

Concordia Safe Patient Handling and Movement Program

Car (vehicle) Transfers: Transfer of Unresponsive Person out of the Front Seat to Stretcher

Department (if applicable): Emergency	Written by: In collaboration with WFPS, Manitoba WS & H, Concordia Emergency Program	Approved by:	Date created: April 20, 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"> Transfer belt Stretcher Spinal Immobilization Board 2 full length sliders 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 removing 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 who 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 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 remove 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 <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. 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. 				Completed



<p>Procedure (cont'd):</p> <ul style="list-style-type: none"> • 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 additional staff members and the appropriate equipment. A Spinal Immobilization Board is necessary to safely transfer the patient from the front 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. - Ensure the patient's chair is in the upright position. 	
<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 and prevents the patient's head from slumping over. - On passenger's side of the vehicle (open door), slide the transfer board under the patient's buttock and angle it at a 45 degree angle on to the foot of the stretcher. - With the handles to the top, slide the end of the 2 full length sliders under the patient's buttock, on top of the slider board. See Safe Work Procedure for positioning sliders. - Provide clear direction to the patient and assisting staff members throughout the transfer. - 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>Position Staff Members</p> <ul style="list-style-type: none"> - Staff member 1 is positioned beside the patient outside the door of the vehicle, in front of the transfer board and at the foot of the stretcher. - Staff member 2 is positioned inside the vehicle, on the opposite side of the patient (driver's side). - Staff member 3 is inside the vehicle, behind the patient, if a back seat exists. Remove the headrest if possible. If no back seat exists, staff member 3 assists outside of the vehicle, between the stretcher and the vehicle to assist with patient movement onto the stretcher. - Staff member 4 is outside the vehicle, on the side of the stretcher to assist with movement of the patient onto the stretcher. 	
<p>Moving the Patient Out of the Vehicle</p> <p>Note: To prevent staff members from back bending or twisting, transfer of the patient using the chair transfer board onto the chair should be done in stages.</p> <p>Stage 1:</p> <ul style="list-style-type: none"> - Staff member 1 holds the transfer belt with 1 hand and the blanket wrap from under the patient's arm with the other hand. - Staff member 2, who is inside the vehicle on the other side of the patient, holds the same as staff member 1 on the other side. - Staff member 3 (behind patient) ensures that the seat of the vehicle is in an upright position and slumps the patient forward, supporting the patient's head to allow for the head to clear through the doorway of the vehicle during transfer. - If a back seat does not exist in the vehicle, staff members 1 and 2 must position the seat, slump the patient forward, and ensure head clearance during transfer. - On the count of three, staff member 1 who is pulling, shifts his/her weight backward from front to back leg, while staff member 2 who is pushing, shifts his/her weight forward inside the vehicle. The patient is slid onto the full length sliders and transfer board in an upright sitting position until the patient's body is located outside of the vehicle. - Throughout the move, maintain elbows tucked into body, shoulders back with upper body upright and abdominal muscles slightly contracted. Do not extend arms/elbows beyond midline of the body. - Refrain from trying to complete a slide in one movement. Repeat the steps if required. - Do not lift the patient. - Staff member 3 exits from the back seat of the vehicle and stands on the opposite side of the stretcher as staff member 4, in close proximity to the patient to assist once the patient is outside of the vehicle assist the patient to lie down on the slider board. 	
<p>Stage 2: Laying the Patient Down</p> <ul style="list-style-type: none"> - Staff members 3 and 4, on opposite sides of the stretcher, each holding one side of the transfer belt, with the other hand behind the patient's shoulder, lay the patient down on the full length sliders and stretcher. - Staff members 3 and 4 assume the squat position with knees slightly bent, elbows tucked into body, shoulders back and abdominal muscles slightly contracted. Shift weight from side to side to lay patient back. - Staff member 1 controls the movement of the patient's legs. Staff member 2 comes out of the driver's side of the vehicle and positions his/herself at the head of the stretcher. 	



Stage 3: Positioning the Patient onto the Stretcher <ul style="list-style-type: none"> - Staff members 3 and 4 on each side of bed 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. - Grasp handles of top slider at patient's waist and at patient's shoulders. Both staff members are pulling, grasping slider with wrists in a neutral straight position and palms facing downward. - Tuck the patient's arms inside the slider, ensuring they do not drop to the ground during transfer. - On the count of three, staff members 3 and 4 slide the patient up to the head of the stretcher. Staff member 1 guides the patient's legs from the car onto the stretcher during the transfer. - Refrain from trying to complete a slide in one movement. Repeat the steps if required. - Staff member 2 assists in sliding patient or assisting with positioning legs as necessary. - Transfer patient into Emergency Department via stretcher with side rails upright. Remove rolled blanket wrap, neck collar, full length sliders, and transfer board when appropriate. 		
Comfort and positioning Ensure patient is comfortable and properly positioned.		
Guidance Documents/Standards/Applicable Legislation: <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. 	Task Monitoring: This task will be monitored periodically to ensure compliance and safety	

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: _____