

Concordia Safe Patient Handling and Movement Program

Car (vehicle) Transfers: Transfer of Unresponsive Patient Lying in the Back Seat to Stretcher

Department (if applicable): Emergency	Written by: In collaboration with WFPS, Manitoba WS & H, Concordia Emergency Program	Approved by:	Date created: May 11, 2011	Date of last revision: Draft Nov 25 2011
Hazards <ul style="list-style-type: none"> *Potential for musculoskeletal injuries Signs and Symptoms include: Pain, tingling, numbness, tightness, swelling, and discomfort with increased risk of back and upper extremity injury.		Equipment <ul style="list-style-type: none"> Stretcher Spinal Immobilization Board 2 full length sliders Transfer belt Cervical Collar Rolled up blanket or full-length sheet (Anaconda wrap) 3 -4 triangular bandages (slings) to use as handle extensions 	Training <ul style="list-style-type: none"> Initial orientation Training every 3 years or as required 	
Guideline <ul style="list-style-type: none"> Emergency staff may assist in extricating an unresponsive patient from a vehicle based on their clinical judgment and the presenting situation (the patient presents to Emergency in a private vehicle instead of an ambulance). Emergency staff that have been trained may assist a patient getting out of a vehicle. Whenever possible, consider pulling the private vehicle into the ambulance bay for extrication of the patient. This allows for comfort of staff during bad weather and closer proximity to necessary transfer equipment. A minimum of 4, preferably 5 staff members, are required to perform this task. The nurse shall complete a brief physical and neurological assessment prior to moving the patient. The use of 2 full length sliders is required to position an unresponsive patient or a patient who is unable to provide significant participation and effort. Sliders are designed to slide patients. Do not use them for lifting. Never leave sliders under a patient. Remove when repositioning is complete. Manufacturer's instructions shall be followed for equipment use. Equipment is cleaned with hospital approved disinfectant after each use. Sliders, mechanical lift slings, and transfer belts can be taken to Concordia Place laundry if visibly soiled. Contraindications <ul style="list-style-type: none"> Emergency staff must assess the scene. If deemed unsafe for staff to extricate the patient (i.e. chemical exposure, bariatric patient) call '911' and activate the Emergency Response System. During any patient transferring or movement task, if any caregiver is required to move more than 35 lbs of patient weight, then the patient should be considered to be fully dependent and assistive devices must be used for the transfer or movement. There is no 'safe maximum' a person can lift or move – the effort required is determined by weight, shape, position, and available grip and duration of the task. Know your personal and your helper's physical limitations. 				
Procedure				Completed
Prepare for task: <ul style="list-style-type: none"> - Consider the weight and position of the patient you must move. Include the weight of any equipment you must also carry. - Obtain the appropriate transfer equipment necessary to perform the transfer. - Plan the safest route to move the patient and remove as many obstructions as possible. 				

