



Nursing level III

NTQF Level III

Learning Guide-25

Unit of Competence: Transport and Assist Patient by Safe Handling Practice

Module Title: Transporting and Assisting Patient by Safe Handling Practice

LG Code: HLT NUR3 M05 LO6-LG -18

TTLM Code: - HLT NUR3 TTLM 0919v1

LO6. Prepare to assist with client movement

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This learning guide is developed to provide you the necessary information regarding

The following content coverage and topics

- Prepare to assist with client movement
 - ✓ Assisting client movement
 - ✓ Communication protocols
 - ✓ Patient/client consent and cooperation

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to -

- ✓ Requirements for assisting with client movement are confirmed with relevant personnel and care plan.
- ✓ Equipment is selected according to client requirements.
- ✓ Environment is appropriately prepared.
- ✓ Procedure is explained to client and questions answered as required and according to appropriate communication protocols.
- ✓ Patient/Client consent and cooperation is sought.
- ✓ Client movement is carried out using appropriate safe handling method and equipment as required.
- ✓ Appropriate action is taken to ensure client comfort and safety throughout positioning or transfer.
- ✓ Communication with client during movement is

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in number 3 to 11.
3. Read the information written in the information “Sheet 1, Sheet 2, Sheet 3, Sheet 4 Sheet 5, Sheet 6, Sheet 7, Sheet 8, Sheet 9, Sheet 10 and Sheet 11”.
4. Accomplish the “Self-check 1, Self-check t 2, Self-check 3,in page 8,15 &18
5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).

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6. Submit your accomplished Self-check. This will form part of your training portfolio.
7. Your trainer will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your trainer shall advice you on additional work. But if satisfactory you can proceed to Learning Guide #2.

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- **Assisting client movement**
 - ✓ **Lift** – carrying all or a portion of body weight using a mechanical lift e.g. patient is incapable of assisting with mobility
 - ✓ **Transfer**- moving a patient from one surface to another in a dynamic and cooperative way e.g. bed to a chair
 - ✓ **Repositioning** – change in patient’s position in a chair/bed to improve posture, increase safety, aid circulation, prevent skin breakdown
 - ✓ **Facilitation** - invite patient to move with use of verbal, handling guidance, positioning, environment, equipment
- **Lifting and carrying** are dynamic processes. To ensure that no individual suddenly bears the risk of injury to EMT-B or the patient, you must know where rescuers should be positioned and how to give and receive lifting commands so that all parties act simultaneously.
 - ✓ Whenever the patient is moved, special care must be taken not to cause any further injury to the patient as well as injury to rescuer/career. Many EMT-Basics are injured every year because they attempt to lift patients improperly. Study shows that back injury from improper lifting is the number one injury suffered by pre-hospital care providers. Effective and safe applications of patient handling procedures to avoid self-inflicted and career-ending injuries are very important parts of EMT training. EMTs should have the basic knowledge and skill about proper lifting and moving of the patients.
 - ✓ To safely lift and carry a patient, you and your team must understand each other and each move must be performed in a coordinated manner. Before lifting the patient, team leader should coordinate the move and indicate the sequence of steps each member should go after. Orders that will initiate the actual lifting or moving should be given in two parts: Preparatory command and a command of execution/implementation.

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- **Additional Lifting and carrying guidelines**

1. Find out how much the patient weighs before attempting to lift. With proper lifting technique, you and one other EMT can safely lift a weight between 100 to 210 lb. (45-95 kg) However, for safe lifting, it is better to use four rescuers lifting technique.
2. Know how much you can comfortably and safely lift.
3. If lifting the patient places strain on you, stop lifting and lower the patient and obtain additional help before attempting to lift again.
4. Communicate clearly and frequently with your partner and other rescuers whenever you are lifting a patient.
5. Do not attempt to lift a patient who weighs more than 250 lb. with fewer than four rescuers.
6. Find out the weight limitations of the equipment you are using and how to handle patient who exceed the weight limitation.
7. Special techniques, equipment, and resources are required to move any patient who weighs more than 300 lb. (136 kg) to the ambulance.
8. The strongest of the available EMTs should be located at the head end of the device as more than half of the patients weight is distributed to the head end of the backboard or cot.
9. Whenever possible, use a chair or canvas pole stretcher instead of a wheeled stretcher to carry a patient down stairs. Follow the following steps:
 - a. Secure the patient to the stair chair with straps.
 - b. Rescuers take their places around the patient seated on the chair: one at The head and one at the foot.
 - The rescuer at the head gives directions to coordinate.
 - c. A third rescuer precedes the two carrying the chair to open doors and spot them on stairs. For lengthy carries, the third person can rotate and provide breaks for the other two.

