

Participant Workbook

Object & Client Moving



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Trainer Guide enhancements completed by:

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2005 - SAHO: Sindi Duncan, Manager and H. Sharon Clark, Consultant

Successful Completion

Successful completion requires you to:

- participate in discussions and learning activities;
- practice the risk assessment and safe moving techniques; and
- provide a return demonstration of risk assessment process and safe moving techniques.

During the general session, ensure that you:

- understand safe body mechanics, the complete risk assessment process and safe moving techniques;
- have time for hands-on practice of the risk assessment process, safe moving techniques, appropriate documentation and communication;
- receive mentoring, coaching and feedback on the return demonstration of risk assessment and safe moving techniques, documentation and communication; and
- ask questions, help problem-solve and share ideas.

What you will learn today

- there are laws that your employer and you must follow for safety;
- the importance of good posture and safe body mechanics;
- how to identify risks in a moving task through a risk assessment process;
- ways to eliminate or manage those risks;
- safe moving techniques; and
- the importance of evaluating the move, communicating and documenting.

Accountability

The general definition of accountability includes:

- being bound to give an explanation of your conduct
- being responsible; answerable.

In day to day work, accountability means:

- following the policy
- using the skills you have received in training
- being responsible for the decisions/actions you make at work
- performing your job duties accurately and appropriately and using your knowledge, skills and abilities received during training - including making appropriate choices
- asking for help/assistance or additional training

Saskatchewan's Occupational Health and Safety Legislation

Every employer has a legal duty to provide a safe and healthy workplace, equipment, training and competent supervision.

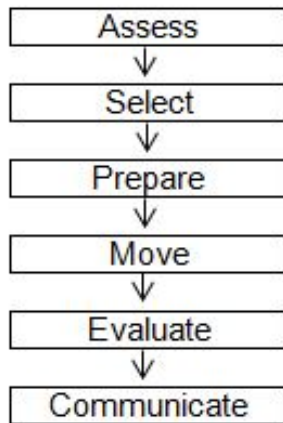
Every worker has three rights:

1. The right to know.
2. The right to participate.
3. The right to refuse work *believed to be unusually dangerous*.

Every worker has responsibilities:

- follow (i.e. be compliant with) your employer's policies;
- be accountable for the way you work;
- take training and use skills taught;
- use equipment safely; and
- report anything that is unsafe.

Steps to a Moving Task



Assess: complete a risk assessment of self, environment, equipment, object, client, not just once, but also *In the Moment* the task is being performed

Select: the safest moving technique will be determined through the risk assessment process

Prepare: footwear, personal protective equipment (PPE), equipment, assistance, roles clarified, command established, route, second location, pathway, clear visibility

Move: *In the Moment* Assessment

Evaluate: ask yourself questions

Communicate: verbal and written

Good Posture

Standing Posture:

- tighten core
- flex the knees often
- work at an appropriate height for the task
- wear comfortable shoes that have support and are appropriate for the task
- stand on a cushioned or anti-fatigue mat when standing for extended periods of time
- to assist in relieving the static posture of standing, place one foot up on an elevated ledge (e.g., 10-15cm or 4-6" high)

Sitting Posture:

- sit in alignment with ears over shoulders and shoulders over hips. Position reading material to avoid looking up or down for prolonged periods of time
- use a chair appropriate for the task that provides good lumbar support
- sit with feet flat on the floor, thighs at approximately a 90 degree angle, and knees slightly lower than the hips
- place both feet on appropriate foot rests when necessary
- sit close to the work
- stretch frequently

TLR Checkpoints to Safe Body Mechanics

Safe stance

- feet shoulder width apart (parallel or stride stance)

For the top

- ears over shoulders
- shoulders over hips

For the bottom

- bend at the knees (e.g., soft knees)
- bend at the hips
- “sit” into it (buttocks move down and back)
- tighten core (i.e. abdominal muscles)

Safe effective grip

- wrists in neutral position (wrists aligned with forearm)
- elbows close to your sides
- thumbs up or out

Comfort zone

- vertical zone: area between the shoulders and thighs (where the fingertips touch the thighs when standing in an upright posture); and,
- horizontal zone: area in front of you when your elbows are at or near a 90 degree angle and are close to your sides
- keep the load close

Weight transfer

- side to side
- front to back



Risk Assessment

A **risk** is any factor that has the potential to jeopardize the safety of those involved in the moving task. In TLR, **Risk Assessment** is the process by which the worker identifies and then eliminates or manages risks in order to select the safest moving technique.