<p>Prepare for task (cont'd):</p> <ul style="list-style-type: none"> - If the patient is somewhat responsive, explain to the patient what you are doing to reduce the risk of them suddenly changing position if they become startled. - Safe patient movement includes: <ol style="list-style-type: none"> 1. Using a wide stance to move the patient, moving either side to side or front to back (lunge position). 2. Ensure you have a good grip before moving. 3. Bend your knees and hips. 4. Try to keep a slight lordotic curve in your back (pelvic tilt); holding your shoulders back and elbows tucked in when moving a patient. 5. When moving a patient, push through your legs; if using a lunge position, push more through your front leg. 6. Do not hold your breath. 7. Turn by taking small steps with your feet. Do not twist your back when moving, lifting, or lowering a patient. - When 2 or more staff are coordinating a move, one person should lead the count. Note other team member's body mechanics during transfer and modify the procedure accordingly. 	
<p>Preparing for Task of Getting out of Vehicle</p> <ul style="list-style-type: none"> - Open the vehicle door and briefly assess the patient's responsiveness. Initiate BLS if indicated. - Obtain 3 or 4 additional staff members and the appropriate equipment. A Spinal Immobilization Board is necessary to safely transfer the patient lying in the back seat of the vehicle onto a stretcher. - Perform inspection of equipment, looking for signs of wear. - Place sliders with smooth surfaces together, handles to the outside. - Place the stretcher flat with the brakes on and side rails lowered. Based on the model of the vehicle and whenever possible, ensure that the stretcher is at a height that is slightly lower than the vehicle seat, with the foot of the stretcher located at the door of the vehicle. - If room permits, the stretcher should be positioned at a 45 degree angle, with room for a staff member to stand between the stretcher and the vehicle. - Place an appropriate sized transfer belt on the patient's waist. 	
<p>Apply Anaconda Wrap:</p> <ul style="list-style-type: none"> - Assuming that the patient has not sustained any trauma, apply a hard cervical collar on the patient. Appropriate sizing is not necessary, since the hard cervical collar is simply in place to ensure the patient is not choked during application of the blanket roll for transfer. - Using a long pre-rolled blanket with a piece of tape in the center to mark the midline, wrap the blanket around the patient's neck, with the center line under the patient's chin. Both blanket ends crisscross around at the back of the neck collar, wrap over each shoulder, and the ends wrap underneath each of patient's arms. This allows the transferring staff member to maintain control over the patient's upper body. - Using two flat full length sliders, place sliders with smooth surfaces together, handles to the outside. Staff member 1 rolls sliders together lengthwise and tucks it half way under the patient's body. Staff member 2 assists by tilting the patient's body slightly forward to allow staff member 1 to unroll the rest of the slider until completely under the patient. Both staff may need to be inside the vehicle to effectively apply/ position the sliders. See Safe Work Procedure for positioning sliders. - The patient's head and shoulders may need to be cocooned inside the top slider to ensure the head and shoulders clear the door opening during removal from the vehicle. - On the side of the vehicle closest to the patient's head, slide the transfer board under the patient's head, shoulders, and full length sliders. Angle the spinal immobilization board at a 45 degree angle onto the foot of the stretcher. - Staff members may need to adjust their positions based on the size of the vehicle and the space available for extrication. - Depending on the size and position of the car, triangle bandages can be used as extensions to loop through the transfer belt or the loops on the sliders, to ease the effort of staff exertion and to maintain proper body mechanics. 	

