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| TRANSFER POLICY / USE OF MECHANICAL LIFTS | | | | NO. 511 | |
| PURPOSE: To provide guidelines for nursing staff to follow for the safe transfer of residents.  It is the policy of this facility that mechanical lifts be utilized as deemed appropriate by the Interdisciplinary treatment team in order to ensure safety for both staff and residents in performing transfers. Per the mechanical lift manufacturer’s recommendations, a one person assist is generally appropriate for use with mechanical lift transfers. There may be certain circumstances (i.e. gross obesity in excess of 450 lbs; severe contractures) under which the Interdisciplinary treatment team may recommend the use of a mechanical lift and assist of 2 persons. No person under the age of 18 shall operate lifting devices. This will be reflected on applicable care plans. An analysis of the risk of injury to staff or residents will be done by the interdisciplinary team. This information will be forwarded on to the Quality Assurance Committee for review and recommendations. This will be used to develop strategies to control the risk of injury to the resident and the health care workers associated with lifting, transferring, repositioning or with movement of residents. Transfer techniques will be evaluated by the treatment team on an ongoing basis, with revisions made as necessary as resident changes in condition occur.  If the Interdisciplinary team will assess and identify resident handling needs and assure that a resident's functional independence is at such a level that the level of staff intervention/ assistance required is minimal, the treatment team may determine that use of a mechanical lift is unnecessary, and will indicate same on the respective resident care plans. A resident is generally deemed to need assist of 1 person if they are able to bear weight, take steps and / or pivot. However, the treatment team may recommend the assist of two persons if the resident is able to bear weight, has difficulty with taking steps and pivoting, there are behavior problems, and/or the use of a mechanical lift is not indicated. Assistive devices (i.e. transfer disc, cane, KAFO) may also be used during transfers. Manufacturers’ guidelines will be followed for determining the correct number of staff required to operate the lift. Generally, if a resident is unable to take steps, they will use a mechanical lift. If a resident is able to use their upper body to grab a hold of SARA lift bars, and is able to stand, they will generally use the SARA lift. If the resident is unable to bear weight, or stand, the MAXI mechanical lift will generally be used. Occasionally, there may be residents who transfer independently or with supervision. This will be noted on the care plan, accordingly. The final decision on the method of transfer and amount of assist ultimately rests with the treatment team, and will be reflected on each individual care plan. The facility will, whenever possible, use lifts and equipment to limit manual resident handling or movement of resident’s weight. Emergency or life-threatening occurrences or otherwise exceptional circumstances are the only exception.  Transfer Lift Lists are prepared by the Interdisciplinary Treatment Team. These lists are consistent with resident care plans, and identify the appropriate transfer technique and level of assist to be used for residents. Whenever the use of a mechanical lift is indicated, it will be integrated to the extent possible into a mobility restorative program, if deemed appropriate by the treatment team. The Transfer Lift List (s) will be at each nurse's station for reference by nursing services staff and also will be included as part of their orientation.  In the event a nurse refuses to perform or be involved in resident handling or movement that the nurse in good faith believes will expose a resident, nurse or other health care worker to an unacceptable risk of injury, a grievance form must be completed stating the issues described by the nurse. The grievance form can be obtained from the administrator. The completed form is then returned to the administrator for review and then forwarded to the Quality Assurance Committee. The facility will conduct itself in a professional manner in the event of a grievance and will not retaliate or react in a hostile manner to the nurse. | | | | | |
| Approved: | Effective Date:  09/92 | Revision Date:  9/98; 07/04; 9/10; 3/17 | Change No.: | | Page:  1 of 2 |

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| The list(s) will be updated on an as- needed basis depending on new admissions or changes in a resident status.  EQUIPMENT: ARJO SARA / Stand Up Lift / ARJO MAXILIFT / HOYER  PROCEDURE:  1. Determine which type of mechanical lift and/or transfer technique is to be used for assigned residents from list at Nursing station or care plan/care sheets.  2. Obtain mechanical lift and/or assistive devices, as indicated.  3. Transfer resident per policy. | | | | | |
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