

WORKSAFE
TRAVAIL SÉCURITAIRE



EMPLOYEE
TRAINING BOOKLET



Back In Form™
Adult Residential Facilities
Level 1 & 2 Special Care Homes
Level 3 & 4 Nursing Homes

TABLE OF CONTENTS

Welcome to Back in Form™	4
Roles and Responsibilities	
Administrator/Executive Director	5
Directors/Managers/Supervisors	5
BIF Co-ordinator	6
BIF Trainer(s)	7
Employees	7
JHSC	8
Body Mechanics	9
Terminology	10
Client Assessment Overview	17
Types of Lifts	19
Types of Transfers	19
Technique Assessment Report	21
Client Assessment Flow Chart	23

WELCOME TO BACK IN FORM™

Back in Form™ (BIF) is a standardized training program for manual handling activities. The training is unique in that the technical components of BIF are presented in a building block approach that will allow you to learn and execute body mechanics in a safe, efficient manner. A series of introductory, transitional, and complex physical movement skills are presented in a modular format. This will allow you the opportunity to understand issues and risk factors surrounding musculoskeletal injuries (MSIs). As well, you will learn how to recognize posture issues, develop an awareness of and reprogram your body so you can recognize and assess your own physical limitations, and use lower body muscles to exert the appropriate forces needed to move loads.

This training booklet supports the BIF training you will receive from your facility's trainers. It will provide you with the knowledge and practical skills necessary to help you work efficiently and safely. The Body Mechanics section (p. 9-10) will further enforce the principles and concepts being taught and demonstrated throughout the training. Please review this section regularly and become familiar with the definitions in the Terminology section (p. 10-16).

Important information that supports this document:

- *Warm-Up and Stretch DVD, poster, companion guide and pocket card*
- *BIF Policies & Procedures*
- *BIF Lift and Transfer Pictograms*
- *Client assessment tools*

It is important that you become familiar with these tools.

Immediately following the warm-up and stretch training sessions, RNs will be designated with the responsibility of leading the exercises at the beginning of each shift. You will be expected to participate and learn how to perform the exercises correctly, as these movements form a key part of the subsequent training you will receive.

Throughout the implementation of the BIF training, your facility trainers will assess you and provide ongoing feedback and support until you are able to perform the techniques with ease. They will also, with the assistance of rehabilitation personnel, begin conducting BIF assessments on all clients in the facility to determine their lift and transfer needs. Pictograms will then be posted at the client's bedside and you will be expected to follow the designated pictogram and client assessment protocol adopted by your facility.

MSIP Program policies and procedures will be implemented as you progress through your training. It is your responsibility to ensure you become familiar with and follow these policies.

ROLES AND RESPONSIBILITIES

ADMINISTRATOR/EXECUTIVE DIRECTOR

- a) Support the BIF team throughout the implementation and sustainability of the Musculoskeletal Injury Prevention (MSIP) Program by allocating sufficient funding, time and human resources.
- b) Appoint and support a designated BIF co-ordinator to oversee program management.
- c) Ensure ongoing support from directors, managers and supervisors.
- d) Supply sufficient mechanical lifting equipment and handling aids so employees have access to them when necessary for safe manual handling activities.
- e) Ensure all employees, through appropriate levels of supervision, comply with the MSIP Program operational guidelines and departmental policies and procedures.
- f) Ensure that non-compliance to any of the policies and procedures results in progressive disciplinary action.

DIRECTORS/MANAGERS/SUPERVISORS

- a) Comply with MSIP Program policy, operational guidelines and departmental policies and procedures.
- b) Support the BIF co-ordinator and team in the implementation and sustainability of the MSIP Program.
- c) Lead daily pre-shift warm-up and stretch exercises.
- d) Ensure that all employees are using the BIF techniques adopted by the facility and are performing daily pre-shift warm-up and stretch exercises.
- e) Ensure clients are assessed by a BIF trainer within 24 hours of admission and that assessments are updated regularly.
- f) Ensure mechanical lift equipment and client handling aids are available, maintained and in proper working order.
- g) Ensure employees complete all required BIF orientation, training, refresher and assessment sessions.
- h) Review monthly reports and recommendations of MSIs from BIF co-ordinator.
- i) Review and analyze monthly MSI statistics from BIF co-ordinator.
- j) Ensure all employees comply with MSIP policies and procedures.
- k) Ensure that non-compliance to any of the policies and procedures results in progressive disciplinary action.

