HEALTH CARE HAZARD SERIES
LONG TERM CARE WORKERS

Part I – OSHA Bloodborne Pathogens Standard

Introduction

Over the past ten years, the risks from exposure to bloodborne pathogens, such as the human immunodeficiency (HIV) and hepatitis B (HBV) viruses have become a concern. According to Occupational Safety and Health Administration (OSHA) estimates more than 7 million or more workers in health care and related occupations could be potentially exposed to these viruses.

Long-term health care workers provide services to patients in nursing homes, hospices, mental institutions and home-care settings and they care for people with long-term illnesses, such as cancer and AIDS. Consequently, these workers perform daily tasks that expose them to blood and other potentially infectious materials – such as, administering insulin or other injections, using equipment to suction patients' lungs, assistance with bedpans/catheters/incontinent checks and changing linens or dressings soiled by bed sores or other wounds**.**

In 1991, OSHA recognized the need for regulation to protect workers against the health hazards of exposure to blood and other potentially infectious materials. As a result, they published the Bloodborne Pathogens Standard Title 29 Code of Federal Regulations, Part 1910.1030 in the Federal Register.

Who Is Covered?

The OSHA standard protects all employees who may reasonably anticipate being occupationally exposed to blood and other potentially infectious materials. Coverage includes, but is not limited to, employees such as registered nurses, nurse assistants, laundry workers, licensed practical nurses, housekeepers, physical therapists, and others who may be long-term health care workers.

Occupational exposure means a "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties." Blood means human blood, blood products or blood components. Other potentially infectious materials include human body fluids such as: semen; vaginal secretions; cerebrospinal; synovial; pleural; pericardial; peritoneal and amniotic fluids; saliva; body fluid visibly contaminated with blood; unfixed tissues or organs; HIV-containing cell or tissue cultures; and HIV or HBV-containing culture medium or other solutions.

Federal OSHA authority extends to all private sector employers with one or more employees, as well as, to civilian employees of the federal government.

BLOODBORNE PATHOGENS-EXPOSURE PLAN

OSHA's plan has thirteen basic requirements. A summary of each requirement follows:

1. **General Policy Statement**: A general statement that addresses who, what and why employers must implement this program.

2. **Exposure Determination**: Employers who have employees with occupational exposure must conduct an exposure determination. To do this, the employer must evaluate job descriptions and routine and reasonably anticipated tasks/procedures to determine whether specific jobs have a risk of exposure.

3. **Classify employees** as Category A or Category B:

   Category A: This category include employees who
   - Perform procedures or job related tasks that will or might expose them to blood or other infectious material;
   - Have jobs that involve a likelihood for spills or splashes of blood or other infectious material; or
   - Perform procedures or tasks conducted in non-routine situations as a condition of employment.

   Category B: The category includes employees whose job functions do not involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. They do not perform or assist in emergency medical care and are not reasonably anticipated to be exposed in any other way.

4. **Universal Precautions:** is an approach to infection control. The concept states that "All human blood and certain human body fluids are treated as if it is infectious for HIV, HBV and other bloodborne pathogens."

5. **Engineering Controls & Work Practice Controls**: "Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used."

6. **Personal Protective Equipment**: "Where there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment." equipment is "appropriate" if it prevents blood or other infectious materials from penetrating the employee's work clothes or undergarments. The equipment must also prevent blood or other potentially infectious material from reaching the employee's skin, eyes, mouth or other mucous membranes. Equipment must provide protection under normal conditions of use and for the duration of time during which the employee uses it.

7. **Housekeeping**: Employers should make sure that the workplace is clean and sanitary.

The employer must (1) develop and implement an appropriate written schedule for cleaning; and (2) develop appropriate decontamination methods for each location within the facility. Cleaning methods must be appropriate for the type of surface requiring cleaning, the type of soil present and the tasks that employees perform in the area.

8. **Infectious Waste Disposal**: Employers must assure that all employees dispose of infectious or potentially infectious waste safely. Employers must provide appropriate containers and implement procedures to protect the safety of employees and others during the disposal of such wastes.

