



Transfers in the Bed

An Instructional Guide

2023

immedia

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BetterLiving

Contents

Functional Mobility	5
In-Bed Positioning Systems	6
SatinSheet System.....	7
BaseSheet Selection	7
Top Sheet Selection	8
Locking the System	8
Notes for Repositioning	9
Moving laterally in the bed	9
Moving up the bed	12
Rolling onto the side	14
Rolling using a lifter.....	16
Sitting up in bed	17
MultiGlide System.....	18
Installing the System.....	18
Unlocking the base NylonSheet	19
Unlocking the System – One lock.....	20
Unlocking the System – Two locks	20
Unlocking and locking the System – Three locks	21
Moving Laterally in bed.....	22
Moving up the bed.....	22
Rolling to the side	23
Rolling utilising a Lifter.....	23
Lateral Positioning:	24
Seated positioning:	24
Pressure Care when using In-Bed Systems	25
The “5 smiles” technique:	25
MultiGlide Tube	26
Inserting MultiGlide	26
Removing MultiGlide	27

Moving Laterally in bed.....	28
Moving up the bed.....	29
Rolling to the side	31
Better Living Slide Sheets.....	32
Notes for Repositioning	32
Inserting Slide Sheets	32
Removing Slide Sheets	33
Moving laterally in the bed	34
Moving up the bed	35
Rolling onto the side	37
Repositioning Sling.....	38
Components.....	38
Sling Positioning	39
Repositioning in bed	39
Rolling onto the side	40
Sling Safety and Checkpoints	41
Repositioning Notes:.....	41

Functional Mobility

The International Classification of Functioning, Disability and Health (ICF) is a universal classification published by the World Health Organization to provide a standard language and framework for describing health and disability.

“Mobility” is a category under the components “Activities and Participation” and is relevant to determine when choosing the best solution for an in-bed system. The level of the problem is listed from 0 (No Difficulty) to 4 (Complete Difficulty) in ICF.

Standing on the shoulders of ICF, ICIDH and RAI, LOCOmotion (Knibbe & Knibbe) developed the MK5 concept and the associated assessment tool TilThermometer.

TilThermometer

In MK5 the functional mobility of the Client is classified into five levels (A, B, C, D and E) based on the Client’s limitations and possibilities to cooperate during the transfer.

Below you find a description of the five levels of functional mobility, and we will refer to these levels throughout this guide when suggesting appropriate equipment solutions or movement choices.



Level A

Client can independently perform the action, with or without equipment, and without risk of physical overload for the healthcare workers. Stimulating self-reliance is of great importance.



Level B

Client needs help, but this does not cause physical overload for the healthcare workers. Stimulating self-reliance is of great importance.



Level C

Client needs help. This causes physical strain for the healthcare workers when equipment is not used. The client can however substantially contribute to the action. Stimulating activity and self-reliance is of great importance.



Level D

Client needs help. This causes physical strain for the healthcare workers when equipment is not used. Client is very passive and can barely contribute. Stimulating activity and self-reliance remain of great importance.



Level E

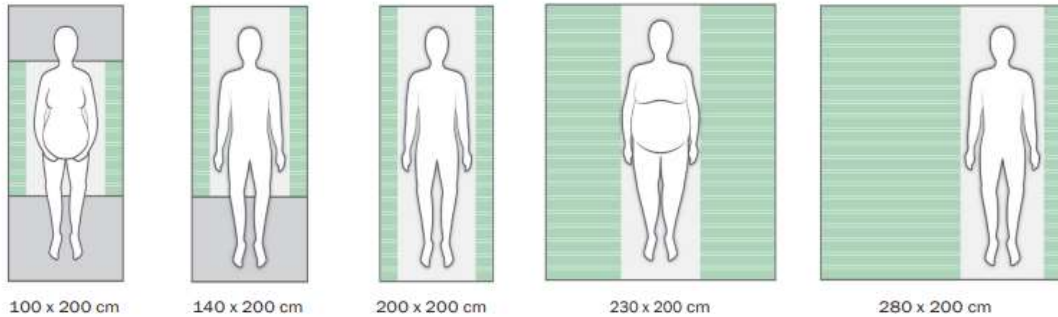
Client needs a lot of help. This causes physical strain for the healthcare workers when equipment is not used. Client is completely passive. Stimulating activity is not a priority: comfort and safety are the main concerns.