BIF CO-ORDINATOR

- a) Comply with MSIP Program policy, operational guidelines and departmental policies and procedures.
- b) Establish BIF committee terms of reference and identify roles and responsibilities for BIF team.
- c) Schedule and co-ordinate all BIF orientation, training, refresher and assessment sessions.
- d) Ensure BIF team maintains orientation, education, training and assessment records.
- e) Ensure BIF team follows the established client assessment protocol.
- f) Ensure BIF teams conduct client assessments within 24 hours of admission and are updating Resident Information Management (RIM), care plans and posting the designated pictograms at the bedside.
- g) Collect and monitor MSI statistics and provide monthly report to Administrator/Executive/Director/Managers/Supervisors/BIF team and JHSC.
- h) With the BIF team's assistance, conduct all MSI investigations (including MSI concerns brought forward by staff and volunteers) and recommend appropriate ergonomic control measures.
- i) With the BIF team's assistance, conduct monthly MSI inspections in each department for high-risk activities, assess, recommend controls and maintain records.
- j) With the BIF team's assistance, research ergonomic literature related to the purchase of any new equipment for the facility.
- k) Follow-up with the support services manager to ensure malfunctioning mechanical lifts and equipment are repaired quickly.
- l) Ensure malfunctioning client handling aids such as transfer belts, boards, slider sheets, anti-friction sheets and repositioning draw sheets are replaced in a timely manner.
- m) Act as a member of the JHSC and make recommendations on MSI related issues.
- n) Evaluate the BIF program's effectiveness.
- o) Maintain BIF trainer qualifications.
- p) Ensure the BIF team complies with the MSIP Program policies and procedures.
- q) Ensure that non-compliance to any of the policies and procedures results in progressive disciplinary action.

BIF TRAINER(S)

- a) Comply with MSIP Program policies and procedures.
- b) Conduct and maintain records of all BIF orientation, training, refresher and assessment sessions.
- c) Ensure continuous improvement of warm-up and stretch exercises and BIF techniques by regularly conducting employee assessments and providing ongoing feedback.
- d) Assist BIF co-ordinator with MSI inspections, investigations and maintenance of records.
- e) Provide BIF co-ordinator with ergonomic input into the purchase of any new equipment for the facility.
- f) Provide support to employees, directors, managers and supervisors.
- g) With the assistance of rehabilitation personnel, conduct client assessments within 24 hours of admission. Post designated pictograms at the bedside and update RIM and care plans accordingly.
- h) Follow the established BIF client assessment procedure to ensure client assessments are updated regularly.
- i) Assist BIF co-ordinator with BIF program evaluation.
- j) Maintain BIF trainer qualifications.
- k) Understand that non-compliance to any of the policies and procedures will result in progressive disciplinary action.

EMPLOYEES

- a) Comply with MSIP Program policy, operational guidelines and departmental policies and procedures.
- b) Understand that BIF training is mandatory and participate in all training, practice and assessments.
- c) Participate in daily pre-shift warm-up and stretch exercises.
- d) Use only approved mechanical lifting equipment and client handling aids during manual handling activities.
- e) Follow client assessment protocol, posted pictograms and use only facility-approved BIF techniques.
- f) Ensure all techniques are executed following the principles of safe body mechanics.
- g) Do not use malfunctioning mechanical lifts, equipment or client handling aids and report them immediately through the appropriate procedure to the departmental manager and BIF co-ordinator.
- h) Notify directors, supervisors and managers of MSI incidents and complete a discomfort survey in the early stages of MSI progression.
- i) Notify directors/supervisors and managers if you feel you need further training.
- j) Understand that non-compliance to any of the policies and procedures will result in progressive disciplinary action.

