



TRANSFER BOARD

PURPOSE: To transfer the client from the bed to the chair

Number of caregivers: One
Weight considerations: Weight ratio
Level of difficulty: Complex



NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
 - Has their status changed
 - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
 - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



POSITIONING AND MOVEMENT

TRANSFER: TRANSFER BOARD COMPLEX

CONSIDER

Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

CLIENT

Body rock (to place transfer board): Side-to-side

Body rock (to initiate transfer): Side-to-side

Slide down transfer board: Side-to-side

Sit in chair

CAREGIVER

Body rock (to place transfer board): Side-to-side (1, 2)

Body rock (to initiate transfer): Side-to-side (3, 4)

Slide down transfer board: Side-to-side (with pivot) = 90° (5)

Flex to lower (6)

CONSIDER

Line of Movement As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Horizontal  (4, 5, 6)

CONSIDER

Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

CLIENT

The distance from the bed to the chair.

CAREGIVER

Start foot faces the load; end foot faces direction of move; place end foot first where client's buttocks will rest upon completion of move. Make sure end foot is placed to cover span and ensure movement will be completed within your base of support (4, 6).

CONSIDER

Point of Force Application

The point where the force is applied to the client's body.

CLIENT

Body rock (to place transfer board): shoulders.

Body rock (to initiate transfer): hips.

CAREGIVER

Body rock (to place transfer board): Open hand grasp on outside of shoulders (1).

Body rock (to initiate transfer): Proper grip on transfer belt around hips (3).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD (3, 4) PUSH (5, 6)

CONSIDER

Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

CLIENT

Reduce friction and weight by:

- Ensuring transfer board is properly maintained.
- **Brace away** with the client.
- Bed should be slightly higher than the wheelchair.

CAREGIVER

Place transfer board: Initiate a **LOAD** by **PUSHING** from your end foot to your start foot (**1, 2**). The momentum achieved with this body rock shifts the client onto the buttock closest to the head of the bed for board placement. Position the board square under the client's buttock. Apply downward pressure as you slide it under the client to avoid pinching (**2**). Now slide the far end of the board forward so it rests at the back of the wheelchair (**4**).

Initiate transfer: The momentum achieved with the body rock starts and assists the move. To achieve the body rock, initiate a **LOAD** by **PUSHING** from the end foot to the start foot (**4**). Now, **PUSH** through your start foot and shift your body weight as a unit from side-to-side to your end foot. As the client begins to move, **brace away** by extending your arms to ensure the client does not slide toward you (**5**). At the same time, pivot by allowing the toe of your start foot to rotate towards the chair and your pelvis and body to rotate with your foot (**6**). From this point, you only guide and support the move by continuing to shift your weight to your end foot. Lower the client into the chair by flexing at the hips, knees and ankles (**6**).

CONSIDER

Tips

CLIENT

- Chair and bed brakes must lock.
- Arms resting on lap.
- Armrests and footrests must be removable.
- The transfer board should be angled in such a manner as to allow the far end to rest at the back of the chair.

CAREGIVER

- If the client begins to slide forward off the board, you can block this movement with your knees, but it should be noted that this will only happen if you have not extended your arms and braced away with the client.

CONSIDER

Contraindications

CLIENT

- Lack of trunk control.
- Lack of co-operation.
- Aggression.

CAREGIVER

CONSIDER

Options

CLIENT

CAREGIVER

- **Obesity and unpredictability – Two caregivers:**
- For additional safety, a second person may be positioned in a similar fashion as the back person in the Two Person Pivot transfer.
- A second person should also be used when using the transfer board on a client for the first time.

