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877.809.5515
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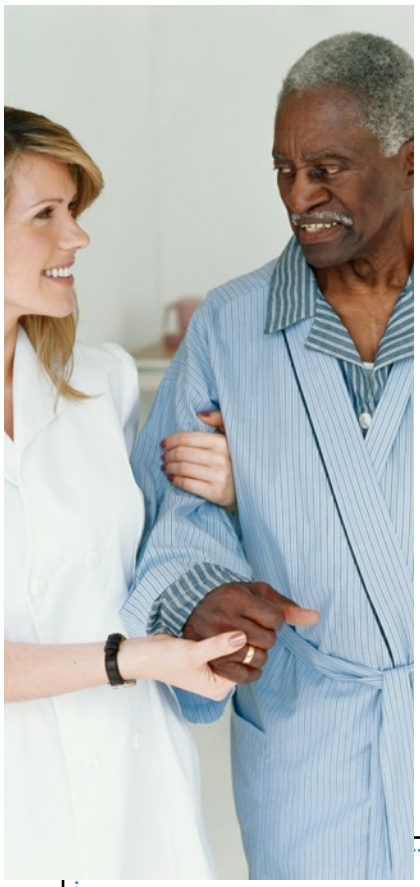
info@knowingmore.com



A Client Safety Module:

PERFORMING SAFE TRANSFERS

IN THE KNOW

Developing Top-Notch CNAs, One Inservice at a Time

A Safety Module:

PERFORMING SAFE TRANSFERS

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Define "body mechanics" and explain why it is important for both you and the client to use good body mechanics.

❖

Describe the "No Lift" policy and explain how it changes the way you transfer clients.

❖

List at least three different types of equipment that can be used to transfer clients.

❖

Describe the procedures for moving clients up in bed and for transferring from bed to chair.

❖

Demonstrate proper lifting and transfer techniques during your daily work.

Inside This Inservice:

IN THE KNOW

Developing Top-Notch CNAs, One Inservice at a Time

A Safety Module:

Performing Safe Transfers

WILL YOU BE SIDELINED OR PLAY INJURED?

When a professional athlete is injured during a game . . . he gets sidelined, but he still gets paid.

When a professional nursing assistant gets injured on the job . . . she often has to decide to go home without pay . . . or stay and work through the pain.

What would you do if you were injured today and could not work for several months?

How would you feed your family and pay your bills? How would you handle the chronic pain? Chronic pain often leads to feelings of depression and worthlessness. How would you handle the emotional stress?

- ***According to the Bureau of Labor Statistics, nearly 80 percent of all injuries to nursing assistant are the result of lifting, pulling, pushing, holding, carrying, and turning clients.***

You use your body all day long to care for your clients. You go to work every day knowing there is a possibility of getting injured, losing work, and losing pay.

- ***Every single day in the United States, 9000 healthcare workers sustain a disabling injury while performing work-related tasks.***

Can all these injuries be prevented? Fortunately, YES! There are a few simple things you can do to prevent a disabling injury.

Keep reading to learn more about:

- The "No Lift" workplace,
- Using proper body mechanics,
- Safe and appropriate use of mechanical lifts, and
- Making use of other handy transfer tools.

You don't have to be another statistic. Protect your body from injury by working smarter every day! Keep reading to learn how!

FACTS ABOUT YOUR BACK

FACTS ABOUT BACK INJURIES

Nurse aides are three and a half times more likely than the average worker to miss work because of a work related injury. Each year there are an estimated 67,000 back injuries among healthcare workers nationally, and most of these injuries can be *prevented*!

The rate of injury in nurse aides is higher than that of freight haulers and construction workers!

- Back, neck, and shoulder injuries are the most frequent and costly type of injuries among healthcare workers.
- Studies have shown that back injuries tend to happen to healthcare workers during the *first* hour on duty—before their muscles have "warmed up".
- The majority of backaches come from using the back improperly because of poor posture and weak muscles.
- Back injuries lead employees to miss 100 million workdays every year.
- Once you have injured your back, you have an 80% chance of hurting it again!
- A recent study of nursing assistants found that they were transferring clients *without* help and *without* assistive equipment 96% of the time.