JHSC

- a) Support the BIF team throughout the implementation and sustainability of BIF.
- b) Ensure BIF has been integrated into the organization's overall health and safety infrastructure.
- c) Review, analyze and make monthly recommendations on MSI statistics.
- d) Review, make recommendations and approve all MSI reports presented by BIF team.

BODY MECHANICS

Body mechanics is the study of proper body movement to prevent and correct posture problems, reduce stress and enhance physical capabilities.

The following are a few essential tips you should incorporate into all lifts and transfers to minimize MSI risks to you and your client.

1. It is essential that you know your own physical limitations. This will enhance your comfort with the techniques, ensure you do not overexert or strain yourself, and allow you to move and use your body efficiently and effectively as a unit.
2. For all transfers, determine, based on the pictogram posted at the bedside, if it is a one- or two-person transfer. If only one person is indicated you may assign two people, but if two have been designated, you may not assign only one. In all transfers where only one person has been designated, if the client is considerably taller than the caregiver, a second person should be used.
3. Select the appropriate client handling aid based on the pictogram posted at the bedside or set out in your facility's Client Handling Aid Procedure (transfer belt, slider sheet, repositioning draw sheet, transfer board, transfer disc or transfer pole).
4. Caregivers should determine their **direction, line, range of movement, point of force application** and **force production** requirements and set themselves up to match the client's movement.
5. Never grasp a client under the armpits, by their arms, or by any of their joints. This can cause injury to the client. Always use an **open hand grasp, through arm grasp** or **lift and tuck method** when placing your hands on the client. Consider the client's **centre of gravity** when determining the point of force application.

6. Everyone involved in the technique should ensure they are in the **ready position** and posture is corrected before executing the move by saying **chest up, back straight, arms braced**. This will ensure all joints are **neutral, general** and **specific braces** are initiated and everyone is both mentally and physically prepared for the unexpected.
7. Designate the appropriate caregiver to call the command (the one who controls the move or has the best line of sight). Where possible, select a partner of similar height when performing a transfer. Carry out the transfer or repositioning technique using the most appropriate command (**1, 2, 3, push** or **1, 2, load, push**, depending on whether a **body shift** or **counterbalance movement** is required).
8. Move and use your body as a unit, using a slow, smooth movement and always end the move within your **base of support**. This will prevent you from **torso tipping** or **twisting** and ensure the back and knees maintain a **neutral posture** throughout the move.
9. Maintain a **general** and **specific body brace** throughout the move.

TERMINOLOGY

Please familiarize yourself with these terms, as they will be used throughout your training.

1. **1, 2, 3, push** – The verbal command used when performing a **counterbalance movement**. There are occasions where the command **brace off** will precede **1, 2, 3, push**.
2. **1, 2, load, push** – The verbal command used when performing a lower body weight shift. There are occasions where the command **brace off** will precede **1, 2, load, push**. In this command, the loading process is used to:
 - a) Prime the thigh muscle or place the muscle in its strongest position.
 - b) Achieve a greater **range of motion** to complete the move.
 - c) Decrease the horizontal distance between the caregiver and the client.
 - d) Create **momentum** to initiate a **body rock**.

3. **Accessory movements** – Any movements a caregiver performs that are not directly related to lift and transfer techniques. For example, locking brakes, adjusting pillows, checking IV, repositioning limbs, and maneuvering mechanical lifts or equipment.
4. **Awkward posture** – Non-neutral positions of any of the joints including the spine that will compromise muscular strength and place the joint at risk for injury.
5. **Base of support** – The foot position on which the body rests; also can be referred to as an individual's stance. Movement should always occur within the **base of support**. In most situations, a wide **base of support** is optimal when handling clients and performing **accessory movements**. Refer to the **principles of stability**.
6. **Body rock** – A technique which, when used slowly and with control, will create the appropriate **momentum** to initiate the transfer and decrease the energy requirements of the move. The precise direction and degree of rock needed will vary from transfer to transfer.
7. **Body shift** – Lower body movement, shifting, or muscle contraction in any direction over the **base of support**. This can be accomplished through a front-to-back shift, side-to-side shift, or combination of both. Efficient movement is achieved when force is applied through the caregiver's knee or foot. Refer to **force production**.
8. **Brace away** – When using the transfer board, caregivers must take special care to **brace away** and hold the client away from them as they progress through the movement. In essence, they are firming the **specific brace** in their arms. This will counteract the natural tendency for the client to travel toward the caregiver as the client moves down the board.
9. **Brace off (counterbalance)** – Initial **force production** while maintaining **specific** and **general braces** in preparation for a **counterbalance movement**. For example, before performing the **counterbalance movement** in Hammock (1, 2) – Bed, Hammock (1,2) – Chair, employees **brace off** by setting their body weight in a backward direction. This raises the client off the bed/chair slightly, thereby decreasing the friction between the client and the chair/bed. In this manner, less force is required to initiate and to complete the transfer.

