from the forward leg to the back leg as you straighten your elbows and roll the resident toward you.
10. Lower bed after task is complete.
11. Leave the resident in a position of comfort.
12. Wash hands.

#### **Turning a Resident Away from You**

1. Wash hands.
2. Explain procedure.
3. Provide privacy.
4. Raise the bed to a working height.
5. Lock bed brakes, if needed.
6. Raise the siderail opposite the working side of the bed, if available, or have a co-worker stand opposite the working side of the bed. (This does not need to be done if the bed is against the wall).
7. Move the resident to the side of the bed nearest to you to allow enough room to turn. (See policy for moving a supine resident to the near side of the bed).
8. Stand facing the resident with one leg advanced as close to the bed as possible.
9. Place one hand under the residents shoulder and hip closest to you.
10. If a draw sheet is being used, firmly grab the draw sheet in both hands, close to the resident's body.
11. Shift your weight to the forward leg.
12. Roll the resident gently and smoothly away from you.
13. Lower bed after task is complete.
14. Leave the resident in a position of comfort.

15. Wash hands.

### **Moving the Supine Resident to the Near Side of the Bed**

1. Wash hands.
2. Explain procedure.
3. Provide privacy.
4. Raise bed to a working height.
5. Lock bed brakes if needed.
6. The head and shoulder are moved first, then the hips and then the legs.
7. Stand facing the resident with one leg in front of the other. The forward leg should be as close to the bed as possible.
8. Shift your weight to the forward leg.
9. Place your forearm under the resident's upper trunk so that your hand controls the resident's opposite shoulder.
10. Extend the other arm under the resident's waist.
11. Keep your back straight and flex both arms and knees so that your shoulders are just above the level of the bed.
12. Shift weight from your forward leg to your back leg, thereby moving the resident's upper body toward you. The resident's body should ride on your forearm so that there is minimal rubbing of the skin.
13. Place your one arm under the resident's waist and the other arm just below the hips.
14. Follow the above procedure to move the resident's mid-section toward you.
15. Place one arm under the resident's thighs and the other arm under the resident's ankles.
16. Follow the above procedure to move the resident's lower body toward you.
17. If a resident has skin breakdown present, then the resident needs to be lifted to the side of the bed to prevent further trauma.
18. If a draw/lift sheet is being utilized, steps 1-7 will be followed then gather or roll draw sheet close to the resident. With both hands firmly grasping the draw sheet, pull the sheet toward you. Shift your weight from your forward leg to the back leg, moving the resident's mid-section toward you. Continue task by following steps 15-16.
19. Lower bed after task is complete.
20. Leave the resident in a position of comfort.
21. Wash hands.

### **Moving the Resident Up in Bed**

1. Wash hands.
2. Explain procedure.
3. Provide privacy.
4. Raise the bed mid-thigh to waist level.
5. Lower the head and foot of the bed.
6. Position the resident in a supine position.
7. Lock bed brakes, if needed.
8. Stand at the side of the bed slightly facing the head of the bed.
9. Place one arm under the resident's shoulders, supporting the neck and the other arm just below the resident's hips.

10. If possible, the resident should flex his/her knees and place feet flat on the surface of the bed.
11. Notify the resident of when you want him/her to push up with his/her feet. (1..2..3..).
12. Shift your weight from the back foot to the front foot as the resident extends his knees to help push self up in bed.
13. If the resident is too heavy or can't assist, two staff will need to work together to move the resident up in bed. The procedure is the same except, one staff member will place his/her arms under the resident's shoulders and just above the waist and the other hand just below the hips. The other staff member will place one arm under the resident's shoulders, supporting the neck and the other arm just below the resident's hips. Be sure that everyone involved is aware of when the move will occur.
14. If the resident does not have any skin issues an alternative method may be used. The resident will flex knees and brace feet firmly on the bed, elevate both arms overhead and grab the siderails. The resident will then pull up with arms and extend legs at the same time. (Blocking of feet may be used to prevent slipping of the resident's feet on the bed).
15. If a draw/lift sheet is going to be utilized, steps 1-8 will remain the same. The staff member should gather/roll the draw sheet and firmly grasp it close to the resident's head and thighs. If the resident is unable to support his/her head and neck, a staff member should support this area with one hand while grasping the sheet near the resident's mid-section with the other hand. Continue with steps 10-11. If the resident is too heavy or unable to assist, two staff members will be needed. A staff member will stand at either side of the bed and follow steps above.
16. Lower the bed after the task is complete.
17. Leave the resident in a position of comfort.
18. Wash hands.