9. **Laundry**: Employers must establish laundry practices that minimize the risk of exposure to blood or other potentially infectious materials. Facilities that use Universal Precautions when handling soiled laundry may use their own coding systems as long as employees recognize the need to comply with Universal Precautions. If the facility ships laundry to a second facility that does not employ Universal Precautions, the facility generating the contaminated laundry must place it in containers color-coded in accordance with the standard.

10. **Vaccinations and Post-Exposure Follow-up**: Employers must offer and provide the hepatitis B vaccine and vaccination series to all employees with occupational exposure. In addition, employers must provide post-exposure evaluation and follow-up to all employees who experience an exposure incident. Employers must make the vaccine series available to all employees with exposure within 10 working days of initial assignment. This rule does not apply if employees have previously received vaccinations or have taken an antibody test that reveals they are immune or have medical conditions that would prevent vaccination.

11. **Communication of Hazards to Employees**: Employers are responsible for making sure that required locations and objects have warning labels. These include container of regulated waste, freezers or refrigerators containing blood or other potentially infectious materials; and any other containers used to store, transport or ship blood or other potentially infectious material.

12. **Recordkeeping**: In accordance, with the standard, the employer must establish and maintain accurate records for each employee with an occupational hazard exposure.

13. **Employee Information and Training**: "Employers shall ensure that all employees with an occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours." Employers must document this training.

An employee who chooses not to accept the vaccine must sign the following declination statement of hepatitis B vaccination. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be a risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____

Employee Signature Date

Part II – Needlestick Injury Exposure and Controls

Introduction

As an employer of health care workers, you want and need to provide a safe and healthful workplace for your employees. Effective in 1992, OSHA published the Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations, Part 1910.1030, to protect workers from exposures to bloodborne illnesses. Because needlestick injuries are a major cause of these exposures in the health care setting, it is important to recognize that there are work practices and engineering controls to help reduce the number of injuries.

Needlestick Injury Statistics and Facts

- There are an estimated 800,000 needlesticks each year in the U.S. About 2 percent or 16,000, of these are likely to be contaminated with the Human Immunodiciency Virus (HIV). Needlestick injuries account for up to 80 percent of accidental exposures to blood.
- Needlestick injuries may occur when employees dispose of needles, collect and dispose of materials used during patient care procedures, administer injections, draw blood, handle trash or dirty linens where needles have been inappropriately discarded.
- 1997 data from 63 hospitals show that the overall rate of such injuries is 27 per 100 occupied beds annually. Nurses had the most frequent exposures (49.7 percent); physicians ranked second (12.6 percent); nursing assistants accounted for 5.3 percent and housekeepers 5.1 percent. Hollow-bore needles are the cause of injury in 68.5 percent of all cases.
- More than 20 pathogens have been reportedly transmitted from needlesticks. The most serious are the transmission of hepatitis C (HCV), hepatitis B (HBV) and HIV. In fact, the risk of acquiring HBV or HCV from a contaminated needlestick is greater than for HIV.
- The risk of acquiring an infection has to do with the prevalence of these diseases in the patient population at large. For example, an estimated 1.25 million people in the U.S. are chronically infected with HBV and 6,000 die each year from HBV-related liver disease. HCV also is a major cause of chronic liver disease. In 1997, there an estimated 4 million people in the U.S. infected with HCV. As many as 85 percent of all HCV-infected persons develop chronic hepatitis and are at increased risk for cirrhosis and primary hepatocellular carcinoma. Liver failure from hepatitis C is the leading reason for liver transplants in the U.S.
- The total number of occupationally acquired HIV infections in health care workers continue to increase each year. Of the 52 such cases documented during 1996, 45 were from needlesticks or cuts.

Safe Needle Devices

Safe needle devices have been shown to significantly reduce needlesticks and exposures to potentially fatal bloodborne illnesses.

A safe needle device has built-in safety controls to reduce needlestick injuries before, during and after use to make needlesticks less likely. Not all needlestick injuries are preventable, but the number can be reduced by using devices containing needles with built-in safety features or other devices that eliminate the use of needles altogether. Using needleless IV connectors, self re-sheathing needles or blunted surgical needles, for example, can help reduce the risk of injury. In fact, almost 83 percent of injuries from hollow bore needles are potentially preventable.