A&P REVIEW OF THE BACK

- Your spine is made up of 24 bones (vertebrae) with a *cushion,* called a disc, in between each bone. If someone has a "slipped disc", one of these cushions is out of place. This causes bone to rub on bone and/or nerves to be pinched.
- The spine is shaped sort of like an S and is held in this shape by muscles and ligaments. The abdominal and back muscles provide the most support for the spine.
- Did you know that it takes about 400 muscles and over 1000 tendons to support the back?
- Being overweight increases the risk of back problems, especially if someone has a "pot belly". A heavy belly pulls the backbone forward, putting pressure on the discs. Keep this in mind...if you are 10 pounds overweight, you're adding *100 pounds of stress* to your back! 20 pounds of extra weight adds 200 pounds of stress. And so on.

You are most at risk for back injuries if you:

- Bend and lift frequently during your work.
- Twist your body when lifting clients.
- Rush when you perform transfers.
- Ignore mild back pain.
- Have poor posture.
- Are overweight.
- Don't exercise.
- Smoke. (*Smoking decreases circulation to the muscles.*)

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!

WHAT IS A "NO LIFT" WORKPLACE?

For decades much attention was focused on preventing injuries during direct client care by using good "body mechanics." This is when you learn how to move, hold and position your body in order to lift and move heavy loads safely.

This research was promising and the new techniques were taken into the field . . . ***but the injuries kept happening.***

The problem was that all the research into body mechanics was done on *mannequins*. The weight of mannequins is fixed and even. Real human bodies are much harder to move.

- ***While knowing proper body mechanics is great . . . it's just NOT ENOUGH!***

In 1988, a nurse in Australia, named Elizabeth Langford, was injured while moving a patient and became unable to work. She was devastated by the lack of support she received by her employer and was told by the insurance companies to look for other work.

Instead, she got busy developing the "No Lift" method of direct patient care.

The "No Lift" method has been accepted worldwide and is now used in around 70 percent of hospitals and long term care facilities in the United States.

So, what is a "No Lift" policy? Well, it means your workplace has a policy that says it will evaluate every client for the ability to sit, stand and walk safely and will make recommendations to the staff on how best to handle each situation. The goal is to *minimize* the use of nurses and nursing assistants as "human lifting machines".

Those clients needing maximum assistance, meaning they cannot sit unsupported and cannot bear weight, ***must be moved by mechanical lifts only.***

Clients who can sit unsupported but have trouble bearing weight must have more than one caregiver or a "stand assist" lift to transfer or walk.

For the most part, employers decide whether or not to enforce a "No Lift" policy. However, in 2005, Texas became the first state in the US to make it a law. Since then several other states have also made the "No Lift" policy a requirement for healthcare employers.

All over the country Nursing Assistants are forming committees to discuss safe transfer procedures in the workplace.

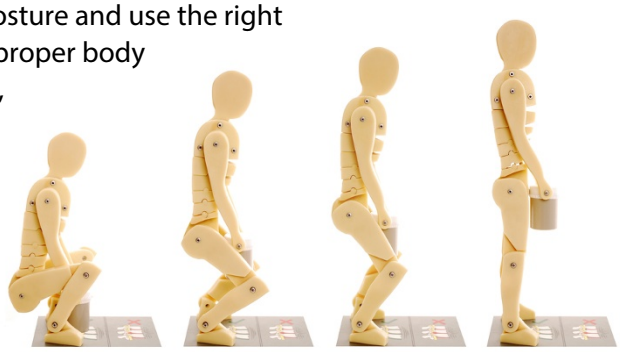
These committees bring ideas to administration to make the changes nursing assistants need in order to work safer.

