

Revised: April 2025

### Background

Christ The Redeemer (CTR) Catholic School Division recognizes and welcomes the diverse learning needs of students. As CTR works diligently to support the needs of all students in schools, the necessity for transfers and lifts to occur for some students throughout the school day is acknowledged. In an effort to ensure a safe environment for both students and staff, the guidelines below provide guidance for the lifting and transferring of students at CTR schools.

These guidelines are based on Alberta Health Services (AHS) Guidelines and are intended to be used by all employees of CTR Catholic and does not replace a lift/transfer consultation, visit, or guidance from an occupational therapist or physiotherapist. As the situation will vary student to student, these are guidelines, and it is critical to remember that all students requiring a lift/transfer support must be referred to an occupational therapist or physiotherapist prior to completing any lifts or transfers to ensure safety of both the student and staff.

### Definitions:

- Independent: a student is able to independently transfer from one surface/chair to another; support, supervision, and assistance may be required.
- Weight-bearing (Minimum or moderate assistance): a student is able to control and have some weight through their legs.
- Dependent (Maximum assistance): a student is dependent on adult staff for transfers.
- One-person transfer: one trained adult is able to safely complete this transfer.
- Two-person transfer: two trained adults, plus the student, are required to safely complete this transfer.
- Lift: this involves managing students who cannot assist with the transfer (Canadian Centre for Occupational Health and Safety)
- Transfer: this is an effort to move a student who is able to assist in the transfer by weight bearing on at least one leg (Canadian Centre for Occupational Health and Safety)
- Mechanical lift: a mechanical lift is a powered means of moving a student from one location to another. Some examples include a ceiling track lift, a hydraulic change table, or battery-operated lift.

### Procedures:

- **Weight restrictions, as per AHS, for Assisted Transfers:**
  - Less than 25 pounds: a student who weighs less than 25 pounds is able to be a one-person transfer.

- 25-50 pounds: a student who weighs between 25 and 50 pounds is considered a two-person lift and transfer.
- 50+ pounds: a student who weighs more than 50 pounds and who has been determined to be a moderate-maximum assist by an OT/PT must use a mechanical lift under the supervision of 1-2 adults.
  - Refer to Appendix A: Mechanical Lift Training Guideline Checklist for specifics.
- **Caregiver/Educational Assistant/Staff Member considerations:**
  - The relative sizes of the caregiver and their physical ability and/or injuries and conditions.
  - The student's cognition, cooperation, movement patterns, muscle tone, and consistency.
  - The above must be considered when one is determining the need for additional staff to aid in a transfer or the need for a mechanical lift.
  - The weight and height differences may dictate the necessity of mechanical assistance (Occupational Health and Safety).
- **Lifting reviews (Alberta Health Services)**
  - Lifting should be reviewed every September if:
    - The student grows significantly.
    - Student's condition changes (muscle tone, behavior, deterioration, new equipment, significant growth spurt or parent/guardian reports student newly exceeding 25 or 50 pounds).
    - A different lift is required (floor to change table, etc.).
    - Any staff changes.

Before starting or completing any lifts with a staff member who has not been trained, administration should consult their occupational therapist or physiotherapist. In the case where there are one-to-one educational assistants, two-three additional staff members will be trained proactively, in the event that the usual educational assistant is unavailable. Further, most lifts and transfers of students require more than one staff member for the safety of both staff and the student.

#### **References:**

- Alberta Health Services Lift and Transfer Guidelines. Reviewed June 2019.
- Centre for Occupational Health. (2019, June 20). Ergonomic Safe Patient Handling Program. Retrieved from [https://www.ccohs.ca/oshanswers/hsprograms/patient\\_handling.html](https://www.ccohs.ca/oshanswers/hsprograms/patient_handling.html)
- Radomski, M. V., & Latham, C. A. (2014). *Occupational therapy for physical dysfunction*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

## Appendix A: Mechanical Lift Training Guideline Checklist

The following information was covered on \_\_\_\_\_ by \_\_\_\_\_ Occupational Therapist with the following school staff:

- Handling guidelines listed below were discussed today and have been written up and placed in the room where lift is being used:
  - Specific equipment to use.
  - Technique.
  - Number of handlers to be used.
  - Leg configuration.
  - What colour of loops to attach.
- Staff training provided included:
  - Potential issues that could arise.
  - What to do if issues arise (e.g., if battery dies).
  - Going over manufacturer guidelines on how to care for and inspect equipment.
  - Scenarios when a lift should not be used (e.g., If person is very agitated, it is safer to wait).
  - When to notify your OT/when not to use the sling (e.g., how to tell if sling is still fitting correctly).
  - Teach how to do a quick check before using lift/sling:
    - Check battery.
    - Check legs open and close.
    - Check that castors are moving freely.
    - Scan environment for potential hazards.
    - Check sling and sling loops for any tearing or fraying.
- Staff who attended training had an opportunity to practice attaching the sling and had an opportunity to practice operating the lift.
- School/division was informed that lifts need to be inspected regularly by a competent person (Canadian Association of Occupational Therapists' webinar recommended every 6 months). Schools should keep records of lift inspections.

Handling Plan for: \_\_\_\_\_  
Handling Plan was created on: \_\_\_\_\_  
Handling Plan needs to be re-evaluated in: \_\_\_\_\_

*Please note that reading these Handling Guidelines does not replace training on how to use the lift. Individuals operating the lift are required to have gone through lift training provided by OT/PT. Individuals using the lift should familiarize themselves with the operating manual.*

**\*\*\*2 trained adults are required to assist with operating the lift/lift\*\*\***

Brand of lift and Sling: \_\_\_\_\_  
Weight Capacity of lift: \_\_\_\_\_  
Weight Capacity of Sling: \_\_\_\_\_  
Size and Colour of Sling to be used: \_\_\_\_\_  
Colour of shoulder loops to be used: \_\_\_\_\_  
Colour of hip loops to be used: \_\_\_\_\_  
Colour of leg loops to be used: \_\_\_\_\_

**General Operating Instructions:**

- Check to make sure the battery is charged before using, or the unit is plugged in (if applicable).
- If a sling is being used, check the sling to ensure there are no rips or tears.
- Ensure wheelchair/stroller/walker/commode/change table/life **brakes are on before using the lift.**
- Cross the inner leg straps before placing the inner leg strap over the outer leg strap, if using a sling.
- **Disengage the brakes on the lift before moving it up or down.**
- Be slow when moving the lift up or down.
  - When initially raising the lift up pause and make sure that there is appropriate tension/do a second check to make sure sling is attached properly. Lower and re-adjust sling if needed.
- Watch the bar for mechanical lifts and ensure that it does not hit the students or staff.
- Only lift the student high enough to clear the surface you are moving from.
- Second person should always be holding on to the student in the lift while they are being transferred, or nearby to stabilize/support as needed (arm's length away).
- Once on the bed/toilet detach, sling (if using) from lift and move it out of the way.
- Reposition straps and repeat process to transfer back to chair.