In-Bed Positioning Systems



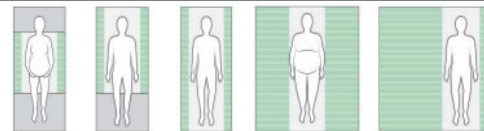
SatinSheet System

BaseSheet Selection

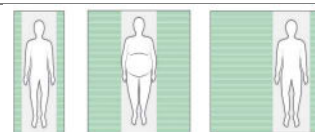
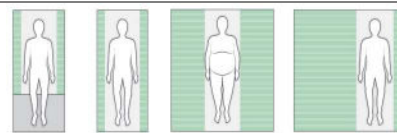


Instructions:

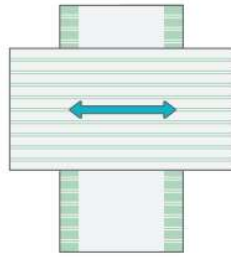
- Select the appropriate BaseSheet required for needs, bed size and sleep position.
- Position SatinSheet BaseSheet with the low-friction material facing upwards in the middle of the bed as illustrated, or one side of the bed on a larger sized bed.
- Ensure 15cm of bed edges are free from the low friction Satin to minimise falls risk
- Tuck BaseSheet in, just as a standard bottom sheet



- A BaseSheet is able to be used alone to decrease friction moving in bed independently
- Use of Satin Pyjamas can further reduce friction when repositioning in bed

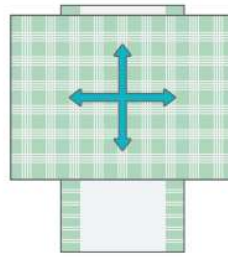


Top Sheet Selection



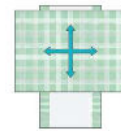
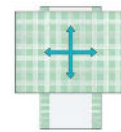
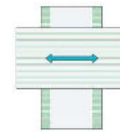
SatinSheet 2Direction DrawSheet

Add the 2Direction DrawSheet for a partly dependent user who needs assistance with side to side movement. The DrawSheets are designed to be used on top of the BaseSheet. They do not work on their own.



SatinSheet 4Direction DrawSheet

Add the 4Direction DrawSheet for a dependent user who needs assistance moving in all directions. The DrawSheets are designed to be used on top of the BaseSheet. They do not work on their own.



Instructions:

- Select a 2Direction or 4Direction DrawSheet
- An information label, describing the correct use of the product, is sewn into all SatinSheet models/products.
- All BaseSheet models have a “this side up” label to help ensure that the correct side is facing upwards in the bed.
- Lay DrawSheet perpendicularly over BaseSheet
- Lock (tuck DrawSheet in) under mattress when not being used for transfers and positioning

Locking the System

Instructions:

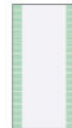
- Before locking the System any unevenness/ creases should be smoothed to avoid risk to skin
- The Carers pull simultaneously in a diagonal direction from both sides
- Fold the excess material from DrawSheet under the mattress and tuck in on both sides of the bed.

Notes for Repositioning

- Always conduct a risk assessment with the intended Client before installing and use
- When using the DrawSheet grasp the System with as much fabric as you can in your hands to be as close to the Client's hips or shoulders as possible. Ensure palms are facing down and knuckles remaining on the bed, to prevent manual lifting
- Alternatively, grasp the DrawSheet handles with palms facing down and knuckles remaining on the bed, to prevent manual lifting
- Always adopt a balanced posture and complete the movement with transference or weight between the feet, to avoid any undue twisting
- When the Carers have finished repositioning the Client, the System should be locked unless the assessment advises otherwise.

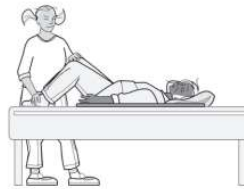
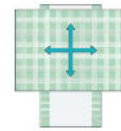
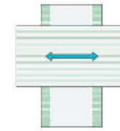
Moving laterally in the bed

Moving laterally in the bed is a movement required to realign in the centre of the bed, in preparation for side rolling, or as the first step of bed egress.



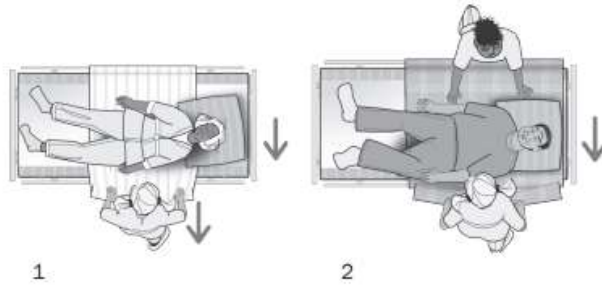
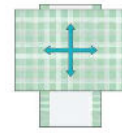
Instructions:

- Flex hips and knees with feet positioned on the bed
- Feet to be moved across as much as possible in the direction of the movement
- With arms beside the body, push down through their elbows
- At the same time the Client must extend at the hips lifting the buttocks slightly from the bed
- Whilst elevated the hips must move across into alignment with the feet
- Once in alignment with the feet the buttocks are able to relax back to the bed
- Bring their chin to the chest and relocate the upper body to align with the new hip position
- Repeat the process until desired location is achieved



Instructions:

- Encouragement or guidance for the Client to flex hips and knees with feet positioned on the bed, free from top DrawSheet
- If one leg is not able to functionally assist, ensure it is positioned extended
- Feet to be moved across as much as possible in the direction of the movement, the Carer may assist guiding the motion
- With arms beside the body encourage Client to push down through their elbows
- At the same time the Client must extend at the hips lifting the buttocks slightly from the bed
- Whilst elevated the hips must move across into alignment with the feet
- The Carer may assist in guiding the hips up and across or sliding hips on the DrawSheet
- Alternatively, the Carer can assist by stabilising feet onto the bed, and guiding the hip sideways once slightly elevated
- Once in alignment with the feet the buttocks can relax back to the bed
- Encourage the client to bring their chin to their chest and relocate the upper body to align with the new hip position
- Alternatively, the Carer can assist by sliding the upper body into alignment with the new hip position
- Repeat the process until desired location is achieved