- In a hospital in California, a "Lift Team" was developed. This team was specially trained and equipped with mechanical lifts for all total body transfers. The rest of the staff was relieved of any lifting duties while the "Lift Team" was in place. This resulted in reducing injuries to ZERO while the "Lift Team" was on duty!
- In a Long Term Care facility in Maine, a team was established to evaluate lift equipment and make recommendations to the administration. The employer listened and the equipment was purchased. In just one year, this resulted in the number of lost work days dropping from a whopping 573 to only 12 !

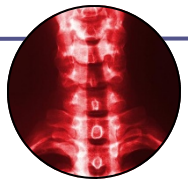
If you could form a committee . . . what would your top concerns be? How would your committee make your workplace safer?

BODY MECHANICS AND SAFE TRANSFERS

WHAT ARE BODY MECHANICS? Body mechanics are the way your whole body moves to keep its balance during movement and at rest. When you practice good posture and use the right muscles to lift and/or transfer, you are performing your work with proper body mechanics. (The right muscles are usually the *large* muscle groups, like your shoulders, upper arms, hips and thighs.)



- If *your clients* don't use good body mechanics, they might develop backaches and contractures. If *you* don't use good body mechanics, you might get backaches, pulled muscles or even more serious back problems.



NINE STEPS TO SAFE TRANSFERS

STEP 1: THINK BEFORE YOU ACT!

- Plan how you are going to perform the transfer. Don't just rush into it.
- If you've never transferred a particular client before, go through the *entire* transfer in your mind before you begin.
- Before you start, be sure you know if the client is physically able to participate in the transfer.
- If the client is alert, let him or her know what you plan to do--step by step. Talk about how the client can help and encourage him or her to assist as much as possible.
- Taking time to plan is worth it. Remember: It's tough to ask for help when you've got a client half in bed and half out of bed!

STEP 2: GET HELP IF YOU NEED IT!

- Be realistic about how much weight you can safely lift.
- Gather transfer equipment if the client is too heavy or too difficult for you to move yourself.
- If you work alone in a client's home, ask your supervisor how you can safely transfer the client. Sometimes there are family members who can help you, or the family may need to rent or buy some transfer equipment.
- Remember: If you are shy about asking for help, the client *and* you may both end up hurt. So when in doubt, ask for assistance!

STEP 3: SET THE STAGE!

- Make sure there are no obstacles in your way. For example, keep the path clear between the client's bed and wheelchair.
- Place your equipment where it needs to be—so that the distance you have to go is the shortest possible. For example, make sure the wheelchair is close to the bed and that the wheels are locked.
- Check that neither you nor the client has any loose clothing that might get stuck in a bedrail or a wheelchair during the transfer.

MORE ABOUT SAFE TRANSFERS

STEP 4:
BALANCE IT OUT!

- Stand so that your weight is centered over your feet. Don't put more weight on one foot than the other.

- Keep feet shoulder width apart. If you stand with your feet too close together, you might lose your balance.
- Don't "lock" your knees. Keep them loose and flexible.
- Wear shoes with non-slip soles and try to have the client do the same. A client wearing only socks could cause you both to end up on the floor!

STEP 5:
TIGHTEN IT UP!

- Pull in your abdominal muscles and tighten your buttocks at the same time to create a muscle "girdle" that supports your lower back.
- Don't round your back when you tighten your buttock muscles. Instead, keep your back arched inward *slightly*.
- Work to keep your abdominal, back and buttock muscles in good shape by doing some kind of daily exercise.

STEP 6:
USE YOUR BIG MUSCLES!

- If you bend over at the waist to lift or move a client, your back muscles have to lift the weight of the client and the weight of your upper body.
- When you bend at the knees, you use the *big* muscle groups in your buttocks and thighs instead.
- Bending your knees also helps you keep your balance during a transfer.

- If you need to bend forward, bend from the hips, not from the waist.

STEP 7:
DON'T DO THE TWIST!