- 10. Centre of gravity** – The point at which a person’s mass or body part is evenly distributed and centred. The **centre of gravity** changes in relation to body position, size, shape, and the load being handled.
- 11. Chest up, back straight, arms braced** – A verbal command used to ensure the caregiver is in the **ready position** and posture is corrected before initiating a lift or transfer.
- Chest up** – raising the chest and repositioning the neck and shoulders in neutral.
 - Back straight** – neutral position of the spine and application of general brace.
 - Arms braced** – applying the specific brace.
- This command will precede **1, 2, 3, push** and **1, 2, load, push**.
- 12. Counterbalance (brace off)** – To oppose or balance against a weight or muscular force using the caregiver’s own body weight. **Counterbalance** is being used when two employees are grasping a repositioning draw sheet and are **braced off** against each other.
- 13. Counterbalance movement** – To achieve movement when **counterbalanced**, force must be applied through the caregiver’s knees or feet. If the counterbalance force is not adequate for the task, movement will not occur. In the case of the Block, Squat & Rock, additional force can be applied through the hand on the chair.
- 14. Direction of movement** – The client can be required to move in many different directions, which are dictated by the requirements of the situation. Examples include moving from the bed to the wheelchair, moving up the bed, or moving from the back to the front of the chair. The caregiver’s direction of movement must follow the client’s direction of movement. This may require movement from front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°.
- 15. End (back) foot** – This foot completes the move and is always placed first, facing the direction of the move.
- 16. Force production** – The total effective force of a movement is the sum of all forces produced by the muscle groups applied in the same direction and in the proper sequence. Optimal force is available using the thigh muscles, the strongest in the body, to generate a push through the caregiver’s foot or knee. Force may also be generated simultaneously through the hand.
- 17. General brace** – This allows the caregiver to correct, tighten and brace their entire body in the neutral position. This **general brace** will allow the caregiver to move and use their body as a unit.

- 18. Hyperextension** – When a joint is moved beyond its normal **range of motion**, the connective tissue in the joint is less able to stabilize and protect it. Repeated **hyperextension** will stretch ligaments and tendons so that their supporting capability becomes severely reduced.
- 19. Lift and tuck** – When repositioning the client's feet, place one hand at the side of the knee joint in an **open hand grasp** and the other hand on the shin. The hand at the side of the knee may be used to lift the thigh, while the hand on the shin can tuck the feet into position. When repositioning severely swollen legs, employees should combine the **lift and tuck** method with a lower body weight shift.
- 20. Line of movement** – As with the **direction of movement**, the **line of movement** for the caregiver must follow the **line of movement** required for the client. The caregiver must consider the placement of equipment, as the goal when transferring clients is for the movement to occur as close to horizontal as possible. Slight upward and downward deviations can be accommodated, but excessive amounts can lead to lifting actions.
- 21. Locked** – When joints are fully extended, promoting **hyperextension**.
- 22. Momentum** – A body in motion has a natural tendency to stay in motion unless stopped by an opposing force. The **momentum** of the body part is determined by the client's mass and speed of movement. For example, appropriate **momentum** is achieved when a **body rock** is done in a smooth and controlled manner without pauses. However, proper judgment must be made when determining the speed of the **body rock** (Be aware: A lighter client will require slightly more speed to achieve the same degree of **momentum** as a heavier client).
- 23. Natural curve of the spine** – The S-curve. This posture is composed of three curves in the spine's cervical, thoracic, and lumbar regions. Correct alignment of these curves allows for proper posture.