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- d. When reaching landings or other flat intervals, lower the chair to the ground and roll it rather than carrying it.
 - e. When reaching the level where the cot awaits, position next to the cot in preparation for transferring the patient.
10. Always remember to keep your back in the locked position.
 11. Flex at your hips, not at your waist.
 12. Bend your knees and keep the patient's weight and your arms as close to your body as possible.
 13. Avoid any unnecessary lifting and carrying of the patient.
- **General consideration for moving**
 - ✓ Moving a patient should be done in orderly, planned and slow fashion. This is important to protect you as well as the patient from further injury and reduces the risk of worsening the patient's condition during movement.
 - ✓ You should carefully plan ahead and select the method that will involve the list lifting and carrying.
 - ✓ Remember always to use the method that will cause less strain to you and your partners.
 - **Emergency moves**
 - ✓ Emergency move is performed before initial assessment and care are provided when there is potential danger to you and the patient. Its purpose it to move the patient to safe place to avoid possible harm or death.
 - **Emergency drags**
 - ✓ A patient on the floor or ground should be dragged away from the scene instead of lifting or carrying. Every effort should be made to pull the patient in the direction of long axis of the body to provide protection to the spine.
 - **Cloth drag**
 - ✓ Is the simplest method to move the patient in emergency situation? If the patient is too heavy for you to lift or carry, grasp the cloth around the neck and shoulder, rest the patient head on your arm and drag the patient from danger.

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- **Blanket drag**

- ✓ If the patient is not dressed or dressed cloth that could tear easily during the cloth drag, use large sheet or blanket to drag the patient. First, place blanket on the floor and roll the patient on to it. Then move the patient to safe place by dragging the blanket. This method is advantageous to move a patient who weighs more than you.

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Self-check-1	written test
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Direction –say true or false

1. Cloth drag is the simplest method to move the patient in emergency condition.
2. Every effort should be made to pull the patient in the direction of long axis of the body to provide protection to supine.
3. moving a patient should be done in orderly planned and slow fashion.

Note: Satisfactory rating - 6 points Unsatisfactory - below 3 points

You can ask you teacher for the copy of the correct answers.

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Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

T/F Questions Answer

1. _____

2. _____

3. _____

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Information sheet-2	Communication protocols
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Communication protocols

As an emergency service provider you must be familiar with a two way radio communications and have working knowledge of the mobile and hand held portable radios that are used in your unit. You must also know when to use it them and what to say when you are transmitting. While EMS communications systems vary considerably among one another most systems serving moderate to large populations are constructed of the following components:

Base station radios

The base station is a collection of radio equipment consisting at minimum of a transmitter, receiver and antenna or it is any radio hardware containing a transmitter and receiver located in a fixed place. The base station may be used in a single place by an operator speaking into a microphone that is connected directly to the equipment. It also works remotely through telephone

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line or by radio from a communication center. Base station may include dispatch center, fire stations, ambulance base or hospital.

Portable radios

Portable radios are hand-carried or hand-held devices that operate at 1 to 5 watt of power. The entire radio can be held in your hand, when we use portable radio the antenna is often not higher than the emergency service provider who is using the radio. The transmission range of a portable radio is more limited than that of mobile or base station radios. Portable radios are essential in helping to coordinate emergency service activities at the scene of a mass-causality incident. They are also helpful when you are away from the ambulance and need to communicate with dispatch, another unit or medical control.

Repeater based station

A repeater is a special base station radios that receive message and signal on one frequency and then automatically retransmit them on a second frequency. Because repeater is a base station (with large antenna), it is able to receive lower power signals, such as from a portable radios, from a long distance away. The signal is then rebroadcast with all the power of the base station EMS system that uses repeater usually have an outstanding system wide communication and are able to get the best signal from portable radios. There are also portable mobile repeaters that may be found or placed in various areas around an EMS system area

Cellular telephones

While dispatchers communicate with field units by transmitting through a fixed radio base, It is common for the emergency service provider to communicate with receiving facility by cellular telephone. This telephone is simple low-power portable radios that communicate through a series

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of interconnected repeater stations called “cells”. Cells are linked by a sophisticated computer system and connected to the telephone network.

Standard procedures and protocols

You must use your radio communication system effectively from the time you acknowledge a call until you complete your run. Standard radio operating procedures are designed to reduce the number of misunderstood messages, to keep transmission brief and to develop effective radio discipline. Standard radio communication protocol helps both you and the dispatcher to communicate properly. Protocols should include guidelines specifying a preferred format for transmitting message, definitions of key words, and phrases and procedures for trouble shooting common radio communication problem

Principles of communication

Clarity of transmission

The purpose of communication equipment to permit communication that sound obvious, and yet it is often forgotten. For communication to occur someone at the other end of the radio has to be able to hear and understand what you say. Therefore the first principle of communicating by radio is clarity

There is a number of guideline that can help the radio user improve the clarity of transmission before you begin transmit,

- ✓ Listen to make sure that the channel is clear. If another radio transmission is in progress, wait until the parties have finished transmitting before you try to get on the air. Cutting in on someone else’s transmission will only ensure that neither of you will be adequately heard.
- ✓ Once the channel is quiet, press the transmit key for at least 1 second before speaking, to ensure that the beginning of your message is not lost
- ✓ Start your transmission with the identifying information: give the number or name of the unit being called first, then your own identification number (e.g. “Felegehiwot referral