In general, properly designed devices should (1) provide a barrier between the hands and the needle after use; (2) allow or require the worker's hand to remain behind the needle at all times; (3) have safety features integral to the device itself rather than as accessories; (4) be in effect before disassembly and remain in effect after disposal to protect against future worker contact; (5) be simple and easy to operate, with little or no training and (6) not interfere with the delivery of patient care.

Types of safety features include the following:

- Passive safety features remain in effect before, during and after use; workers do not have to activate them. Passive features enhance the safety design and are more likely to have a greater impact on prevention.
- Active devices require the worker to activate the safety mechanism. Failure to do so leaves the worker unprotected. Proper use by health care workers in the primary factor in the effectiveness of these devices.
- An integrated safety design means that the safety feature is built in as an integral part of the device and cannot be removed. This design feature is usually preferred.
- An accessory safety device is a safety feature that is external to the device and must be carried to or be temporarily or permanently fixed to the point of use. This design also is dependent on employee compliance and according to some researchers, is considered less desirable.

(Note: OSHA does not require employers institute specific devices, but it does require that employers evaluate the effectiveness of existing controls and review the feasibility of instituting more advanced engineering controls.)

As an employer of health care workers, it is important that you develop a needlestick prevention program to protect employees from exposure to bloodborne pathogens. A comprehensive program should include the following components:

- Creating a multidisciplinary team to investigate and assess needlestick incidents.
- Define prevention priorities on the basis of collection and analysis of an institution's injury data.
- Develop design and performance criteria for product selection according to needs for patient care and health care worker safety.

To evaluate and access safer needle devices, you should review (internal historical) needlestick injury data including the personnel involved, the devices used and the circumstances (and frequency) of needlestick events. This information can help in determining how employees can maximally benefit from a product change to safer needle devices. Although not required by OSHA, the collection and evaluation of complete needlestick injury data are key to identifying injury patterns and then implementing an effective abatement plan.

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Part III – Back Injury Prevention – Patient Lifting Techniques

Introduction

More people see doctors for back pain than for any other medical ailment except colds and upper respiratory complaints. Six million people a year see a doctor because of back pain, often because they did not use the proper methods of lifting and moving an object.

Back pain is common not only among industrial and business workers, but also among caregivers. Studies show that nurses rank second only to heavy-industry workers in the number of persons suffering back pain.

One out of six people has experienced severe back pain that lasts at least two weeks sometime during their life. The cost of treatment, lost wages and rehabilitation for all sufferers of back pain is unknown, but it is believed to be enormous. Just the direct costs of insurance-compensated medical bills and payment for lost wages related to low back pain are estimated at more than $11.5 billion a year. Indirect costs of lost production time, training unskilled replacements for disabled workers, administrative costs, etc are difficult to determine, but also significantly increase the total cost.

Back pain caused by lifting can be prevented if you use proper lifting techniques and exercise regularly to improve your muscle strength and overall physical condition.

TRANSFER AND LIFTING RULES

The Five Rules for Lifting Are:

1. Take a wide base of support. All objects have a platform or surface, which is in contact with the floor or another surface (i.e., a bed). This platform is known as a "base of support". The larger the base of support, the more stable the object will be. For instance, the area between your feet is your platform. If you spread your feet apart, the base of support becomes wider or larger. If you stand with your feet together, you have a narrow base.
2. Keep the load close to your body. This provides good stability by placing yours and the object's center of gravity near the center of your base of support. Be sure the object's center of gravity is within your base of support. If it isn't, you will be off balance. The second characteristic of an object is its center of gravity. This is the balance point of an object. Some objects, which are heavier on one end than the other, do not have a center of gravity in the middle. A person's center of gravity is slightly higher than the center of a person's height.

3. Bend your hips and knees, but keep your back straight. Bending your hips and knees lowers your center of gravity while keeping it directly over the middle of your base of support. This allows for stability while lifting and uses your legs rather than your back.
4. Shift your feet to turn. Don't twist. By moving your feet in small steps, you keep your base of support stable. Twisting can cause strain on the back and may result in injury.
5. Do not lift over your head, if possible. Lifting over your head raises your center of gravity, lessens your base of support and causes instability. If you must lift high, use a sturdy stool or chair.