24. **Necessary level** – When standing in the **ready position**, **necessary level** is when the caregiver has lowered to an optimal level where they feel strongest and can exert maximum force. This level is individual and very much dependent on the caregiver's level of physical conditioning. The **necessary level** can become compromised if the caregiver's **centre of gravity** is lowered to a point that it either causes instability and/or does not enable sufficient muscle power to be generated for the task.
25. **Neutral posture** – Maintaining correct alignment of all the joints including the spine. Muscles supporting the joints are strongest in this position. Awkward alignment, non-neutral positions, or locked joints will compromise muscular strength and place the joint(s) at risk for injury.
26. **Neutral standing posture** – Neutral position of the body over a stable **base of support** that is approximately shoulder width.
27. **No weight restriction** – Indicates the technique is not restricted by the client's weight in any way.
28. **Open-hand grasp** – When hand to body contact is required, the entire hand is used to assist the move rather than pulling on a joint, squeezing or digging with the fingers. This will allow force to be displaced in the desired direction over a greater area. For example, in the Sit Back, the force from the open-hand grasp should be exerted through the client's **centre of gravity** in a downward direction.
29. **Point of force application** – The point where the force is applied to the client's body. This point is typically at the **centre of gravity** of the part or parts being moved.
30. **Principles of stability** – State the following:
- a) The nearer the **centre of gravity** to the middle or centre of the **base of support**, the greater the stability.
 - b) The wider or broader the **base of support**, the more stable the body.
 - c) The lower the **centre of gravity** to the **base of support**, the greater the stability.
- This indicates that the wider the caregiver's **base of support** and the lower their **centre of gravity**, the greater their ability to remain stable when handling the client. Employees must make individual adjustments based on their general conditioning, height, size, and shape.
31. **Range of movement** – The start and end positions should be determined by the span of movement required to efficiently and effectively accomplish the move without compromising posture or stability. The **range of movement** may vary depending on environmental factors, as well as the client's or caregiver's physical characteristics. Placing your **end (back) foot** first allows you to accommodate the entire movement within your **base of support**.

- 32. Ready position** – Involves mental preparation and physical positioning. Mental preparation ensures the caregiver is aware of all the factors associated with lifting and transferring, including the potential for unplanned events. Physical positioning ensures that all joints are in a neutral position, the **base of support** is wide, and the **centre of gravity** is lowered. Refer to the **principles of stability**.
- 33. Specific brace** – Arms are tightened, braced, and held motionless while acting as a lever or extension to the body unit. This arm brace allows the caregiver to use their body as a unit.
- 34. Start (front) foot** – This foot begins the move and is always placed facing the client.
- 35. Through arm grasp** – Positioning of the caregiver's arms down and around the client's pelvic region while the caregiver's hands protrude over the client's folded arms in an **open hand grasp**. This will better allow for the application of downward pressure through the client's **centre of gravity**, minimize the tendency to lift the client's upper torso, and protect the client's elbows.
- 36. Torso tip** – A movement outside the **base of support** causing the torso to bend sideways. This is noticed when the caregiver's shoulder tips downward and can be corrected in the following ways:
- When initiating the lift and transfer, by effectively loading the leg.
 - When performing the lift and transfer, by widening the base of support and shifting through the entire move.
- 37. Torso twist** – A movement outside the **base of support**, which causes a twisting motion of the upper torso at the end of the move. This is usually corrected by instructing the caregiver to point the end (back) foot in the direction of the move. This will allow the caregiver's pelvis to face the direction of the move.

38. **Unlocked** – When joints are slightly flexed, preventing **hyperextension**.
39. **Weight ratio** – Indicates the technique is safe to perform if the caregiver's weight is greater than the client's. It is also recommended that the caregiver consider the client's height and weight distribution in comparison to their own.
40. **Weight restriction** – Indicates that this technique should not be performed if the client's weight exceeds the maximum acceptable weight identified in the technique.
41. **Working level** – Specific bed height that allows the caregiver to perform tasks at their **necessary level**. This working level may be different for each caregiver. See Two-Person Hammock (2) – Bed to determine working level.

