







SWP-SPH-PRE-TRANSFER SCREEN

Description of Task: Pre-Transfer Screen for 1-2 person minimal assist with Transfer Belt	
Position/Job: Minimum 1 Healthcare Workers (HCW)	Department/Unit: All patient care areas
Potential Hazards	Personal Protective Equipment Required
<i>Risk for Injury (check all that apply)</i>	<i>Specify Type, Manufacturer, Model</i>
<input type="checkbox"/> Biological (puncture/spill/splash/exposure)	<input type="checkbox"/> Head Protection:
<input type="checkbox"/> Caught In/Under/Between Wall, Equipment	<input type="checkbox"/> Eye Protection:
<input type="checkbox"/> Chemical/Hazardous Substance/Medication	<input type="checkbox"/> Hearing Protection:
<input type="checkbox"/> Contact with Hot/Cold Object/Substance	<input type="checkbox"/> Face Protection:
<input type="checkbox"/> Contact with Sharp Object (not biological)	<input type="checkbox"/> Hand Protection:
<input type="checkbox"/> Electrical	<input type="checkbox"/> Foot Protection:
<input type="checkbox"/> Falling or moving equipment/material	<input type="checkbox"/> Respirator/Fit Test:
<input type="checkbox"/> Moving machinery / parts	<input type="checkbox"/> Body Protection:
<input checked="" type="checkbox"/> MSI-Awkward / sustained postures	<input type="checkbox"/> Hi Visibility Apparel:
<input checked="" type="checkbox"/> MSI-Forceful exertions	<input type="checkbox"/> Other: Appropriate footwear for HCW. Isolation precautions if required.
<input type="checkbox"/> MSI-Repetitive motions	Equipment and/or tools required to perform task
<input type="checkbox"/> Noise	Training in one or two person Lie To Sit/Sit to Lie
<input type="checkbox"/> Surfaces/Objects causing slips, trip or falls	
<input type="checkbox"/> Task requires more than 1 worker	
<input checked="" type="checkbox"/> Violent, Aggressive or Reactive Behaviours	For machine operation tasks complete the following
<input type="checkbox"/> Working Alone or in Isolation	Machine Description and Safety Features: N/a
<input type="checkbox"/> Working at Heights	
<input checked="" type="checkbox"/> Other: Signs and symptoms of a musculoskeletal injury (MSI) can include pain, burning, swelling, stiffness, numbness/tingling, and/or loss of movement or strength in a body part. Report these to your supervisor.	
Patient/Client/Resident Related Tasks - be knowledgeable of patient specific hazards (CARE Alert, Falls Risk, Patient Handling Assessment, Isolation Precautions, etc.)	<i>Set-up and maintenance of this equipment is only to be performed by trained/authorized staff following the manufacturer's manual.</i>
Training and Proficiency:	
Staff who perform this task must be trained as indicated below in this safe work procedure prior to performing it. Training must be documented. This SWP must be available to staff.	
<input type="checkbox"/> Read Procedure and Sign Video/Presentation	<input checked="" type="checkbox"/> Other Required Training:
<input type="checkbox"/> Demonstrated Competency	
Responsibilities	
Manager/Supervisor or Designate: Ensure all staff are trained and that duties are performed in accordance to training, established health and safety	Staff performing task: Perform task in accordance to training, established health and safety regulations, guidelines, policies and procedures (e.g. following

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regulations, guidelines, policies and procedures (e.g. following safe work procedures).		safe work procedures). Follow process for reporting hazards, injuries, occurrences and patient safety events.	
Approved by	Original Effective Date	Revised Effective Date	Reviewed Date
Provincial Workplace Safety & Health Working Group	April 2022	April 2022	January 2022
This safe work procedure was created by Provincial MSIP Safe Work Procedure group, and will be reviewed any time the task, equipment or materials change and at a minimum of every three years from the last revision date.			
Notes/Other Considerations:			
<ul style="list-style-type: none"> If HCW has concerns with patient's ability to perform pre-transfer screen tasks, they should consult with their supervisor to determine alternate transfer method. If it is a change, a more conservative method (e.g. floor/overhead mechanical lift) of transfer can be used until the resident is re-assessed for their mobility and transfer status. If behavior interferes with care, alternate procedures and/or equipment may be required Weight-bearing and post-operative restrictions may not allow for all tasks to be performed (lower extremity weight bearing restriction, hip replacement etc.) 			
Steps to be taken to complete task safely: (This is a clear description in order of steps to follow to safely perform the task. This section may include pictures, diagrams, do's and don'ts, etc.)			
1	Patient is required to be alert, cooperative and able to follow instructions in order to perform the recommended transfer. Patient is also required to perform the following tasks.		
2a	Place the bed flat and ensure brakes are on. HCW is positioned at bedside. Patient positioned on back with hips and knees bent with feet flat on bed.		
2b	Ask patient to lift buttocks off bed (bridge). Ensure the patient is able to maintain position for 2-3 seconds. Proceed to step 3		
	 		
Steps to be taken to complete task safely: (If Patient Sitting on Side of Bed/Chair)			
3	If on bed, lower surface to ensure patient's feet are flat on floor or if in chair, ask patient to scoot forward to do the same. With patient in sitting on side of bed or in chair, make sure that patient is able to sit upright without relying on their hands for support.		

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4	Ask patient to straighten one knee while making a few circles with the ankle and foot. Repeat to opposite leg.		
5	HCW to stand at side of patient close enough to provide guidance. Ask patient to place hands on bed or armrest of chair, lean forward and slightly raise buttocks off surface then sit back down.		
6	If patient is able to perform the previous tasks, proceed to the 1 or 2 minimal assist transfer as indicated by the transfer communication tool/patient care plan.		
Related Materials: This safe work procedure will be reviewed any time the task, equipment or materials change and at a minimum of every three years from the last revision date.			
References:			