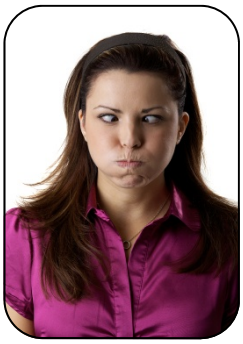
- Plan your transfer so that you don't have to twist your body. Twisting your lower back puts you at risk for muscle strain—or even a more serious back injury.
- To avoid twisting, think about keeping your shoulders and hips facing the same direction. Turn your feet first, and then follow with your shoulders and hips at the same time.

STEP 8:
GET CLOSE!

- Keeping the client close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.
- Example: A client who weighs 100 pounds will feel like 1000 pounds if you don't hold the weight close to your body!
- Keep a secure hold on the client, but don't grip so hard that it hurts. Gait belts are one way to keep a good grip on the client. (See more about gait belts on Page 8.)

STEP 9:
TAKE THE BREATH TEST!

- If you can't lift and breathe at the same time, the client is too heavy for you. Ask for help!



- Use smooth and steady movements during a lift or transfer. Try not to jerk. This can frighten the client, and it can cause injury to both you and the client.
- Don't be in a hurry! It can take only a *second* to injure your back and *years* for it to heal!

KNOW YOUR MECHANICAL LIFTS

SLING TYPE FULL LIFTS

You may hear this referred to as the "Hoyer Lift" or the "Sling Lift" or just as the mechanical lift.

This type of lift is used to transfer clients who are completely immobile. They cannot bear weight, and cannot sit without support.

There are as many as 20 different brands and models of this device. For that reason, it is recommended you receive training directly from the manufacturer on your specific device in order to operate it safely.

However, a few general principles apply to all makes and models:

- First, you will position the sling under the client. This usually involves turning the client from side to side until the client is centered on the sling.
- Position the device over the client and lock the wheels.
- The chains that connect the sling to the lift should be the same length on each side of the client.
- Attach the sling to the lift and push the UP button to raise the client.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.

STAND ASSIST LIFTS

These devices may be called the "Stand EZ," the "Stella Lift" or just the stand-up lift. Like the Hoyer, there are many makes and models available. You will need official training on the specific device your workplace uses.

Stand-up lifts are used with clients who can bear weight and have some upper body strength. They are able to sit unsupported but just need a little help standing up and sitting down.

Here are a few general guidelines that apply to all stand-up lifts:

- While the client is seated, you place the sling on the client's back between the base of the shoulder blades and the bottom of the rib cage.
- Roll the device toward the client until the knees rest against the knee pad and the feet are in the foot trays, then lock the wheels.
- Attach the sling to the device and push the UP button to raise the client to the standing position.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.

SAFETY Alert

A California nursing home resident fell from a Hoyer lift. She suffered a head injury and died nine days later.

- The cause of the fall was determined as improper use of a lift. The sling was not properly placed and the Aide who was transferring the client was operating the lift alone when assistance was required.
- While mechanical lifts are designed to make client transfers safer, they can also be dangerous and even deadly if not used properly.

Never operate a lift unless you have been properly trained!

MORE ABOUT MECHANICAL LIFTS

- Mechanical lifts, such as a *Hoyer Lift and the Stand-Up Lift*, are often made of a metal frame and a heavy canvas sling. The entire frame is usually on wheels that can easily be locked and unlocked.
- These lifts are used to lift and transfer clients who have little or no ability to move or who are too heavy for standard transfer techniques. Many times, these clients would need two to four people to transfer them *without* a lift, but can often be safely transferred by one or two people with a lift.
- You might use a mechanical lift to transfer a client to a bed, wheelchair, recliner, shower chair, bedside commode or bathtub.
- ***Manual lifts*** will have a handle on one side that is used to "pump" the lift to make it go up and down.
- ***Power lifts*** will have a rechargeable battery and will have buttons that operate the *up* and *down* functions.
- Be sure to follow the manufacturer's instructions for using the lift. Each kind of mechanical lift has specific instructions for how to position and lift the sling.
- Using a lift may need to be practiced many times before you feel comfortable doing it on your own.
- Many workplace policies prohibit care givers from operating lifts alone. Most policies require at least two caregivers be present while transferring a client with a lift.
- When operating a lift with a partner, one person should operate the lift while the second person guides the client into position.