Self Risk Assessment

Risk	How does this impact a safe move?	Action to eliminate or manage the risk
Physical Status previous injury/illness/surgery height/weight relative to client/other workers body mechanics physical fatigue physical fitness nutrition stimulant/depressant usage clothing		
Emotional Status stress emotional fatigue		
Training and Experience assessment and decision-making years of service/experience specific certification (e.g., EMS, CCA) moving task attitude/approach legislation		
Communication Skills client/other workers vision/hearing		
Workload time constraints availability of staff extended shifts number of calls and degree of emergency (e.g., EMS, emergency)		

Environment Risk Assessment

Risk	How does this impact a safe move?	Action to eliminate or manage the risk
Potential for violence/aggression Client/family/visitors Other workers		
Room/Area Size/layout Doorway Floor Clutter Furniture Climate		
Colours/Lighting Colours Lighting Shiny surfaces Shadows Contrasts		
Noise/Distractions Technology/entertainment/ events Conversation Voice tone Distractions		
Working Surfaces Level/stability Height/width Friction		

Equipment Risk Assessment

Risk	How does this impact a safe move?	Action to eliminate or manage the risk
Quantity Accessible		
Capacity Ability		
Quality Function Maintenance		
Design Ergonomically correct Adjustable		
Manufacturer's Intended Use Limitations		

Object and Task Risk Assessment

Risk	How does this impact a safe move?	Action to eliminate or manage the risk
The object: size/shape Weight Texture Contents Handles Balance Temperature		
The task: Location Distance to be moved Force to initiate, maintain or stop movement Frequency/repetition		

TLR Safe Work Practice - TLR *In the Moment* Risk Assessment

For each object moving task:

1. **Verify** before performing a moving technique. Find out:
 - what you need to know about the object through labeling, co-workers
 - what may be new or has changed since the last move, last shift
 - is the moving technique a lift or reposition and what equipment is needed
2. **Assess** for risks:
 - assess yourself before, during and even after the moving task: ask yourself questions such as “How am I feeling?”, “What is my attitude like today?”
 - assess the environment: clutter, noise, lighting, aggression/violence
 - assess the equipment: ensure appropriate assistance and equipment is available in quantity, capacity and quality
 - assess the object: hot, cold, heavy, awkward
3. **Select** the moving technique:
 - ensure it is the safest technique if it is already identified
 - the technique may need to change if the assessment has identified a change
4. **Prepare** for the move:
 - appropriate footwear
 - the plan is in place (equipment, assistance, route)
 - clear visibility
5. **Move** the object:
 - duties are assigned
 - use safe body mechanics (stance, grip, weight transfer)
 - use the appropriate steps for the moving task
6. **Evaluate**
 - did you feel that the move compromised your own safe body mechanics?
 - at any time did you feel the load was too heavy, awkward or unstable?
7. **Communicate**
 - what went well
 - what the recommended moving technique should be
 - how risks were eliminated or managed
 - what needs to be documented

TLR Checkpoints to Safe Body Mechanics - Review Exercise



- Safe stance
- For the top
- For the bottom
- Safe, effective grip
- Comfort zone
- Weight transfer

Areas of Risk:



- Safe stance
- For the top
- For the bottom
- Safe, effective grip
- Comfort zone
- Weight transfer

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Areas of Risk:










- Safe stance
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- Weight transfer

Areas of Risk:

General Moving Techniques

Refer to the TLR User Manual for steps to perform each of the general moving techniques.