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hospital from medic 3”). In that way the unit being called is alerted immediately and will already be listening when you give your own identification, so they can replay at once, “go ahead, medic 3”

- ✓ Keep your mouth close to the microphone, but not too close: - about 2 to 3 inches is usually ideal
- ✓ Speak clearly and distinctly, pronounce each word carefully.
- ✓ Don’t shout. Shouting just distorts the signal. Speak in a normal pitch, for very high pitched or low pitched sound do not transmit well either
- ✓ Don’t talk with your mouth full. It muffles transmission and besides you might choke
- ✓ Keep your voice free of emotion. You do not have to imitate a talking computer; a normal conversation tone is fine. Just keep your voice free of panic, anger excitement and other feeling that can distort both your transmission and your judgment
- ✓ Keep your transmission brief. Airtime is precious and emergency medical frequencies are not the place for long philosophic dialogues. If you have a long message to transmit, breakup the message into 30 second segment, check at the end of each segment to determine whether it was received and understood
- ✓ Don’t waste airtime with superfluous phrases, such as be advised. there is no need to use air time for social grace such as “please”, “thank you” “how nice to hear your voice”
- ✓ When presenting number that might be misunderstood, transmit the number as a whole, then digit by digit. For instance if the respiration is 15, you would say “the respirations are fifteen, that is one-five”

Contents of transmission

Radio transmission for emergency medical service should be brief, to the point and professional in tone. Here are some guidelines about what should and should not be included in emergency medical service radio communications:

- ✓ Do not use the patient’s name on the air, and do not transmit personal information about the patient. Certain types of cases, such as rape or psychiatric problem

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emergency medical service, are best identified number the air by an established code (see next section).

- ✓ Don't assume, by the way, that your cellular telephone offers you protected conversations. There are now scanners on the market that can tune in to the local

Communicating with other health care professionals

- ✓ Effective communication between the emergency service providers and health care professionals in the receiving facility is an essential cornerstone of efficient, effective and appropriate patient care.
- ✓ Once you arrive at hospital, a hospital staff member will take responsibility for the patient from you. Provide that person with a formal oral report of the patient's condition.
- ✓ Giving report is a longstanding and well documented part of transferring the patient's care from one provider to another. The following six components must be included in the oral report.
- ✓ The patient's name (if you know it) and chief complaint, nature of illness, or mechanism of injury
- ✓ More detailed information of what you gave in your radio report
- ✓ Any important history that was not given already
- ✓ Patient response to treatment given en route
- ✓ The vital signs assessed during transport and after radio report
- ✓ Any other information that you may have gathered that was not important enough to report sooner.

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Self-check -2	Wirreten test
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Direction –choose the best answer

1. Which statement is true about base station radio?

- A Used in single place by an operator speaking
- B It contains dispatch center
- C It is any radio hard ware containing transmitter
- D All

2. Which statement was false about portable radio?

- A Not hand held device
- B The transmission range of ratio limited
- C Essential in helping to coordinate emergency service limited
- D None

3. Which statement is number of guideline that can help the radio user improve the clarity of transmission?

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- A Listen to make sure that channel is clear.
- B Once the channel is quiet.
- C Keep your mouth close to microphone
- D all

Note: Satisfactory rating - 9 points Unsatisfactory - below 5 points

You can ask you teacher for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____

Date: _____

Choose QuestionsAnswer

1. _____

2. _____

3. _____

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Information sheet-3	Patient/client consent and cooperation
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Patient/client consent and cooperation

Consent is an approval or permission prior to perform tasks you engaged to perform for your case. Common types of consents are;

Expressed consent (Actual consent) is a type of consent in which the patient speaks or acknowledges that he or she wants you to provide care or transport. It must be **Informed**, which means the patient has been told of potential risks, benefits and alternatives to a treatment and has given consent to a treatment. Remind this as the patient must be of legal age and able to give rational decision. As you approach a patient be sure the patient understand who you are & what you are going to do. This consent has a ground on assumption of that a patient has the right to determine what will be done to his or her body.

Implied consent is the consent applied for those un able to refuse emergency care, particularly applied to patient in un conscious state in case the principle allows emergency care. Therefore the

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responder should never delayed to give the care. Implied consent is limited to life threatening emergency situation and appropriate when the patient is unconscious, delusional, unresponsive as a result of drug or alcohol use or otherwise physically unable to give expressed consent.

Consent for minors is of consent in case of children's and young adolescents. Because minor might not have the wisdom, maturity, or judgment to give valid consent, the law requires that a parent or legal guardian give consent for treatment or transport.

However, in some situations, a minor can give valid consent to receive medical care, depending on the minor's age and maturity. Many states also allow emancipated, married or pregnant minors to be treated as adults for the purpose of consenting to medical treatment. You should obtain consent from apparent or legal guardian whenever possible; however if a true emergency exists and the parent or legal guardian is not available, the consent to treat the minor is implied, just as with an adult. You must never withhold lifesaving care.

Consent in mental ill people of any age at insane state legally not considered as capable of speaking for theme selves in situation of emergency follow same principle to consent for minors.

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Self-check -3	Written test
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