CLIENT ASSESSMENT OVERVIEW

The assessment process promotes a team approach to client care and enhances accountability of both employees and supervisors as they ensure the appropriate techniques are being used. Consistently using the appropriate lift or transfer will help to reassure the client, decrease anxiety, enhance client independence and cause as little musculoskeletal wear and tear as possible to both the employee and the client. It will also encourage the client's co-operation that, in turn, will further reduce the risk of injury.

The BIF trainers will assess the client:

- Upon admission.
- During implementation of the BIF training system.
- Following any change in status.

The *Client Assessment Flow Chart* (p. 23) details assessment criteria BIF trainers can use during the client assessment process to determine the most appropriate lift or transfer to match the client's status [Independent, Assisted, Transfer (with or without force), Dependent, etc.]. Definitions of these terms can be found under "Types of Transfers" (p. 19).

Once completed, a pictogram or picture of the designated lift or transfer will be placed at the bedside and this information will be recorded to the BIF Client Lift and Transfer Recommendation form, care plan and RIM.

When a client has been assessed as an assisted transfer, the pictogram must clearly indicate whether the client requires one or a combination of preparatory or verbal assistance.

Only BIF trainers can post pictograms at the bedside and make comments for instructions under the notes section in the pictogram.

Employees will assess the client:

- Following a temporary change in status (flu, stay at the hospital, etc.).
- Immediately before executing a lift or transfer.

Employees must ensure that ongoing client assessment remains an integral part of their responsibilities. A pictogram merely indicates an assessment has been done, but it is the employee's responsibility, based on the client's condition at the time, to always reassess to ensure the lift or transfer is appropriate.

Employees must understand that they always have the authority and ability to change from a less dependent transfer method to a more dependent transfer method on a temporary one-time basis. For example:

- Any independent to any assisted transfer.
- Any assisted transfer to any transfer without force.
- Any one-person transfer with or without force to any two-person transfer with or without force.
- Any transfer without force to any transfer with force.
- Any transfer with force to a stand-up or mechanical lift.
- A stand-up to a ceiling or floor mechanical lift.

Employees do not have the authority to reverse the order from a more dependent to a less dependent transfer method.

Each facility will present unique client assessment situations specific to the institution. These situations will be captured in your facility's client assessment procedure. It is your responsibility to read, become familiar with, and follow this procedure.

TYPES OF LIFTS

1. **MANUAL LIFT**

A manual lift is a procedure by which the client's entire weight is lifted from one surface to another or carried across the same surface. *Clients must not be lifted manually in this facility.*

2. **MECHANICAL LIFT**

Refers to equipment such as portable floor models or overhead lifting devices. This equipment, operated by caregivers, lifts and carries the client. Where a client has been designated to be lifted with a mechanical lift, no other lift method can be used. Please refer to your facility's MSIP Board policy and Mechanical Lift and Transfer policy for further details.

TYPES OF TRANSFERS

1. **INDEPENDENT**

An independent transfer indicates that the client is mobile and does not need any preparatory, verbal or physical assistance.

2. **ASSISTED TRANSFER**

An assisted transfer can be used in a variety of circumstances when the client **does not** require physical assistance, but may require one or a combination of the following types of assistance, support and/or guidance:

Preparatory: Clearing pathway, placing equipment (canes, walkers, etc.) within reach and ensuring personal articles are in place.

Verbal: Guidance to ensure safety of a resident who displays emotional needs, cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.).

3. **REPOSITIONING TRANSFER**

Any procedure by which a client is moved across the surface of a chair or a bed. Physical assistance is required for these types of transfers. These transfers include all chair and bed mobility transfers, with the exception of the transfer board.

4. **TRANSFER (without force)**

A transfer without force is a procedure by which a client is physically assisted by the caregiver and moved from one surface to another. Physical assistance may be provided to meet the emotional or physical needs of clients with the strength to transfer themselves but who may have a mental or physical instability. No force is applied in these transfers as the client is able to supply the necessary force needed. However, the client must be able to bear weight on both feet, and in the instance of using the transfer pole, they must be able to bear weight on at least one foot and grip with one hand. They must also be able and willing to co-operate with the caregiver. With these transfers, the caregiver must maintain the ready position at all times to support the transfer if it becomes necessary. Transfer belts must be used for all transfers without force.