<p>Pushing/pulling</p> 	<p>Wheeled equipment is appropriate for use in situations when:</p> <ul style="list-style-type: none"> ▪ load is required to be moved from one location to another ▪ load is too heavy or awkward to be moved manually ▪ workers are trained on the use of the equipment
<p>Reposition</p> 	<p>Sliding motion to shift, move or adjust an object on the same surface or between two surfaces of equal height. The objects' entire weight is supported by the surface.</p> <p>May be appropriate in situations when:</p> <ul style="list-style-type: none"> ▪ the worker can safely perform the technique ▪ all steps have been taken to minimize the load ▪ safe and effective hand positioning can be used ▪ repositioning requires the least amount of effort by the worker
<p>Golfer's Lift</p> 	<p>May be safe for an object that is:</p> <ul style="list-style-type: none"> ▪ light enough to be handled by one hand (e.g., pen, shoe) using a safe and effective grip; and ▪ designed for use by one hand (e.g., locking/unlocking wheelchair brakes, plugging in/unplugging electrical items)
<p>One Handed Partial Squat</p> 	<p>May be safe for an object that:</p> <ul style="list-style-type: none"> ▪ has an appropriate handle that is at the lower end of the worker's comfort zone; and ▪ is light enough to be lifted/handled by one hand (e.g., pail, briefcase) using a safe and effective grip; and ▪ is lifted up on one side of the body (e.g., a suitcase, a pail); and/or ▪ is designed for use by one hand (e.g., wheelchair brakes, placing/removing "wet floor" signage).
<p>Tripod Lift</p> 	<p>Completed in stages. It may be safe for a small object that is of appropriate:</p> <ul style="list-style-type: none"> ▪ shape; and ▪ weight <p>The worker:</p> <ul style="list-style-type: none"> ▪ utilizes their thighs to support the object ▪ maintains a safe effective grip; keeps the load close during each stage of the lift
<p>Diagonal Lift</p> 	<p>May be safe for an object that is of appropriate:</p> <ul style="list-style-type: none"> ▪ size; and ▪ shape; and ▪ weight <p>Allows a worker to safely handle the object with both hands. The worker:</p> <ul style="list-style-type: none"> ▪ utilizes their trunk and lower body to lift and move the object ▪ maintains a safe effective grip and keeps the load close
<p>Power Lift</p> 	<p>May be safe for an object that is of appropriate:</p> <ul style="list-style-type: none"> ▪ size; and ▪ shape; and ▪ weight <p>Allows a worker to safely handle the object with both hands. The worker:</p> <ul style="list-style-type: none"> ▪ utilizes their trunk and lower body to lift and move the object ▪ maintains a safe effective grip and keeps the load close during each stage of the lift

Test My Knowledge

Use resources to complete this test, such as your participant handbook and the TLR User Manual. Ask your TLR trainer for assistance if needed; your trainer is here to help you.

1. My three rights under Saskatchewan’s occupational health and safety legislation are:

1: _____

2: _____

3: _____

2. Give an explanation of each of the TLR Checkpoints to Safe Body Mechanics. The first one is completed for you.

Safe stance: feet shoulder width apart - stride or parallel

For the top: _____

For the bottom: _____

Safe, effective grip: _____

Comfort zone: _____

Weight transfer: _____

3. Finish this sentence:

A risk is _____.

4. In TLR, you assess for risks that would impact the safety of the moving task. From the list below, check all of the areas where you would perform a risk assessment.

Area of TLR Risk Assessment	✓
My own self	
The environment I am working in and moving to	
Any equipment I will be using	
The object I will be moving	

5. TLR uses a command so that workers are all aware of the moving task. From the list below, check the appropriate TLR command.

Commands	✓
Ready - Set - Go	
1-2-3-Lift	
On your mark, get set, go	
OK, let’s lift	
Lift on 3...1-2-Lift	

Client Mobility Risk Assessment

- **Initial:** client arrival, prior to moving, documented, communicated
- **Re-assessment:** replaces previous assessment, upon return/adjusted to agency; when two (2) documented changes occur, documented, communicated
- **Specialized:** specific situations, tailored for a client, conducted by a team, documented, communicated