- Be sure you know the weight limit for any mechanical lifts in your workplace.
- If slings are shared between clients, be sure to launder or disinfect on a regular basis or when visibly soiled.
- Clients on isolation precautions should *not* share slings.

THINK about it!

What would you do if your client became upset, angry, or refused to allow you to use a mechanical lift for transfers? It may seem like the client is being difficult, but maybe he is just plain scared!

Try these tips to help your clients feel more comfortable about transfers:

- Explain everything you are going to do--***before*** you do it. Do this even if you think the client can't hear or understand you.
- Provide for the client's privacy and comfort. The client may fear the mechanical lift because she's afraid that others will see up her dress or that she'll get cold.
- Make sure you are completely familiar with any transfer equipment and that you have practiced using it. If clients sense that you don't know what you are doing, they are more likely to feel scared.
- Check the equipment *before* you begin the transfer to make sure it is working properly.

What other techniques have you used to ease your client's fears?

Share your experiences with your coworkers and supervisor and find out how they ease client's fears.

A FEW HANDY TRANSFER TOOLS

GAIT BELTS: Gait belts are long heavy canvas straps that can also be called *transfer* belts, or *safety* belts. They have a big loop buckle and are usually "*one size fits all*". Some gait belts have hand straps or handles to help you get a better grip.

- The belt is placed around a client's waist so that you can hold the client securely without grabbing onto clothes or arms.
- It is used to help lift clients or to steady them during ambulation.
- These belts should be used according to the manufacturer's directions and should never be placed on the client too tightly or directly on the skin. It could rub the client's skin or cut off circulation.
- Check that a woman's breasts aren't caught under the gait belt.

ROLLER BOARDS: Roller boards are a type of transfer board. They are made of a row of round poles inside a wooden frame that is covered with vinyl or canvas.

- A roller board is used like a "conveyer belt". The rollers turn as the client is pulled across the board from one surface to another.
- Sometimes, roller boards are used to transfer clients from a bed to a stretcher.

DRAWSHEET: A drawsheet can be a useful tool for moving clients up in bed or for transferring them from a bed to a stretcher.

- Your workplace may have special drawsheets, or you can make a drawsheet out of a regular sheet. (*All you do is fold the sheet in half from top to bottom. Place the folded sheet on the bed making sure the fold is toward the head of the bed.*)
- Drawsheets should be placed on the bed so that they are under the client from *neck* to *calves*.

SLIDE BOARDS: Slide boards are long, narrow boards with a smooth surface made out of wood or plastic. They are used to transfer clients by serving as a "bridge" from one sitting surface to another.

- Most commonly, slide boards are used to transfer clients who have good use of their arms since it's easier when the client is able to help.
- For example, Jim uses a slide board to help Mr. Mason transfer from his bed to his wheelchair. He places the slide board under Mr. Mason's upper thighs on the bed and then across to his wheelchair. Mr. Mason pushes with his arms and "slides" across the board from his bed to his chair.
- Be careful not to curl your fingers under the edge of the slide board to keep it steady. Your fingers could be pinched under the board as the client slides across it.

TRAPEZE: A trapeze is a metal bar that hangs over the client's bed from an overhead frame. It is used with clients who have enough mobility and strength in their arms to change their own position in bed.

- A trapeze is also useful for client transfers. Some clients learn to transfer themselves with a trapeze by pulling themselves up into a sitting position and then swinging themselves between a bed and chair.
- If your client has a trapeze, he or she can probably assist you during the transfer procedure.

Ask your supervisor to review safe transfer tools and/or procedures with you any time you feel the need!

MOVING CLIENTS UP IN BED

ONE PERSON, NO DRAWSHEET

Only move a client alone if the client is:

- Smaller than you,
- Predictable and can follow directions, and
- Can help in some way (pushes with feet, pulls with arms).