### **Scoot Resident Back in Chair**

1. Wash hands.
2. Explain procedure.
3. Lock wheel chair breaks.
4. Stand in front of the resident. Block your knees in front of the resident's knees. Have the resident put feet on ground.
5. Lean the resident forward.
6. Have the resident put hands on arm rests.
7. Count 1...2...3...push.
8. Resident should push with legs, push with arms on the arm rests, and knees are pushed back by the persons blocking the resident's knees on the wheelchair.
9. If resident is too short or unable to assist, a two-man lift is utilized.
10. Have resident cross arms in front of chest.
11. The person behind the wheelchair comes around the resident's chest and holds each forearm.
12. The person in front of the chair puts arms underneath the resident's legs.
13. The person at the back of the chair will count 1...2...3...lift.
14. Use proper body mechanics – wide base, straight back, lift with legs.

15. The person behind the wheelchair will firmly squeeze the resident's chest wall with arms and slightly lift the resident up and back. The person in front of the chair will lift up on the resident's legs and push the resident's buttocks back in the chair.
16. Don't hold upper body weight of resident by holding only onto forearms as this will cause strain on the shoulders of the resident. Squeeze the sides of the chest wall with your forearms.
17. Leave resident in a position of comfort.
18. Wash hands.

### **Chair to Bathtub – Two Man Lift**

1. Provide privacy.
2. Same as above except lifting higher, moving resident from chair into tub.
3. Make sure that the chair is close to the tub and brakes are locked.
4. If a resident is heavy a third person may help to lift the buttocks.

### **Floor to Chair**

1. Explain procedure to resident.

#### *Two Person*

2. One person will go to resident's head, bend at the knees and gently assist and support resident to a sitting position.
3. Resident's arms should be crossed in front of chest.
4. The person at the resident's head comes around and resident's chest and holds each forearm.
5. One person will go to the resident's legs, bend at the knees and put arms underneath the resident's legs.
6. The person at the head will count 1...2...3...lift.
7. The person at the resident's head will firmly squeeze the resident's chest wall with arms and lift resident.
8. The person at the resident's legs will lift the resident's bottom.
9. Lift high enough to get resident into chair.

#### *Three Person*

10. One person will place arms under the resident's head and shoulders, one person will be on the opposite side of the resident placing arms under and holding the resident's waist and buttock and the third person will place arms under the resident's thighs and calves on the same side as the person holding the resident's head and shoulders.
11. The person at the head will count 1...2...3...lift. The person at the resident's head will firmly squeeze the resident's chest wall with arms and lift resident. The person holding under the resident's waist, buttocks, thighs, and calves will lift the resident.
12. Lift high enough to get resident into chair.
13. Don't hold upper body weight of resident by holding only onto forearms as this will cause strain on the shoulders of the resident. Squeeze the sides of the chest with your forearm.
14. Use proper body mechanics – wide base of support, straight back, and lift with legs.
15. Leave the resident in a position of comfort.
16. Wash hands.

### **General Principles**

1. Never remain in a bent position for a long period of time when the same results can be accomplished in an erect position.
2. Use the largest, strongest, and greatest number of muscles when lifting.
3. Keep a wide base of support by keeping feet about 12 inches apart and by advancing one leg in front of the other.
4. Always assume a starting position that will allow unobstructed movement in range and direction.
5. Have a plan for the move prior to starting the task.
6. Make sure everyone involved in the move is aware of the plan. (Resident, co-workers).
7. If a lower position must be maintained for a long period of time, kneel, do not bend.
8. Keep parts of the body as close to a vertical axis of the body as possible.
9. Raise a surface to working height (mid-thigh to waist level) when able to.
10. Push rather than pull, when able to. (Pulling requires more effort).
11. Use a gait belt when ordered.

### **Other Points to Remember**

1. Transfer – the movement of a body from one location to another or one position to another in the safest most efficient manner.
2. Don't be in a hurry.
3. Encourage the resident to help out as much as he/she can.
4. Never let a resident put his/her arms around your neck.
5. Never pull on a resident's affected extremity.
6. Assess the task and the resident's ability prior to starting a task. Get help from co-workers if you are unsure that you can perform the task by yourself.