

Lifting/Positioning

A. General Guidelines

1. Any school personnel that will be participating in lifting of students should be observed using correct posture and proper body mechanics.
2. All equipment used needs to be placed in appropriate positions to ensure correct posture and proper body mechanics.
3. Any student with sensation impairment problems, motor problems, or sensory integrative problems should be observed, appropriately handled and positioned.
4. All appliances, prostheses, braces, wheelchairs and other adaptive equipment must be used in such a way as to minimize pressure areas leading to tissue and/or nerve damage to the student.

B. Purpose of Lifting/Positioning

1. Purpose - Lifting
 - a) To transfer a student from one position to another using good posture and proper body mechanics.
 - b) To reduce the risk of injury to both student and school personnel.
2. Purpose – Positioning
 - a) To reduce the risk of contractures and to maintain body alignment.
 - b) To stimulate circulation and to prevent thrombophlebitis, pressure sores and edema of the extremities.
 - c) To minimize pressure areas resulting from student's inability to move, thus reducing tissue and nerve injury.
 - d) To enhance the student's capability to utilize sensory input through proper positioning and handling.
 - e) To relieve pressure on a body area.
 - f) To enhance functional abilities and motor performance.

C. Equipment – varies with procedure used

1. Bolsters
2. Padding
3. Braces/Splints
4. Wedges
5. Sidelyers
6. Prone standers
7. Adaptive chair
8. Wheelchair
9. Mechanical lift

D. Personnel Recommendation

The lifting/positioning procedure may be performed by qualified designated school personnel under appropriate supervision.

PROCEDURE FOR LIFTING / POSITIONING

Essential Steps	Key Points and Precautions
1. Describe each step of the procedure before proceeding. Put on, aid in putting on, or adjust long and short leg braces, prosthetic devices, splints, and back braces according to specific instructions.	Inclusion of the student may make the task easier and improve student participation. At all time, proper posture and body mechanics are to be used by the school personnel performing lifting procedures.
2. Obtain specific instruction for proper lifting/positioning of student in wheelchair and/or adaptive equipment.	Lifting procedures may vary per specialist's instruction.
3. Check wheelchair/adaptive equipment daily for safe operating condition.	For upper and lower extremity splints/braces, make sure the extremity is placed in appropriate alignment and fastened securely per specialist's instruction. Check and relieve pressure points against skin.
4. Position or assist in positioning student in wheelchair/adaptive equipment. Secure seat belt or harness and all attachments/supports.	Student positioning in wheelchair and/or adaptive equipment is unique for each student. Check brake, seatbelt, and general mechanical condition. Make sure all straps and supportive adaptations are positioned and secured appropriately. Check all area of contact over bony prominences for possible pressure area. Recheck pressure areas and change position every one to two hours.
5. Record procedure on daily log if indicated.	

Lifting/Positioning Skills Checklist

[]Initial []Review

Student's Name: _____ Date of Birth: _____ Age: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Information (verbal recall)							
A. Describes, gives reason for procedures							
1. Safe, frequent change of position							
2. Safe appropriate use & movement of equipment							
B. Describes principles of good body mechanics for school personnel							
1. Bending							
2. Lifting							
3. Turning							
C. Describes optimal body alignment for student							
Head ___ Pelvis ___ Upper Extrem. ___							
Trunk ___ Lower Extrem. ___							
D. Changes the students' position as scheduled in appropriate adapted equipment such as adapted chair, prone stander, sidelyer, wedge, etc.							
TIME POSITIONS							

E. Applies splints as scheduled, as per specialist's instructions:							
TIME POSITIONS							

F. Describes ways to maintain privacy of student, encourage student participation							
G. Equipment							
1. Gathers equipment needed							
2. Check equipment for safe use							
II. Steps							
A. Washes hands thoroughly							
B. Seeks assistance if indicated before beginning the procedure							
C. Arranges the equipment for use							
D. Explains the procedures to student; "talks through" each step before moving							
E. Praises/encourages student's participation							

Lifting/Positioning Skill Checklist (page 2 of 3)

Student's Name: _____

F. Maintains proper posture while lifting or moving student							
1. Stands close to student							
2. Stands with knees bent, feet apart							
3. Turns with back straight, not twisted							
4. With 2 man transfer use verbal count to coordinate movements							
G. Use mechanical lifts, draw sheets if appropriate _____							
H. Maintains safety and comfort of student while changing positions							
1. Open airway; head in line with spine							
2. Limbs, fingers, and toes are in safe position							
3. Back is not twisted							
4. Other _____ _____							
III. Positions student with appropriate support.							
A. Sitting:							
Head							
Trunk							
Hips							
Arms							
Feet							
B. Supine: (on the back)							
Head							
Trunk							
Hips							
Arms							
Knees							
Feet							
D. Prone: (on the abdomen)							
Head							
Trunk							
Hips							
Arms							
Knees							
Feet							
E. Make sure student is comfortable and safe with all positioning straps secured							
F. Places appropriate material for education/stimulation for easy access							

Lifting/Positioning Skills Checklist (page 3 of 3))

<i>G. Washes hands</i>							
<i>H. Cleans & stores equipment</i>							
<i>I. Records the procedures on the student's daily log</i>							
<i>J. Demonstrates appropriate knowledge of emergency steps to take, if necessary during transfer</i>							

Comments: _____

Overall Rating: ___ **PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*
 ___ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

 Date: School RN Signature Date Employee Signature