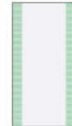
Instructions:

- One Carer stands opposite side to the direction of the movement
- They place a hand on the shoulder and hip of the Client
- They push the Client laterally until desired position is reached
- If required, a second Carer can stand on the side toward direction of movement, grasp the DrawSheet at shoulder and hip level and gently pull in coordination
- This second Carer could also perform the transfer alone using this method

Moving up the bed

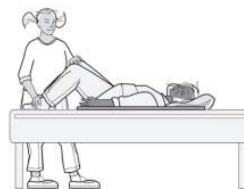
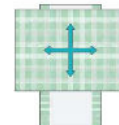
Moving up the bed is an essential movement for repositioning at the correct level of height in the bed. The hips should be positioned in alignment with the hinge line of the back rest.

Inadvertent movement down the bed can be reduced by ensuring the knee raise is activated prior to, or at the same time as the back rest. This will also minimise shear and friction created when sliding down the bed, two factors known for increasing risk of pressure injury



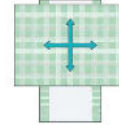
Instructions:

- Hips and knees are flexed with feet positioned on the bed
- Arms beside the body with shoulders raised up to the ears, elbow flexing into the bed
- Flexion of neck and raising of head and upper shoulder from the bed
- Elbows will push down into the bed to stabilise
- The hips and knees extend to slightly lift the buttocks
- Pushing weight through the feet, move the body towards the bed head.
- Repeat action until desired position is reached



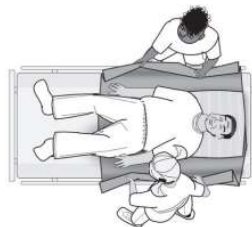
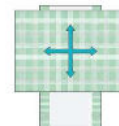
Instructions:

- Hips and knees are flexed with feet positioned on the bed, assistance if required
- Encourage Client to raise shoulders and flex elbow firmly on the bed to stabilise
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Assist by stabilising feet onto the bed, and positioning hand on front of knee to guide movement up the bed if required
- Client to assist in pushing weight through the feet, the hips and knees extend
- Repeat action until desired position is reached



Instructions:

- Hips and knees are flexed with feet positioned on the bed, assistance for moving the feet and stabilising them in place may be required
- If one leg is not able to functionally assist, ensure it is positioned extended and assistance is provided to assist the functional leg
- Encourage Client to raise shoulders and flex elbow firmly on the bed to stabilise
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Client to push weight through the feet, the hips and knees extend lifting buttocks of the bed slightly
- Assist by pushing on the knee or Ischial tuberosity to slide hips up the bed
- Repeat action until desired position is reached

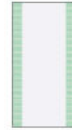


Instructions:

- One Carer either side of the bed
- Hold the DrawSheet at level of hip and shoulders with palms facing down
- Standing with one foot forward, the Carers pull the DrawSheet toward the head of the bed
- Alternatively, the bed Trendelenburg function can be used to let gravity assist with the movement
- One Carer can complete this task by pushing through the feet of two extended legs and sliding the Client up the bed

Rolling onto the side

Rolling is a critical function of bed Mobility. Rolling can be completed to enter the recovery position, insertion of slings or slide sheets, use of a pan etc but most importantly for routine repositioning and skin assessment as part of a Pressure Injury Prevention Plan.



Instructions: Upper limb initiated movement

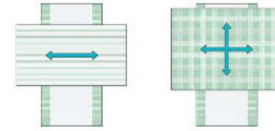
Example: Rolling to the left

- Whilst lying supine raise the right knee slightly
- Lift the right arm and reach across the body to the left side
- Head turns to the direction you want to roll, to the left
- The upper body and right shoulder will follow this movement and raise from the bed
- A relaxed lower body and hip will roll over with little strength by following the momentum of the upper body
- Some force may be applied through the right foot to assist
- To return to supine, look and rotate head to the right
- Lift the right arm and reach it up back towards the left
- The upper body and shoulders will then turn in this direction
- Allow the lower body and lower limb to follow until supine

Instructions: Lower limb initiated movement

Example: Rolling to the left

- Whilst lying supine position the right arm across the body
- Flex the right knee and bend the leg with the foot sliding up but remaining on the bed
- The knee then moves across the body in the direction of the roll, to the left, allowing the right hip and lower body to raise from the bed
- Allow the arm to follow the motion of the roll
- A relaxed upper body and shoulder will roll over with little strength by following the momentum of the lower body
- To return to supine, position the right arm slightly to the right
- Extend and straighten the right leg whilst moving it to the right, with hip external rotation
- Allow the lower body to turn to the right and the upper body will follow until supine

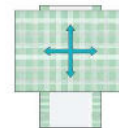


Instructions:

- Encourage or assist the Client to position themselves with knee flexed and arm over the body, the opposite limbs to the intended roll direction
- The Client should turn their neck to look in the direction of the roll, assist if required
- The Carer, positioned on the side of the roll direction guides and encourages the hips to rotate to the direction of the roll, then the shoulders to rotate and continue to repeat until desired position is achieved
- If required, a second Carer can be positioned opposite to the direction of turn and can gently pull the DrawSheet at the Client shoulder and hip level whilst the repositioning is occurring to keep Client alignment in the centre of the bed.
- The Client has now completed the roll

To roll back into supine:

- One Carer to stand in front of the Client grasping DrawSheet at Client shoulder and hips
- Encourage or guide the Client to position the top arm slightly towards their back
- Extend back the top leg with hip external rotation
- Allow the lower body to turn and the upper body will follow until supine
- Simultaneously the Carer will gently pull on the DrawSheet to reposition the Client back into the centre of the bed.

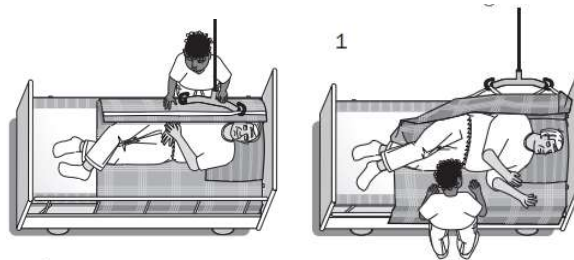


Instructions:

- Position the Client with knee flexed and arm over the body, the opposite side to the intended roll direction
- The Carer on the opposite side of direction of roll pulls the DrawSheet
- The Carer on the receiving end of the roll guides the opposite shoulder and hip towards them
- Alternatively, this Carer can push down the mattress gently in front of the shoulder and hip to utilise gravity to roll the Client
- The Client is now on their side, perform any final repositioning by grasping the Drawsheet as close to the Client as possible.

Rolling using a lifter

To minimise excessive manual handling a Hoist (ceiling or floor) can be utilised to assist in the rolling of a Client. This method is of great benefit when only one Carer is available or when the Client's Medical, Cognitive or Physical condition makes transfers in the bed more complex.

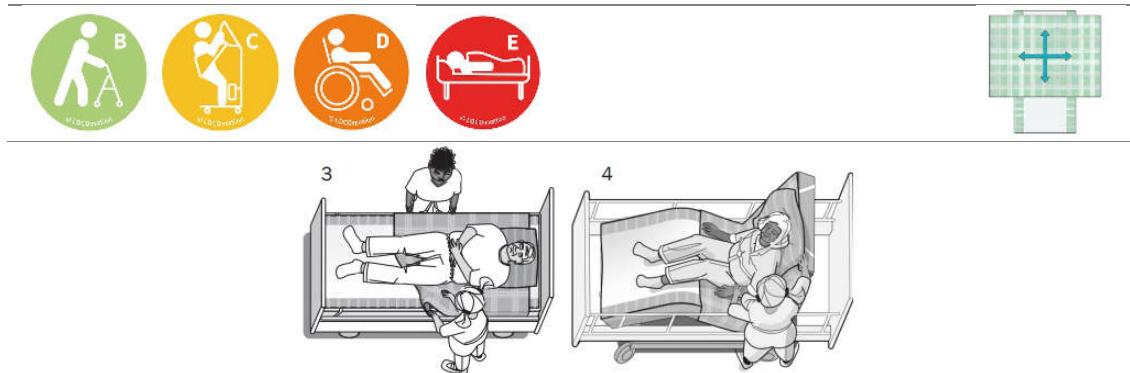


Instructions:

- Position the Client with knee flexed and arm over the body, the opposite side to the intended roll direction
- Place the DrawSheet handles (on the side opposite to direction of the roll) on the sling bar hooks
- Slowly raise the hoist, which will turn the Client
- Push on the Client's shoulders and hips if alignment into the centre of the bed is required
- Place a positioning pillow or wedge to support the Client in 30 degrees rotation
- Slowly lower the hoist, the Client will stay rotated
- Remove the handles from the sling bar hooks

Sitting up in bed

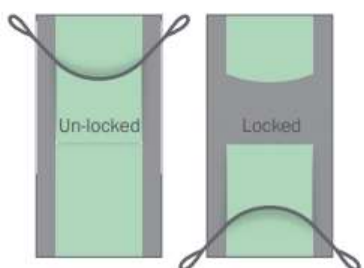
A Client may need to sit up in bed for comfort, functional tasks, eating, recreation and communication. To ensure the person does not slide down the bed, causing excessive shear and friction, activate the knee raise prior to or during the raise of the back section.



Instructions: To prevent the Client sliding down in the bed when sitting up

- Fold part of the lower edge of the under the Client at the hips
- Then tuck DrawSheet in under the mattress
- The bed headboard can then be raised.
- The DrawSheet functions here as a brake

MultiGlide System

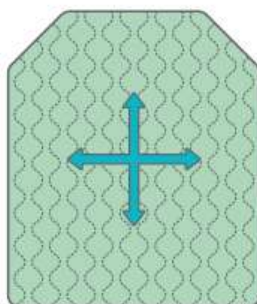


4WayGlide NylonSheet

Start with a NylonSheet that is fitted directly to the bed mattress. The low friction sliding surface allows the GlideMattress to easily slide on top. The NylonSheet has elastic corner straps for fitting to the mattress.

