

Transfer, Lateral: Using Transfer Board in Operating Room

Site Applicability

PHC Operating Rooms

Practice Level

Basic Skill

Need to Know

- The transfer board facilitates smooth lateral transfer from one surface or vehicle to another. The transfer board also bridges the gap between surfaces, offering support should the brakes fail or equipment move.
- To reduce the chance of injury, staff should position the bed at the appropriate height.
- The transfer requires a **minimum** of four people: anesthesiologist/designate at head, one on each side of the bed, one at the foot to guide legs.
- The anesthesiologist or designate directs the transfer by counting out loud.

Equipment and Supplies

- 1. Draw sheet (white/blue slider) or soaker pad
- 2. Transfer board

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Procedure

Steps

	STEPS	RATIONALE		
Pre	Preparation of stretcher/bed:			
1.	Check brakes on the stretcher and bed.	To ensure that any problem is detected prior to using the equipment.		
2.	Partially wrap a soaker pad or draw sheet (white/blue slider) horizontally around the transfer board (underside against the board.) Place the board on the stretcher/bed to which the patient is being transferred.	More comfortable for the patient. Helps to keep the board from becoming grossly soiled. N.B. According to the supplier, the transfer board may be used on its own without a wrap.		
Patient preparation for transfer:				
3.	Bring stretcher/bed alongside OR bed and lock brakes.	To keep the bed/stretcher in place.		
4.	Adjust the heights of the stretcher and bed or beds, with the "receiving" one a little lower.	To ensure that the bed height is appropriate for staff, and to use gravity to facilitate transfer.		
5.	 Ensure a minimum of four people are present for the transfer: Anesthesiologist/designate guides patient's head. One person on each side. One person at the foot. 	Extra people may be required based on assessment of patient.		
6.	On instruction (count of "1- 2- 3") from the anesthesiologist/designate, roll the patient slightly and place the transfer board underneath. Ensure the transfer board is partly on the stretcher/bed to which the patient is being transferred. The roll is initiated by the person standing beside the patient. They place the patient's uppermost arm across the chest, and place their hands on the patient's shoulder and hip.	Synchronized movement prevents injuries to patient and staff. The transfer board acts as a bridge between the two surfaces.		

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7.	Roll the patient back to supine.			
8.	Ensure that all lines, drains, and tubes are free.	To prevent accidental removal.		
Pat	Patient Transfer:			
9.	On the count of "1-2-3" (by the anesthesiologist), slide the patient while:	To ensure that the transfer is coordinated.		
	 Anesthesiologist/delegate guides the head. 			
	 The person beside the patient gently pushes the patient (hands on shoulder and hip). 			
	 The person on the far side of the "receiving" bed or stretcher pulls the soaker pad or slider sheet. 			
	 If using the board on its own, the person receives the patient without pulling. 			
	 The person at the foot guides the legs. Ensure the legs are transferred laterally. 	To prevent the patient being pulled down the bed.		
10. Remove the transfer board, leaving the soaker pad or white/blue slider draw sheet underneath the patient.				
11. If necessary, reposition the patient using the white/blue slider draw sheet.		To reduce force during repositioning.		
12. Leave transfer board on the bed or stretcher to be cleaned by the housekeeper.				

References

https://www.meditek.ca/wp-content/uploads/Transfer-Boards-Brochure.pdf

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