Initial Client Mobility Risk Assessment

Part A: <u>Verbal, Written and Observation</u>	Part B: <u>Testing and Observation</u>
<p>Communication Status</p> <ul style="list-style-type: none"> ▪ Communication ▪ Language (mother tongue) ▪ Vision/hearing <p>Cognitive Status</p> <ul style="list-style-type: none"> ▪ Short-term memory ▪ Judgement ▪ Decision making ▪ Alertness <p>Emotional and Behavioural Status</p> <ul style="list-style-type: none"> ▪ Mood ▪ Aggressive/abusive <p>Medical Status</p> <ul style="list-style-type: none"> ▪ Medical condition (e.g., bariatric as per TLR definition)/diagnosis/skin condition ▪ Body awareness/weight distribution ▪ Attachments/appliances ▪ Pain/fatigue ▪ Medications ▪ Mobility assistive devices 	<p>Physical and Functional Status</p> <ul style="list-style-type: none"> ▪ Premobilization testing <ul style="list-style-type: none"> ▪ Upper limb tests ▪ Lower limb tests ▪ Core tests ▪ Mobilization testing <ul style="list-style-type: none"> ▪ Sitting tests ▪ Standing tests (requires transfer belt*) ▪ Walking tests (requires transfer belt*) <p>*Refer to appendices for appropriate use of a transfer belt.</p>

excerpt from TLR User Manual, 4th Edition

Mobility Record Guidelines

Objective

To provide a written record of the TLR client mobility risk assessment completed, along with the selected method(s) for moving a specific client based on the TLR program.

General Information

- The Mobility Record is designed to be used with the TLR program.
- The Mobility Record documents identified risk factors in the client that may impact the safety of a move.
- Page 1 is for documenting identified risks when completing either the Initial (I) Client Mobility Risk Assessment or the Re-assessment (R). There is space to record the date and time of the assessment.
- Page 2 includes logos that pictorially show the moving technique, along with the initiated and discontinued date. There is an area for indicating:
 - whether the technique is for bed, bath and/or toilet
 - additional assistive devices and harness/sling details
 - if a specialized assessment is requested.

Using the Mobility Record

Initial Client Mobility Risk Assessment

- Complete on admission or readmission from another facility. Repeat according to employer policy.
- Complete the assessment and record the findings on page 1.
- Enter the date and time of assessment indicating I (Initial).
- In each area of the assessment, use the key indicated to:
 - Initial if no risk
 - Checkmark (✓) if no risk but a written note is required for further explanation
 - X if risk, written note is required for further explanation
 - NA or / if area of risk is not applicable
- Based on the risk assessment, choose the appropriate moving technique.
- Document the 'Date Initiated' and 'ID' next to the selected logo on page 2. Indicate bed, bath and/or toilet.
- Document the 'Date Initiated' and 'ID' any devices required by the client, such as:
 - Transfer devices (e.g., sliding board)
 - Repositioning devices (e.g., repositioning sheets)
 - Mobility devices (e.g., walker)
 - Sensory assistive devices, (e.g., glasses, hearing aid)
 - Other devices (e.g., wall bars, tub clamp, tub seat, Sask-a-Pole, etc.)
- Document the 'Date Initiated' and 'ID' for sling/harness type and size and ensure compatibility when using mechanical lifts.

Re-assessment of Client Mobility Risks

- If there are at least two documented changes in the client, re-assess the client's mobility to determine risks.
- Assess and document according to the steps indicated above, utilizing an "R" instead of an "I".
- Following the re-assessment, the appropriate moving technique is selected and documented on page 2.
- Using a highlighter pen, discontinue the previous technique and record the 'Date disc (discontinued)' and 'ID' on page 2.

Specialized Client Mobility Risk Assessment

- When a standard TLR technique is not appropriate for a client, the TLR specialized assessment may be requested. The worker requesting the specialized assessment initials and dates the request.
- Refer to the TLR Specialized Assessment process and tool for specifics.










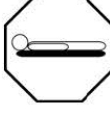
MOBILITY RECORD








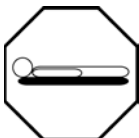
Level of Client Mobility Risk Assessment:
 I - Initial R - Re-assessment

Key:
 Initial if no risk
 ✓ if no risk but written note required
 X if risk, written note required
 NA or / if area of risk not applicable