Do not move a client up in bed alone unless all three conditions are met! If any of these conditions are not met, ask for help!

Here is how you can do it:

- Stand alongside the bed at the client's waist, with your body facing the head of the bed. This helps prevent the twisting motions that might cause painful back injuries.
- If the bed has side rails, lower the one near you.
- Keep your feet *at least 12 inches apart* and bend your knees.
- Reach under the clients buttocks or upper thighs and shoulders *at the same time*.
- If the client is able, ask her to bend her knees and push against the mattress with her feet, or to grab the side rails, headboard or trapeze and pull with her arms to help you.
- Tighten your abdominal and buttock muscles at the same time.
- Count to three *out loud*, then lift and slide the client up in bed, *keeping your knees bent and your back slightly arched.* Shift your weight from the back foot to the front foot.
- Several small moves can be made instead of one big one.

TWO PEOPLE, NO DRAWSHEET

- Follow the directions above, except that one person is on each side of the bed.
- Grasp each other's forearms under the client's upper thighs and shoulders.
- Lift at the count of three.

TWO PEOPLE, WITH DRAWSHEET

- Make sure the drawsheet is placed so that it supports the client from the neck to the calves.
- One person stands on each side of the bed. Untuck the edges of the drawsheet and roll them up as close as possible to the client's body. These rolls become the "handles" for moving her.
- Make sure the client lifts her head or a third person supports her head during the move. Use proper body mechanics as described above.

Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a client who has not walked in months. She uses a bedpan for toileting but has been constipated recently. She thinks she could have a bowel movement if only she could sit on the bedside commode.
- **WHAT YOU KNOW:** You know it's true that sitting up on a commode can make bowel movements easier, but you are alone and your client is larger than you. She is weak and cannot bear weight. You have gotten her up to her recliner with the help of her son, but he is not home at the moment.
- **Equipment you have includes:**
  - Bedpan and Bedside commode
  - Walker and gait belt
  - Adjustable hospital-style bed
  - Shower chair with slide board
- **GET CREATIVE**: Think of **3 creative solutions** you might try with your client right now to meet her needs and keep you both safe.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

MOVING CLIENTS FROM BED TO CHAIR

Transferring a client from a bed to a chair can be a simple maneuver or a complex procedure. It is different for each individual client, and depends on many things including how well the client can move, how heavy the client is, and whether the client is "hooked" to equipment such as a catheter bag or an IV. Along with your supervisor, you will have to decide which method is the safest for you and for the client.

ONE PERSON TRANSFER / CLIENT CAN STAND

- Help the client sit up in bed to adjust slowly to the change of position. Allow the legs to dangle while you help put on non-skid slippers or shoes.
- Be sure the bed is at its lowest position.
- Position the chair near the bed. If the client has a weak side, place the chair on the stronger side. If the chair has wheels, be sure to lock them. If there are footrests, put them up and out of the way.
- Now, support the client's knees by putting your knees right in front of them. And, keep the client's feet from sliding by putting your feet in front of them. DO NOT LOCK YOUR KNEES!
- If your policy allows, apply the gait belt. Ask the client to lean forward and push off the bed at the count of three. Or, rock the client forward to a standing position. It's okay to have a client hold onto your shoulders or waist, but never around your neck!

- Bend your knees slightly. First, pivot your feet. Then, turn your body, along with the client.
- Make sure the chair seat touches the back of the client's legs before he begins to sit. He should also reach back for the armrests, if able.
- Lower the client slowly to the chair seat without rounding your back.

TWO PERSON TRANSFER / CLIENT CANNOT STAND

- If the client cannot stand, it is best to transfer with a mechanical lift, such as a Hoyer Lift. *(See page 6)*. If your workplace has a "No Lift" policy, this is the *only way* to transfer a client who cannot stand.