The 4WayGlide NylonSheet is designed to be used under the Glide Mattress and does not work on its own.

Available in several variants, without a lock, with one, two or three locks and with or without non-slip along the sides.



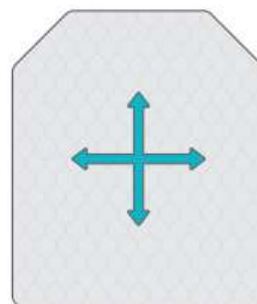
4WayGlide Mattress

Add the 4WayGlide Mattress to assist moving in all directions. The Glide Mattress has handles on the underside providing a good grip for repositioning or to use with a hoist.

Corner straps are placed under the bed mattress to prevent the users upper body from sliding when in a sitting position.

The 4WayGlide Mattress is designed to be used on top of the NylonSheet and does not work on its own.

Available in three lengths - full, midi and mini.



TwinSheet4Glide

Add the TwinSheet4Glide to assist when moving in all directions. The mattress has an absorbent surface and is ideal for users with incontinence or other bodily fluids. The surface feels dry even when wet.

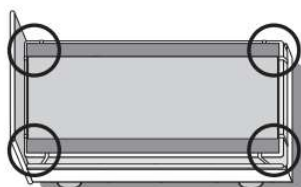
The Glide mattress has handles on the underside facilitating a good grip for repositioning, or to use with a hoist. It also has corner straps to place under the bed mattress to prevent the users upper body from sliding when in a sitting position.

The TwinSheet4Glide is designed to be used on top of the NylonSheet and does not work on its own.

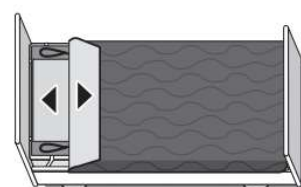
Installing the System



1



2



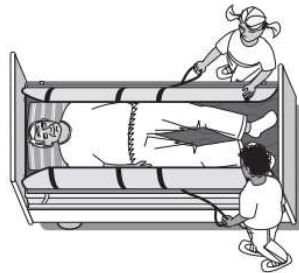
3

Instructions:

- Place base NylonSheet with locking system on the mattress. The “this side up” label should be at the head end (Illustration 1).
- Secure the elastic band around the bed mattress (illustration 2).
- If required, lock the glide system so that the non-slip material is visible. (see following instructions)
- Fit the top 4WayGlide on top of the base NylonSheet (Illustration 3).
- The “this side up” label is at the head end and is visible (nylon against nylon).
- If required, fit the corner straps around the mattress corners.
- Position the Client on the 4WayGlide on the bed

Notes:

- The product can be positioned under the Client if they are permanently bedridden - use the same rolling method as for changing sheets or utilise a repositioning sling.
- Always conduct a risk assessment with the intended Client before installing and use
- When using the 4WayGlide grasp the System or the handles with palms facing down and knuckles remaining on the bed, to prevent manual lifting
- Always adopt a balanced posture and complete the movement with transference or weight between the feet, to avoid any undue twisting
- When the Carers have finished repositioning the Client, the 4WayGlide system should be locked unless the assessment states otherwise



7

Unlocking the base NylonSheet



No lock

NylonSheet with no lock allows micro-movements. Variant with or without non-slip along the side. The Mini and Midi always come with no lock.



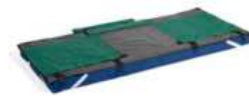
One lock

NylonSheet with one lock under the buttocks to prevent the user from sliding unintentionally when in a sitting position. The user can still move their upper body and feet. Variant with or without non-slip along the side.



Two locks

NylonSheet with two locks placed under shoulders and lower legs. It is possible for the user to make micromovements under the buttocks, but will prevent them from sliding unintentionally when in a sitting position.



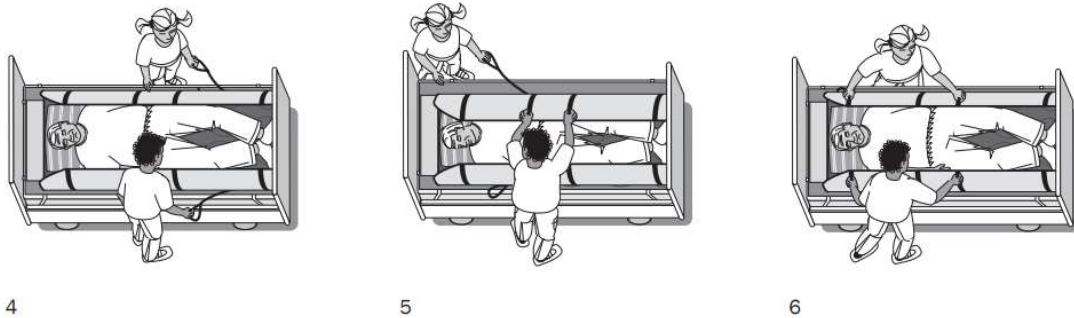
Three locks

NylonSheet with three locks is ideal for users with many involuntary movements or where the locks can be activated to best suit the individual situation.

