

Safe Client Handling and Mobility Considerations in Community

Top 22 things you should know about Mobility & Transfers in Home Care:

Assessment:

1. Home Care often relies on an OT assessment (hospital and community OTs) upon initiating Home Care services to determine if the client is independent, requires assist and/or requires equipment. Based on the OT report, the Case Coordinator meets with the client and family to assess and determine the care plan for the community.
2. The recommended method for a transfer/lift, repositioning or mobility task must be safe for all staff and at all times of the day. An interim care plan may be needed until recommendations can be fully implemented (e.g. alternate equipment, bed care, provision of essential service(s) only).
3. When the client has help from a Home Care Attendant (HCA) to transfer, walk or reposition, the HCA will most often be working alone. A one person assist for Safe Client Handling (SCH) tasks is the standard within Home Care.
4. All 2 person transfers/lifts, repositioning and mobility tasks are still considered Client Specific and staff require training by the Delegated Task Program—If returning home from hospital with a 2 person task, training would need to be scheduled at the time of discharge as only staff who have been trained can provide assistance.
5. A family member/caregiver cannot be used as the 2nd person to assist in transfer/lift, repositioning or mobility task unless their capability has been assessed by a therapist to ensure the safety of the task. Training for the family/caregiver is generally provided by Community Therapy Services (CTS) or the hospital based therapist prior to discharge.
6. When assessing and determining that the client requires supervision only, this is interpreted that the client would not require any hands-on care, only verbal coaching or cueing. A stand-by assist should be recommended when there is potential for anticipated changes in physical and/or cognitive status which may require occasional hands-on assistance. Staffing will be affected by the therapist's choice of wording.
7. Nurses and therapists are not accessible in the client's home for supervision or immediate reassessment. HCAs are not Rehab Assistants and overall safety for the client and staff should always be the first consideration.
8. When safe client handling concerns are identified in the community and a referral is made by Home Care or another referral source, CTS may prioritize reassessment of the client.
9. When recommending equipment, bear in mind the limitations of the home environment.
 - Space limitations and flooring: Floor based mechanical lifts require approx. 67' on the side of the bed that the lift is being used for safe maneuvering.
 - Thick pile carpeting, uneven flooring and thresholds are potential safety concerns for the staff when considering a floor lift or wheeled commode.
 - Access to both sides of the bed is recommended when HCAs are assisting a client on the bed.
10. If you work in a hospital, Home Care has provided the OT department with a Hoyer lift and slings to assess the client when this equipment is new to the client at home. Problems with the lift and slings are minimized if the OT can assess the client with the same equipment that will be used in

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the home. If client will be using a mechanical lift in the home for the first time, a home visit will be required to assess the environment.

11. The standard mechanical lift for Home Care is a floor lift and clients are expected to make changes to enable the use of a mechanical floor lift such as removing carpet or moving to another room in the house if needed to accommodate the use of a floor lift. Overhead lifts can be requested when a floor lift cannot be accommodated.
12. CTS may be involved with the OT in hospital to assist with complex discharge planning, e.g. to determine if transfers/lift, repositioning or mobility task will require 1 or 2 staff; if a client needs an overhead lift vs. an electric floor lift, etc. CTS may also be involved to follow-up after discharge.
13. CTS provides regular monitoring (every 1- 4 months depending on situation) for clients using a sit stand lift. When equipment or tasks are no longer safe the therapist will make recommendations and will order alternate/ appropriate equipment.

Staffing Guidelines:

14. Staff are instructed to use sliders (also known as friction reducing devices) NOT soakers to assist clients with re-positioning and bed mobility. These are provided through Home Care for Home Care staff to use with Home Care clients only.
15. If HCAs are providing hands on assistance with a minimum assist transfer or walk assist a transfer belt is required unless contraindicated by a physical/ medical condition. These are provided through Home Care for Home Care staff to use with Home Care clients only.
16. HCAs are instructed not to lift more than 35 pounds (16 kg) when assisting clients.
17. HCAs are instructed not to physically assist/lift a client who is on the floor or who has fallen to the floor.
18. HCAs are instructed not to assist clients to and from the bottom of the tub. If HCAs are providing assistance with bathing, client will require the necessary safety equipment (bath equipment is not supplied by the Home Care program e.g. Hand held shower, grab bars, bath seat, non-slip bath mat).
19. HCAs are instructed not to assist a client up/down stairs until this activity has been assessed as safe in the client's environment. Likewise, moving equipment on stairs may require assessment (e.g. wheelchair).
20. The term "Pivot Transfer" is not used within Home Care. Clients are required to bear weight through both legs and step around (moving from one surface to another). For minimum assist transfers (e.g. bed to wheelchair), HCAs provide assistance from beside the client using a transfer belt. HCAs must not allow clients to hold his/her hands or place their hands/arms around HCAs neck/shoulders.
21. Commodes can be used to transport clients short distances only (e.g. into the bathroom). Considerations for safe transport should include client's weight, adequate space and floor surface (e.g. thresholds). Commode chairs should not be ordered as a substitute for a raised toilet seat and over arm toilet bars.
22. Mobility guidelines and equipment information are available on InSite Home Care page.

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References:

CTS. (2014). CTS Mobility and Transfers Guidelines: Guidelines for the Assessment of Mobility and Transfers in the Home Care Program.

WRHA Home Care. (2016). Guidelines for Mobility & Transfers: Specific and General Guidelines Documents.

WRHA Home Care. (2013). Best Practice Manual for Direct Service Staff.

Smith, J. (Eds.). (2011). *The Guide to The Handling of People: a systems approach*. Teddington, England: Backcare.

Winnipeg Regional Health Authority. (2016). Safe Patient Handling and Movement Program.