5. **TRANSFER (with force)**

A transfer with force is a procedure by which a client is physically assisted by the caregiver and moved from one surface to another. The client must be able to bear weight on at least one foot. For the transfer pole, they must be able to bear weight on at least one foot and grip with one hand and in the instance of using the transfer board, they must be unable to bear weight but have good trunk control. They must also be able and willing to co-operate with the caregiver. The production of force occurs through a series of body shifts, body rocks, braces and counterbalance movements that complement the direction, line and range of movement required by the client. Transfer belts must be used for all transfers with force.

6. **DEPENDENT**

A dependent transfer indicates that the client is not mobile and requires some form of mechanical equipment to lift or transfer them.

Each transfer detailed on the technique pages contains a series of pictures that illustrate the progression of moves required to safely perform the technique. The number on each picture corresponds to the numbers listed in the positioning and movement chart that describes how to perform the technique.

The *Technique Assessment Report* (p. 21) contains assessment criteria for each transfer and will be used by your facility's BIF trainers to assess your progress as you move through your training. You will be expected to perform each technique to the required competency level. Targeted proficiency levels are noted in this document.

NAME OF EMPLOYEE:

TECHNIQUE ASSESSMENT REPORT

ASSESSMENT CRITERIA:

Rate employee performance on a scale of 1-5
(1-never, 3-occasionally, 5-always)

Targeted Proficiency Levels for Competencies:

- 1-2 – Retraining
- 3 – Further evaluation
- 4-5 – Adequate grasp of concepts

DATE:

While initiating the move, did they....

1. Assess the client and the environment:
 - Check pictogram – are they independent, assisted, transfer with/without force, dependent? Do they need one or two caregivers? Has their status changed?
 - Do they need preparatory assistance – clearing pathway, placing equipment within reach, canes, walkers or personal articles?
 - Do they need verbal guidance due to emotional needs, cognitive or visual deficits? (Confusion, blindness, mental instability or aggression, etc.)

2. Assess their physical limitations:

- How are they feeling? Do they need help? What aids do they need to safely execute the transfer? Are the transfer aids placed properly?

3. Use accessory movements to lock brakes, position limbs, etc.?

4. Consider client and caregiver's direction, line, range of move and force production? Consider client's normal body movements and handle anatomical structures appropriately?

5. Use centre of gravity to determine point of force application?

6. Maintain the ready position at all times using a wide base of support and appropriate joint flexion?

7. Correct and maintain neutral posture in all joints while keeping client as close as possible?

8. Maintain general and specific braces?

9. Move and use the body as a unit within base of support in all shift and counterbalance movements? For example, no torso tipping, hyperextension, twisting or knee alignment problems.

BIF Trainer Initials:

For competencies rated 3 or less, refer to recommendations section of assessment report.

*Hammock (2) Bed and Hammock (2) Chair are critical techniques for Level 3 & 4 – Nursing Homes, but not critical techniques for Level 1 & 2 – Special Care Homes.

NAME OF EMPLOYEE:

TECHNIQUE ASSESSMENT REPORT

TECHNIQUE	Ranking	Recommendations	Date Reassessed	New Ranking	BIF Trainer Initials
Mechanical Floor/Ceiling Lifts					
Pushing/Pulling Equipment					
Proposal Push					
Sit Back					
Sit Back Combo					
Turning Client to Side					
Hammock (1) Bed					
Hammock (2) Bed*					
Hammock (2) Chair*					
Side-to-Side					
Sitting Up					
Block, Squat & Rock					
One-Person Walking (with/without force)					
Two-Person Walking (with/without force)					
One-Person Pivot (with/without force)					
Two-Person Pivot (with/without force)					

**Hammock (2) Bed and Hammock (2) Chair are critical techniques for Level 3 & 4 – Nursing Homes, but not critical techniques for Level 1 & 2 – Special Care Homes.*

CLIENT ASSESSMENT FLOW CHART