TRANSFERRING

Check with the older person to see what help, if any, is needed. If assistance is needed, find out the person's strength and weaknesses. Often one side of the body is stronger. The stronger side should be transferred first. When lifting, transferring or carrying a physically restricted person, observe the following principles of body mechanics. Practicing them will help prevent possible strain or injury to your lower back and will insure a safe lift for the person you are lifting.

1. LIFTING

- First, plan the job.
- Make sure ample room is available for good footing and the path is cleared for the carry.
- Stand so you will not have to twist as you lift.
- If the weight of the person is more than one-fourth of your body weight, you should get someone to help you. Also, get assistance if lifting the person is awkward.
- Your back should be kept as straight as possible.
- Lift by straightening your legs in a steady, upward thrust and, at the same time, move your back to a vertical position.
- The weight of the person should be kept close to your body and over your feet.

2. CARRYING

- Carry the person as close to you as possible.
- Keep your back straight, not arched.
- Do not twist. Change direction by taking small steps and turning the whole body at once.

3. LOWERING

- Spread your legs to hip width and lower the person between your feet.
- Hold your back straight and steady, even when you lean forward.
- Lower in a slow and even manner while bending your legs.
- Do not twist your body. To turn, move your feet.

4. TRANSFERRING

- Although some individuals who use a wheelchair have sufficient arm strength and coordination to transfer into and out of their chair by themselves, many will need

assistance. Various types of transferring techniques can be used to move someone from one place to another when carrying is not necessary. The individual's weight and physical ability to help, as well as your own strength, are important factors in deciding which technique will be most appropriate. The individual will also be able to tell you more specifically what seems to work best from experience.

5. WHEELCHAIRS

- Make sure the chair is locked when removing or seating the person.
- Pull the wheelchair backwards up steps or curbs.
- Adjust the height of the foot pedals so the person is sitting at a 90-degree angle at the hip and knee.
- When removing or seating the person, the following procedure is suggested as easy for you and most comfortable for the person:
    - Before you begin, make sure you have put the foot pedals or swung them out of the way. Place your arm around the person under his or her arm at the armpit. Place your other arm under the person's knees. Or face the person in the chair. Secure a hold under each arm, and lift the person out of chair (remember to bend at your knees and not your waist).

6. LIFTING AND MOVING (from bed to wheelchair):

- Always begin the lifting procedure by moving the person to the edge of the bed. First, move the upper trunk, then the legs one at a time. Repeat this until the person is near the edge of the bed. Repeated movement of trunk and legs is easier than lifting the person as a whole all at once.
- Remember, bend from your knees, not from your waist. If you must bend from the waist, tighten your stomach muscles while bending and lifting. This reduces pull on the back muscle. Keep your back straight at all times. The following are step-by-step procedures, which will make lifting and transferring safer and easier.

7. THE ONE-PATIENT TRANSFER

A. Prepare for the lift.

- Place a belt around the person's waist.
- Place wheelchair at a slight angle to the side of the person's bed.
- Lock both brakes on the wheelchair.
- Remove the armrest of the wheelchair on the side next to bed, if possible. This helps prevent bumping the person's hips or buttocks and allows for lifting without lifting too high.
- Swing away the leg-rests of the chair. If leg-rests will not swing away, lift the pedals to avoid interference during the transfer.
- If the person has a catheter, be sure the bag is lower than the bladder and that both bag and tubing are out of the way. (This applies equally to transfers from a wheelchair to a surface and from a surface to a wheelchair.
- Stabilize the bed, so it will not move.