Year: _____		Month/Day																		
		Time																		
		Level of Assessment																		
PART A - Verbal, Written and Observation	Health Information	Communication Risk Factors Impacting Mobility																		
		Is able to communicate and understand																		
		Vision/hearing difficulties addressed (see device/s)																		
		Cognitive Risk Factors Impacting Mobility																		
		Is able to remember instructions related to the move																		
		Is able to judge own capabilities in moving																		
		Is able to make decisions																		
		Emotional/Behavioral Risk Factors Impacting Mobility																		
		Displays stable moods																		
		Demonstrates predictable/cooperative behaviours																		
		Medical Risk Factors Impacting Mobility																		
		Is able to participate in move despite medical condition																		
		Is aware of own body position in the environment																		
		Is able to move with attachments/appliances																		
Is able to move despite pain/fatigue																				
Is able to participate in move despite medication effects																				
Currently uses mobility assistive devices (see device/s)																				
PART B - Testing and Observation	Pre-mobilization Testing	Physical & Functional Risk Factors Impacting Mobility																		
		Can grip, push, pull in handshake approach																		
		Can lift leg, bend and straighten knee																		
		Can move foot up and down at the ankle																		
		Can bridge																		
		Can roll from side to side in bed																		
	Sitting Tests	Can achieve sitting position																		
		Can sit unassisted for 20 seconds																		
		Can right self when gently tipped in all four directions																		
	Standing Tests	Can position self in preparation for standing																		
		Can lift body weight off buttocks/thighs																		
		Can stand independently																		
		Can remain standing for 20 seconds																		
	Walking Tests	Balanced lifting one arm at a time to front and side																		
		Can shift weight from one foot to another																		
		Can walk (or shuffle) on the spot																		
	Can walk (or shuffle) 3 steps forward and 3 steps back																			

Continue to next section

		Date initiated	ID	Date disc	ID			Date initiated	ID	Date disc	ID					
Mobile	Independent  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet					Mobility Device					Walker					
											Cane					
												Wheelchair				
							Sensory Device	Date initiated	ID	Date disc	ID					
	Guided  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet					Glasses: <input type="checkbox"/> Regular <input type="checkbox"/> Reading					Hearing aid(s): <input type="checkbox"/> Lt <input type="checkbox"/> Rt					
						Transfer Device	Date initiated	ID	Date disc	ID						
Standing Transfers	One-worker with belt  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet					Reposition Device	Date initiated	ID	Date disc	ID						
							Other	Date initiated	ID	Date disc	ID	Wall Bar x 1				
												Wall Bar x 2				
	Two-workers with belt  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet										Wall Bar x 3					
											Tub Clamp					
											Tub Seat					
Mechanical Lifts	Sit/Stand  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet Specify*					Sask-a-Pole					Toilet Arm Rests					
											Rubber Bath Mat					
												Telephone Shower				
	Total/Ceiling Track/Tub  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet Specify*					*Mechanical Lift Sling/harness Type and Size										
						Ensure compatibility	Date initiated	ID	Date disc	ID						
	Reposition  Indicate repositioning device required					<input type="checkbox"/> Specialized Assessment Requested										
							Date initiated	ID	Date disc	ID						
							<ul style="list-style-type: none"> Completing a specialized assessment requires a team approach. Documentation, communication and training on specialized technique are also required. Specialized Assessment Documentation Form and the Technique Form are available via www.saswh.ca 									
	Bed Rest 					<ol style="list-style-type: none"> Identify the Area of Risk for the specific client Document additional risks identified Specialized Assessment Team determines solution Consider including other professionals Team documents and communicates specialized technique and equipment to circle of care, ensure documentation is in the client chart (e.g., attach to current mobility record) Workers are trained and training is documented. 										