Unlocking the NylonSheet allows for the two Nylon layers to come in contact creating the friction reducing surface required for safe repositioning.

Locking the NylonSheet is an essential step to removing the friction free material when positioning is achieved and stabilisation is required. It prevents the Client from inadvertently moving out of the desired position by 'turning off' the sliding ability of the System.

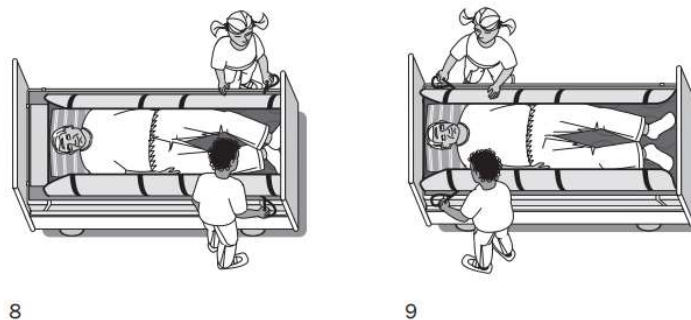
Unlocking the System – One lock



Instructions:

- To unlock/lock the system, one Carer on each side holds the handles attached to the NylonSheet hanging over the foot end of the bed and pulls them slowly upwards towards the head end (Illustration 4).
- When the Carers feel resistance, they must stop pulling.
- Then one Carer holds the handles on the opposite side of the glide system, and the other Carer helps to pull the locking system up past the hip area (Illustration 5).
- The Carers then do the same on the opposite side.
- The glide system is now unlocked and the Client can be moved in all directions by pulling the handles under the 4WayGlide at the shoulders and hips (Illustration 6).

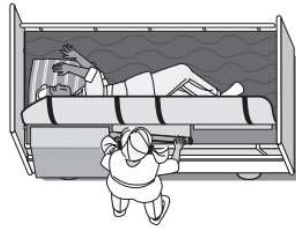
Unlocking the System – Two locks



Instructions:

- To unlock/lock the system, one Carer on each side holds the handles attached to the NylonSheet hanging over the foot end of the bed, folds and pulls them slowly upwards towards the head end (Illustration 8).
- One Carer on each side holds the handles attached to the NylonSheet hanging over the head end of the bed and pulls them slowly upwards towards the foot end (Illustration 9).
- The glide system is now unlocked and the Client can be moved in all directions by pulling the handles under the 4WayGlide Mattress at the shoulders and hips (Illustration 6).

Unlocking and locking the System – Three locks

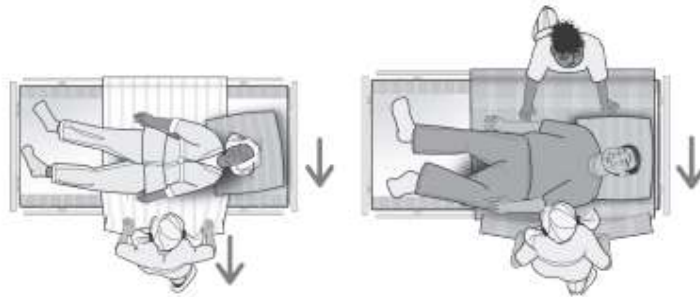


10

Instructions:

- To unlock/lock the system, one Carer on each side holds the handles attached to the nylon lock from the nylon sheet hanging over the bed side.
- Fold the nylon lock and carefully push the nylon lock under the Client.
- The Carer on the opposite side takes hold of the handles and slowly pulls and fastens the flap with the Velcro.
- Carry out the same procedure with all 3 locks (Illustration 10).
- The glide system is now unlocked and the Client can be moved in all directions by pulling the handles under the 4WayGlide Mattress at the shoulders and hips (Illustration 6).

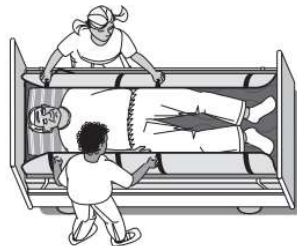
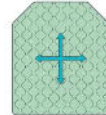
Moving Laterally in bed



Instructions:

- One Carer stands opposite side to the direction of the movement
- They place a hand on the shoulder and hip of the Client
- They push the Client laterally until desired position is reached
- If required, a second Carer can stand on the side toward direction of movement, grasp the 4WayGlide handles at shoulder and hip level and gently pull in coordination
- This second Carer could also perform the transfer alone using this method

Moving up the bed

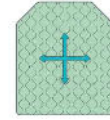


11

Instructions:

- One Carer either side of the bed (Illustration 11)
- Hold the 4WayGlide handles at Client hip and shoulder level with palms facing down
- Standing with one foot forward, the Carers pull the 4WayGlide toward the head of the bed
- The Trendelenburg action of the bed can be utilised to allow gravity to assist this transfer