B. Steps in the one-person transfer.

- Place the person's legs over the side of the bed with the knees near the bed's edge.
- Place the person's hands in his or her lap.
- Place your arms under the person's armpits and around the back.
- Raise the person to a sitting position on the side of the bed. Do not let go unless the person can sit alone without support.
- Gradually slide the person forward until the person's feet are flat on the floor. Place your feet on a "v" on both sides of the person's feet for support. Have your feet far enough apart to give you a good base of support. Your knees should be on each side of the person's knees.
- Have the person lean forward. If possible, place the person's arms around your shoulders. Allow the person to reach with an outside arm for the far wheelchair arm.
- Bend your hips and knees while keeping your back straight. Place your arms around the person's waist. Grip the person's belt on both sides toward the back with your hands (If the person is not wearing a belt, a safety belt may be put on during the preparation stage).
- Keep the person's knees stabilized. Count 1-2-3; pull forward on the belt to lift the person.
- When the person is high enough to clear the armrest or chair surface, turn by taking small steps. Be sure to keep the person's knees blocked with your own knees.
- When turned, bend your hips to squat and lower the person to the chair's seat.
- Replace the footrests, then the armrest.
- Remove the belt, if necessary.
- Fasten the seat belt on the chair.
- Repeat the procedure from steps 5 to 11 when transferring from a chair to the bed or other areas. Remember to move any catheter bags or tubes out of the way prior to lifting.

8. THE TWO-PERSON TRANSFER:

A. Prepare for the transfer

- Know where you are going to move the person.
- Prepare the wheelchair, tub or bed prior to starting to lift the person.
- Be sure the wheelchair brakes are locked.
- Remove the wheelchair's armrest, which is closest to the destination point.
- Swing away or remove the leg-rests or lift pedals, if possible.
- If the person has a catheter, be sure the bag is lower then the bladder and that both bag and tubing are out of the way. (This applies equally to transfers from a wheelchair to a surface and from a surface to a wheelchair.
- Stabilize the surface from which you are lifting the person.

B. Steps in a two-person transfer

- The taller lifter should stand at the back of the person.
- The shorter person should stand on one side of the person.

- The lifter at the back should put his or her arms under the person's shoulders and around the person's chest with arms folded across the person's chest.
- The taller lifter at the back should then widen the base of support by spreading feet apart and bending slightly at the hips and knees. (Remember to not bend the back, but to use the strength in the hips and knees).
- The shorter lifter at the side places both arms under the person's thighs in order to support the buttocks and lower legs. Clasp one hand to wrist for firm grip.
- The shorter lifter should also widen the base of support by spreading feet apart.
- Bend knees and hips slightly before lifting.
- Be sure the person being lifted keeps elbows next to the body or place arms and elbows in that position, if necessary.
- The taller lifter counts to three after which both lifters should straighten their hips and knees to lift the person in unison. Both lifters step to the transfer surface and place the person there. If the individual is being put in bed, repositioning for comfort may be necessary.

9. ACTIVE TRANSFERS:

- Individuals who need little or no assistance perform the following transfers. This type of transfer is known as an "active" transfer. The three commonly used active transfers for the aged and handicapped are the side, the walker and the cane transfers. Procedures for these transfers are as follows:

A. <u>The side transfer</u>: used by a person who is weak in the lower extremities (This technique is described for a person moving from a wheelchair to the toilet, but may be used for bed to chair, chair to bed or chair to tub seat)

- The person:
    - Approaches the toilet at a 90-degree angle.
    - Locks the brakes on the chair.
    - Raises the pedals of the chair.
    - Places both feet flat on the floor about 12" apart.
    - Places both hands on the armrests of the chair and leans slightly forward over the knees.
    - Assumes a partially standing position by pushing with both hands.
    - Grasps the left grab bar with the left hand or the right grab bar with the right hand, depending upon the angle of approach. (A grab bar should be available either on the toilet seat or on the wall beside the toilet).
    - Takes small steps and turns slowly until standing with back to the front of the toilet.
    - Stabilizes before leaning forward and lowering to the toilet seat.

Transfers should be made toward the strongest side or the side without an encumbrance, such as a cast. Improper transferring to the wrong side could cause falling and injury

An elevated toilet seat can help a person who has difficulty in transferring from a toilet to a wheelchair.

In a bathroom with limited space, the person may be required to have the wheelchair facing the toilet. The person must, therefore, turn halfway around before sitting down.