TLR Icon	Appropriate for the client who at the time of the move and for the duration of the move:
<p>Independent Mobility</p> 	<ul style="list-style-type: none"> ▪ is able to transfer or reposition themselves with or without the use of assistive devices such as a cane or walker, AND ▪ does not require any verbal guidance, cuing or stabilizing in order to safely perform the move on their own
<p>Guided Mobility</p> 	<ul style="list-style-type: none"> ▪ is able to transfer or reposition themselves with or without the use of assistive devices such as a cane or walker, AND ▪ requires guiding or cuing from a worker, AND/OR ▪ requires assistance with attachments/equipment from one or more workers
<p>Standing Transfer w/belt - One worker</p> 	<ul style="list-style-type: none"> ▪ requires one worker for guidance and/or stabilization ▪ can bear their entire body weight through their legs ▪ can take effective steps ▪ is cooperative ▪ understands what is expected ▪ is predictable and reliable in performance and behaviour
<p>Standing Transfer w/belt - Two Workers</p> 	<ul style="list-style-type: none"> ▪ requires at least two workers for guidance and/or stabilization ▪ can bear their entire body weight through their legs ▪ can take effective steps ▪ is cooperative ▪ understands what is expected ▪ is predictable and reliable in performance and behaviour ▪
<p>Sit/stand Lift</p> 	<ul style="list-style-type: none"> ▪ can achieve and maintain a sitting position for attaching and removing the harness, either independently or with guiding/stabilizing; AND ▪ is cooperative, understands and responds appropriately to simple instructions to the extent necessary for this move ▪ has limited weight bearing ability (due to pain, stiffness, weakness) ▪ has the ability to grasp a handle with at least one hand ▪ may need to remain in a sitting position (and consider a specialized assessment) ▪ may have inability to take steps, either walking or shuffling ▪ may be disproportionate in size and/or weight to the worker's size and/or weight ▪ prefers to be moved by a sit/stand lift
<p>Total Lift</p> 	<ul style="list-style-type: none"> ▪ is unpredictable and/or unreliable and/or cannot weight bear; or ▪ is not cooperative, does not understand and/or respond appropriately to basic instructions; or ▪ may need to be moved in a supine position; or ▪ may not be able to achieve and maintain a sitting position required for a sit/stand lift; or ▪ prefers to be moved by a total lift
<p>Repositioning</p> 	<ul style="list-style-type: none"> ▪ to turn, move or adjust a client's entire weight on the same surface or between two surfaces of equal height; dynamic and cooperative (physically and mentally) action between the client and worker when the client is able to assist ▪ uses the least amount of manual effort by the worker; requires no lifting by the worker ▪ most often requires a minimum of two workers, the appropriate equipment/device ▪ may require one or more assistants to manage attachments and/or equipment
<p>Bed Rest</p> 	<ul style="list-style-type: none"> ▪ confined to bed by their physician's orders or by the nature of their medical condition

Supplemental information for re-assessment - learning activity

You and a few staff are becoming concerned about the client's ability to move safely. Changes that have occurred have been documented - changes are physical unpredictability and use of a walker. With two document changes, a re-assessment of the client's ability to mobilize is now needed.

PART A of the re-assessment finds:

- The client is still a friendly, cooperative person.
- Documentation shows that over the past few weeks the client has left hip pain of increasing intensity which has resulted in physical unpredictability.
- Documentation indicates the X-ray taken showed no signs of a fracture.
- The spouse has said the client has fatigue that is unrelieved by rest.
- Documentation indicates the physician prescribed arthritis medication; the client indicated this gives some relief of their symptoms.
- Two days ago staff documented that the client was using railings, chairs and walls to help with mobilizing down the hallway.

PART B of the re-assessment finds the client:

- has good upper body strength
- can bend and lift left leg with some difficulty
- can move both feet up and down at the ankle
- has difficulty rolling side to side but accomplishes it using upper body strength
- can sit with verbal assistance and is able to remain balanced
- can prepare for standing with verbal assistance, is able to bear weight, the majority on the right leg (the client displays facial expression indicating pain and exhales deeply during exertion)
- is not able to take effective steps or shuffle
- can remain standing independently for more than 20 seconds

TLR Safe Work Practice - TLR *In the Moment* Risk Assessment

For each client moving task:

1. **Verify** before performing a moving technique. Find out:
 - what you need to know about the client report, progress notes, co-workers
 - what may be new or has changed since the last move, last shift
 - is the moving technique a transfer, lift or reposition and what equipment is needed
2. **Assess** for risks:
 - assess yourself before, during and after: ask yourself questions such as “How am I feeling?”, “What is my attitude like today?”
 - assess the environment and equipment
 - do you need a co-worker, transfer belt, slider sheets, mechanical lift?
 - ensure appropriate assistance and equipment is available in quantity, capacity and quality
 - your route is planned - clear of any obstacles
 - assess the client before, during and after the move through communication and observation
3. **Select** the moving technique:
 - it may already be identified
 - it may have changed since the last time the client was moved
 - it may be another appropriate technique
4. **Prepare** for the move:
 - appropriate footwear
 - the plan is in place (equipment, assistance, route)
 - clear visibility
5. **Move** the client:
 - duties are assigned
 - safe body mechanics (stance, grip, weight transfer)
 - use the appropriate steps for the moving technique
6. **Evaluate**
 - did you feel that the move compromised your own safe body mechanics?
 - did you feel you were lifting the client?
 - was the client somewhat unstable during the move?
7. **Communicate**
 - what went well
 - how risks were eliminated or managed
 - what the recommended moving technique should be