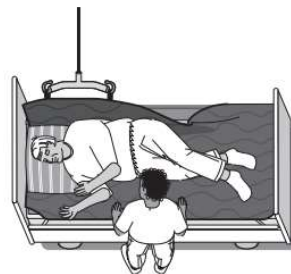
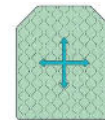
Rolling to the side



Instructions:

- Position the Client with knee flexed and arm over the body, the opposite side to the intended roll direction
- The Carer on the opposite side of direction of roll pulls the 4WayGlide handles at Client hip and shoulder level
- The Carer on the receiving end of the roll guides the Client's shoulder and hip towards them
- Alternatively, this Carer can push down the mattress gently in front of the shoulder and hip to utilise gravity to roll the Client
- The Client is now on their side, perform any final repositioning by grasping the 4WayGlide and pulling/pushing in a coordinated movement

Rolling utilising a Lifter

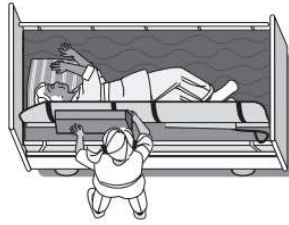


13

Instructions:

- If working with one Carer assess for need to secure the opposite side with the bed rail
- Attach the handles of the 4WayGlide to the sling bar.
- Raise the hoist a few centimetres so the weight of the Client is eased and unlock the system
- Continue to raise the hoist until the Client has rolled into the correct position.
- The Carer can either push down and forward on the 4WayGlide or push the shoulders and hips to slide the rolled Client into the middle of the bed (Illustration 13).

Lateral Positioning:

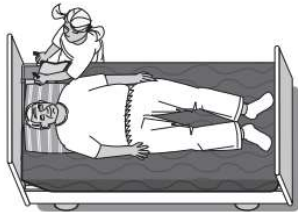


15

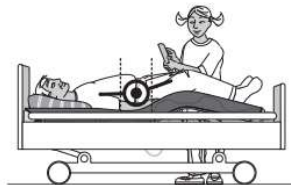
Instructions:

- If the Client has to remain on his/her side for personal care or positioning, they can be supported in a 30 degree angle using a positioning wedge or positioning pillows placed according to the Client's needs (Illustration 15).
- After moving the Client, it will often be beneficial to smooth out the glide system under the Client. To do this, pull diagonally on the corners, preferably one layer at a time.

Seated positioning:



16



17



18

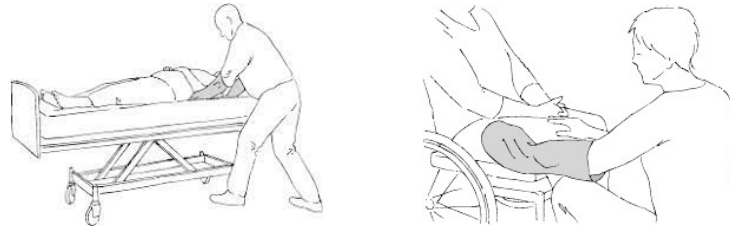
Instructions:

- Lock the System.
- If reduced freedom of movement in the upper body is required in the seated position, you can lock the glide system at both sides at the shoulders by fitting corner straps around the mattress (Illustration 16).
- Remember to use the knee bend first before raising the head end (Illustration 17).
- The head end can now be raised, without the Client sliding down (Illustration 18).

Pressure Care when using In-Bed Systems

This technique is used to ensure In-Bed Systems are free from wrinkles and creases that will impact on Client comfort and cause undue pressure on skin and tissues.

The technique is best completed with the carer using a MultiGlide Glove. This makes inserting the hand in behind the client safer and easier than without. The MultiGlide Glove can be used any time the Carer is required to reach behind a Client.



The “5 smiles” technique:

To ensure the most comfortable position (seated or lying), it is imperative that the Carers remove any tension occurring on the skin when the Client’s head or feet are raised.