5 KEY points

Key Points to Remember

1. Nursing assistants continue to top all other professions in the number of work related back injuries. Remember: Most of these injuries can be **PREVENTED!**
2. Good body mechanics are important in everything you do, but relying on body mechanics alone is **NOT ENOUGH** to protect you from injury.
3. Follow your workplace's "No Lift" policy even if it takes a little longer to get the job done. It only takes a moment to injure your back . . . but it can take weeks, months, or a lifetime to recover.
4. ***Never*** *be afraid to ask for help.*
5. Many healthcare workers are absolutely wonderful at taking care of others—but not so good at taking care of themselves. Don't forget to pay attention to your *own* body, including any signs of back pain or injury. ***You should never accept back pain as just "part of the job".***

FINAL TIPS FOR SAFE CLIENT TRANSFERS

- Try to stretch and loosen your muscles every day before work. Even five minutes of stretching can help save your back!
- If you must lean forward to work, support the weight of your upper body on your free hand and arm to relieve the pressure on your lower back.
- Just because a client is small doesn't mean that he or she will be easy to transfer. Be sure to think about the client's flexibility, range of motion and overall strength. All these things together affect how easy a client is to transfer.
- Always make use of assistive devices like mechanical lifts, transfer belts, sliding boards or draw sheets. It may take a few more minutes to get these devices in place . . . But it will be worth it in the long run!
- A back injury can change your life. It can keep you from being able to do your job . . . and from doing the things you love. A back injury can also give you a lifetime of chronic pain.
- If you've felt pain or discomfort while moving a particular client , then DON'T DO IT AGAIN IN THE SAME WAY! Change your technique or get help when it's time to move that client again.
- If you hurt your back during work, let your supervisor know and follow up with your family physician.
- How can you know if you have good posture? Your ears, shoulders and hips should all be in a straight line—along with the fronts of your knees and ankles. Ask a friend to check out your posture.
- You can also practice your posture by standing against a wall. Keep your heels about 2 inches away from the wall. There should be a space between your waist and the wall about as thick as your hand. Keep your chin parallel to the floor.
- As you go about your daily work, remember to push, pull or roll heavy objects rather than lifting them—whenever possible.
- Be sure to ask your supervisor if your clients have any position restrictions. For example, some clients may be ordered to lie flat or to avoid bending their knees.
- Encourage your clients to practice good posture, too. They may experience fewer aches and pains . . . and have a better quality of life!

WHAT I KNOW NOW!

Now that you've read this inservice on safe transfers, take a moment to jot down a couple of things you learned that you didn't know before.

EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

Inservice Credit:	
☐ Self Study	1 hour
☐ Group Study	1 hour

File completed test in employee's personnel file.

IN THE KNOW

Developing Top-Notch CNAs, One Inservice at a Time

A Safety Module:

Performing Safe Transfers

Are you "In the Know" about performing safe transfers? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. **True or False**
   Most workplace injuries suffered by Nursing Assistants are the result of lifting, pulling, pushing, holding, carrying and turning clients.

2. **True or False**
   Smoking and being overweight increase your risk of suffering a back injury.

3. **True or False**
   Understanding and using good body mechanics can prevent most injuries.

4. **True or False**
   It's best to tighten your abdominal muscles and hold your breath during transfers.

5. **A client who cannot bear weight or sit unsupported should transfer with:**
   A. A "Stand Assist" lift.
   B. A "Hoyer" lift.
   C. Two caregivers with arms locked under the hips and shoulders.
   D. A stretcher.

6. **True or False**
   All mechanical lifts are the same. If you can work one—you can work them all.

7. **To move a client up in bed alone, all these conditions should be met, EXCEPT:**
   A. The client should be smaller than you.
   B. The client should be asleep.
   C. The client should be predictable and able to follow directions.
   D. The client should be able to help in some way.

8. **True or False**
   A "No Lift" policy means you have to leave your client in bed all day.

9. **True or False**
   Regular exercise, stretching and good posture can help protect you from a serious back injury.

10. **Fill in the Blanks**
    Pull in your _____ muscles and tighten your _____ at the same time to create a muscle "girdle" that supports your lower back.