B. The Walker Transfer: Many aged persons need the aid of a walker for stability.

- To rise, the person:
    - Secures the wheelchair by backing it against a wall, if possible and locking the brakes.
    - Raises or swings the footrests out of the way.
    - Places the walker in front of, and as close as possible to, the wheelchair.
    - Moves forward to the front half of the wheelchair seat.
    - Places both hands on the armrests of the chair**. (Under no circumstances should the person take hold of the handles of the walker until fully upright. The walker will tip backwards easily).**
    - Places feet flat on the floor and spreads them about 12' for a good base of support.
    - Leans forward with shoulders directly above knees.
    - Pushes with arms and legs to a standing position.
    - Takes hold of the walker using on hand at a time**. (Only after standing should the person reach to take hold of the walker).**
    - Stabilizes prior to walking.

- To sit, the person:
    - Approaches the chair from the side. (If using a wheelchair, the brakes need to be locked)
    - Turns until his or her back is facing the chair**. (Only a quarter turn is required for the person to have his or her back to the chair. The person's strong side should be closest to the chair).**
    - Backs up until the backs of the knees come in contact with the front of the seat.
    - Reaches back with one hand at a time to grasp the wheelchair's armrests.
    - Leans forward, bending the hips and knees to lower self into the chair.

C. The Cane Transfer:

- To rise with a cane, the person:
    - Stabilizes the chair (especially a wheelchair) against a wall and locks brakes.
    - Raises footrests or swings them out of the way.
    - Places the cane in the hand of the strongest side.
    - Holds the cane in the hand while grasping the armrest by the same hand **(If the hand opposite the cane is usable, the person grasps the armrest with it, also.**

When someone does not have the use of the arm opposite the cane, the person should lean forward over the knee on the side of the cane).

- Moves forward in the chair to the front half of the seat.
- Spreads feet about12 inches apart.
- Leans forward to shift weight.
- Pushes with arms and legs to stand.
- Brings cane up from the armrest.
- Stabilizes with the can before proceeding to walk.

- To sit with a can, the person:

  - Approaches the chair with the cane, placing the can in front of the chair. This places the strongest side toward to chair.
  - Turns until the back if fully to the chair.
  - Backs up until the backs of the knees touch the front of the seat.
  - Reaches back with both hands, if possible, and grasps the armrests.
  - Holds cane with the armrest.
  - Leans forward over both knees provided both arms can be used. The person should lean over the knee on the cane side if only that arm is usable.
  - Bend hips and knees to sit down.

LIFT FROM THE FLOOR

- A caregiver may find times when an older person has slipped to the floor without the fall being serious. The older person may not be hurt, but may simply have trouble getting up. If the older person is very frail, and you do not feel you can lift the person alone using the transfer techniques, call someone to assist you. While you are waiting for someone to assist you, make the person more comfortable by putting pillows around him or her for brace and support.

- However, if the older person has some strength and can help get up with assistance, the following technique is useful:

  - Have the person lie on his or her side**. (The instructions, which follow are given for the person lying on the left side. However, if the person's strongest side is the left side, have the person lie on the right side and adapt instructions accordingly).**
  - Put the person's left arm under the side of the head with the arm stretching straight upward. Have the person bend the knees.
  - Place the person's right hand on the floor in front and a few inches away from the chest.
  - Have the person use the hip and back muscles and begin to place weight on the right arm. The person should begin to lift by dragging the left arm, head and torso up to a sitting position.
  - Have the person place both hands on the floor on the left side.

- Let the person place the right foot flat on the floor in front of the left ankle while shifting until the person feels comfortable.
- Now, twist and lift using the hip muscles with the person turning slightly to the left and resting on the left knee and right foot.
- Have the person keep hands on the floor while bending the toes of the right foot under to grip the floor
- Using the hip and leg muscles, have the person push up to lift the buttocks up first. The toes of the left foot should be turned under to grip the floor as the person begins to lift up.
- If the person needs assistance, stand behind them. Place your arms around the person's chest and pull up while the person is pushing up with arms and legs.

Remember that each individual situation is unique when applying these basic steps in transferring. Some situations will require other steps. The advice of an experienced person such as a nurse or physical therapist can be invaluable.

Depending upon the physical limitations of the individual, these steps should provide a safe lifting and transfer method. Be sure to check with the physically limited individual for other methods or adaptations which can also work.