Specialized Client Mobility Risk Assessment

A specialized client mobility risk assessment is requested when a standard TLR technique is not safe for a client as identified in the initial or re-assessment. For example, the client's responses during an initial or re-assessment may have indicated perceptual, physical or neurological problems, or issues relating to medication. The need for a specialized assessment is documented on the mobility record and forwarded to a specialized assessment team.

The specialized assessment team may consist of TLR trained workers in the facility/unit/department, which includes various representation such as supervisor/manager, TLR trainer, RN, LPN, CCA, RPN. In addition, specialty area representatives such as therapies, pediatrics and any specialist(s) knowledgeable in the area of the identified risk if necessary.

TLR and Bariatrics

Definition of Bariatrics

Bariatrics is derived from the Greek words “baros”, meaning weight, and “iatreia”, meaning medical treatment. It is the branch of medicine that deals with causes, prevention and treatment of obesity.

TLR Definition of a Bariatric Person

The TLR program defines a bariatric person as any individual who possesses a Body Mass Index (BMI) greater than 34 kg/m² and has physical and/or psychological risk factor(s) and/or medical condition(s) that could potentially jeopardize the safety of the worker and/or client in the performance of transferring, lifting or repositioning tasks.

In TLR, identifying a bariatric client involves much more than assessing weight. Considering body mass index, waist circumference/girth, weight distribution, co-morbidities (serious diseases) and the client's previous and current functional levels may be helpful in determining which clients are bariatric.

Therefore, determining if a client meets the TLR definition of a bariatric person involves identifying key elements:

- Body mass index
- Waist circumference/girth and weight distribution
- Risk factors for diseases/conditions
- Functional levels

Visit www.saswh.ca for the bariatric enhancement. Contact SASWH for more information and assistance if necessary.

TLR General Participant Session Evaluation Form



Please check the applicable session: [] client moving or [] object moving

Please check the applicable level: [] initial training or [] re-evaluation

TLR Trainer

Name(s): _____

Date: _____

Participant Name: _____
(optional)

Length of _____

Session: _____

Please use the reverse side of this evaluation if you require additional space for your comments.

Rate yourself for each of the statements below:	Prior to the session (1 low; 5 high)	After the session (1 low; 5 high)
I understand my legislated rights and responsibilities	1 2 3 4 5	1 2 3 4 5
I use good posture and safe body mechanics	1 2 3 4 5	1 2 3 4 5
I am able to complete a self risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an environment risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an equipment risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to complete an object & task risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to perform safe object moving techniques	1 2 3 4 5	1 2 3 4 5
for client care:		
I am able to complete a client mobility risk assessment	1 2 3 4 5	1 2 3 4 5
I am able to perform safe client moving techniques	1 2 3 4 5	1 2 3 4 5

Rate the TLR trainer for each of the questions below:	(1 low; 5 high)
Appeared well prepared to deliver the course.	1 2 3 4 5
Demonstrated a thorough knowledge of the subject matter.	1 2 3 4 5
Responded effectively to questions and challenges.	1 2 3 4 5
Held my attention throughout the course.	1 2 3 4 5
Was/were responsive to participant ideas and concerns.	1 2 3 4 5
Presented course material at a comfortable pace.	1 2 3 4 5
What other comments do you have about the TLR trainer?	

Rate the training environment:	(1 low; 5 high)
Room was favorable to learning.	1 2 3 4 5
What other comments do you have about the room?	

please continue to the next page

Describe one new skill that you will begin to use as soon as you return to your job:

What did you find most important or most helpful during this session?

If you could change one thing about this session, what would it be?

In your workplace, what specific occupational health and safety concerns are you aware of?

Your comments count – they will be reviewed by SASWH and used to enhance this program to ensure learning outcomes are met.

Thank you for completing this evaluation form.

Anonymity and confidentiality will be protected.