<p>Apply Sliders:</p> <ul style="list-style-type: none"> - Using two flat full length sliders, place sliders with smooth surfaces together, handles to the outside. Staff member 1 rolls sliders together lengthwise and tucks it half way under the patient's body. Ensure the slider end with the handles is placed towards the patient's head (this is opposite to when patient is moved up while in bed.) - Staff member 5 is located in the front seat facing the back seat and assisting with slider positioning. - Staff member 2 assists by tilting the patient's body slightly forward to allow staff member 1 to unroll the rest of the slider until completely under the patient. Both staff may need to be inside the vehicle to effectively apply/ position the sliders. See Safe Work Procedure for positioning sliders. - The patient's head and shoulders may need to be cocooned inside the top slider to ensure the head and shoulders clear the door opening during removal from the vehicle. - On the side of the vehicle closest to the patient's head, slide the transfer board under the patient's head, shoulders, and full length sliders. Angle the spinal immobilization board at a 45 degree angle onto the foot of the stretcher. - Staff members may need to adjust their positions based on the size of the vehicle and the space available for patient removal. - Depending on the size and position of the car, triangle bandages can be used as extensions to loop through the transfer belt or the loops on the sliders, to ease the effort of staff exertion and to maintain proper body mechanics. 	
<p>Position Staff Members</p> <ul style="list-style-type: none"> - Staff member 1 is beside the stretcher on the same side as the car door, on the opposite side of the stretcher from staff member 3. - Staff member 2 is positioned inside the vehicle, on the opposite side of the patient in the back seat (foot of the patient). - Staff member 3 is on the other side of the spinal immobilization board at the head of the patient, between the car and the stretcher. - Staff member 4 is positioned beside the head of the patient outside the door of the vehicle, in front of the transfer board and at the foot of the stretcher. If the size of the car does not permit this positioning, staff member 4 must stand next to staff member 1 towards the head of the stretcher. - Staff member 5 is in the front seat facing the back seat. 	
<p>Moving the Patient Out of the Vehicle onto the Stretcher</p> <ul style="list-style-type: none"> • To prevent staff members from back bending or twisting, transfer of the patient onto the spinal immobilization board and onto the stretcher should be done in stages. <p>Stage 1:</p> <ul style="list-style-type: none"> - Staff members 3 and 4 stand on each side of the spinal immobilization board at the patient's head and assume lunge position; with one leg in front of the other while maintaining knees slightly bent, elbows tucked in to body, shoulders back with upper body upright and abdominal muscles slightly contracted. Staff member 1 (on the side of the car door beside staff member 4) requires an extension for the slider handle, such as a triangular bandage, to prevent from bending forward during the transfer. - On staff member 1's count of three, staff members 3 and 4 grasp handles of the top slider at the patient's head. Triangle bandage extensions may be required or utilization of Anaconda wrap handles to prevent staff from bending. - Ensure the patient's head and shoulders are cocooned, slide the patient onto the spine board up to the patient's shoulders. Both staff members 3 and 4 are pulling; grasping slider/ extensions/ Anaconda wrap with wrists in a neutral straight position and palms facing downward. - Staff member 5 is in the front seat of the vehicle facing the back seat, grasping the near edge of the slider, cocooning the patient's body. - Staff member 2 is inside the vehicle at the foot of the patient, simultaneously pushing the patient onto the spinal immobilization board. 	



<p>Stage 2:</p> <ul style="list-style-type: none"> - Staff member 2 repositions his/herself inside the back seat of the vehicle to allow for more effective pushing. - On the count of three, staff members 1, 3 and 4 slide the patient up to the end of the spinal immobilization board and onto the stretcher. Staff member 2 continues to push from inside the vehicle. <p>Stage 3:</p> <ul style="list-style-type: none"> - Staff member 1 repositions self at the top of the stretcher, grasping the top handle of the slider of extension. Staff member 4 stands opposite staff member 3 on the side of the stretcher grabbing the slider. Staff member 2 comes out of the back seat of the vehicle and stands on the opposite side of the stretcher with staff member 3. - On the count of three, all staff members grasp handles of slider along both sides of the patient's body, sliding patient onto the stretcher. All staff members are pulling, grasping slider with wrists in a neutral straight position and palms facing downward. Triangle bandage extensions may be continued to be required. - All staff should refrain from trying to complete a slide in one movement. Repeat the steps if required. - Transfer patient into Emergency Department via stretcher with side rails upright. Remove full length sliders and spinal immobilization board when appropriate. 		
<p>Comfort and positioning Ensure patient is comfortable and properly positioned.</p>		
<p>Guidance Documents/Standards/Applicable Legislation:</p> <ul style="list-style-type: none"> • Manitoba Workplace Safety and Health Regulations M.R. 217/2006 parts 2.1, 8, 10, 11, 39.5, 39.10 • Concordia Hospital Safe Work Procedures • Winnipeg Fire Paramedic Service General Safe Work Procedure, Lifting and Carrying • Salamone, J.P. & Pons, P.T. (Eds). (2011). Prehospital Trauma Life Support (7th ed.) Elsevier: St. Louis, MO: p. 283. 	<p>Task Monitoring:</p> <p>This task will be monitored periodically to ensure compliance and safety</p>	

I have successfully understood the procedures for this transfer technique. I understand that these techniques are to be used to comply with the Concordia Safe Patient Handling and Movement Program. Failure to comply may result in disciplinary action.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures and forceful exertions. This increases the risk of pain, stiffness and injury to the back, neck and arms of staff members.**

Employee Name: _____ Employee Signature: _____

Reviewed: _____ Date: _____