19



20

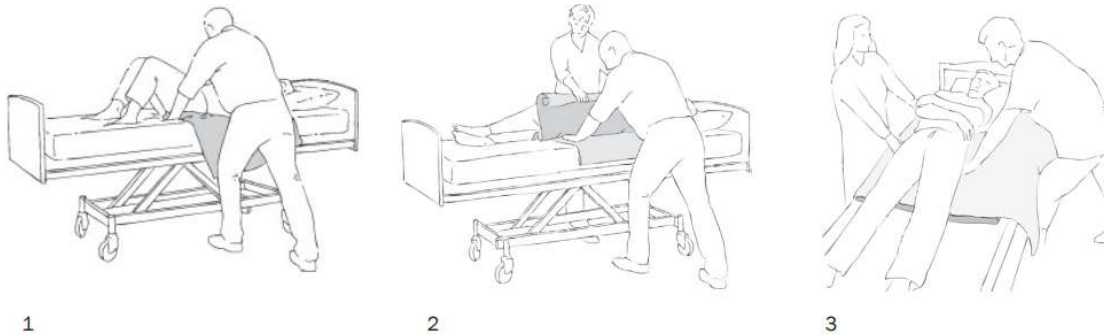


21

- First Smile: move and reposition the pillow (Illustration 19)
- Second Smile: Left side - relieve the skin tension under the shoulders (Illustration 20) on each side. Use the Immedia MultiGlide glove and place the gloved hand under the Client and slowly move it down towards the bed end
- Third Smile: Right side - relieve the skin tension under the shoulders (Illustration 20) on each side. Use the Immedia MultiGlide glove and place the gloved hand under the Client and slowly move it down towards the bed end.
- Fourth Smile: Right side - relieve the skin tension under the legs (Illustration 21) one leg at the time. Use the Immedia MultiGlide glove and place the gloved hand under the buttocks and slowly move it towards the bed end
- Fifth Smile: Right side - relieve the skin tension under the legs (Illustration 21) one leg at the time. Use the Immedia MultiGlide glove and place the gloved hand under the buttocks and slowly move it towards the bed end

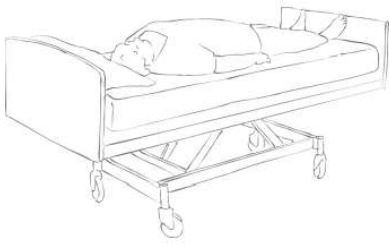
MultiGlide Tube

Inserting MultiGlide



Instructions: Method 1 – Rolling

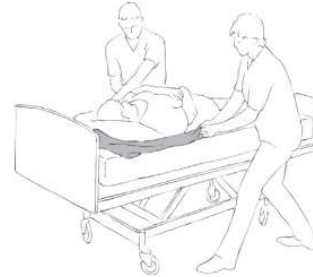
- Fold MultiGlide (Illustration 1) with open ends positioned to top/bottom or side dependant on required transfer
- Encourage or assist the Client to position themselves with knee flexed and arm over the body, the opposite limbs to the intended roll direction
- The Client should turn their neck to look in the direction of the roll
- The Carer, positioned on the side of the roll direction guides and encourages the hips and shoulders to rotate until rolled over
- The Carer behind the Client, away from the direction of the roll, inserts the folded MultiGlide as far under the Client as safely possible
- Encourage or guide the Client to position the top arm slightly towards their back
- Extend back the top leg with hip external rotation
- Allow the lower body to turn and the upper body will follow until supine
- On the opposite side, MultiGlide can then be unfolded/brought out completely.



4



5



6

Instructions: Method 2: Caterpillar-ing

- Can be used when the open ends of the tube are required to be at the side
- Position the MultiGlide under the pillow and the Client's head.
- Stabilise the top section and pull the bottom section of MultiGlide (the section against the bed) down toward the feet
- Pull MultiGlide down until it is under the Client's shoulder blades or continue until you are below the hips

Removing MultiGlide

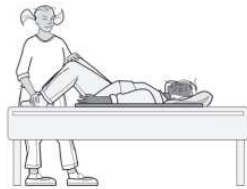


9

Instructions:

- The Carer glides one hand between the two sheet layers, locates the corner on the opposite side and pulls it slowly towards themselves, turning MultiGlide inside out.

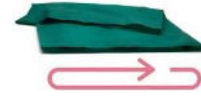
Moving Laterally in bed



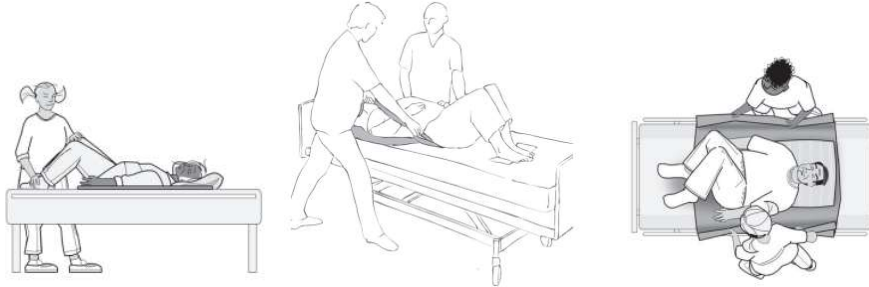
Instructions:

- The MaxiGlide is inserted with the open ends toward the top and bottom of the bed
- Use 'Inserting MultiGlide Method 1 – Rolling'
- Encouragement or guidance for the Client to flex hips and knees with feet positioned on the bed
- If one leg is not able to functionally assist, ensure it is positioned extended
- Feet to be moved across as much as possible in the direction of the movement, the Carer may assist guiding the motion
- With arms beside the body encourage Client to push down through their elbows
- At the same time the Client must extend at the hips lifting the buttocks slightly from the bed
- Whilst elevated the hips must move across into alignment with the feet and may return to the bed
- The Carer may assist in guiding the hips up and across
- Alternatively, the Carer can assist by stabilising feet onto the bed, and guiding the hip sideways once elevated
- Once in alignment with the feet the buttocks are to relax back to the bed
- Encourage the client to bring their chin to their chest and relocate the upper body to align with the new hip position, with guidance if required
- Repeat the process until desired location is achieved

Moving up the bed

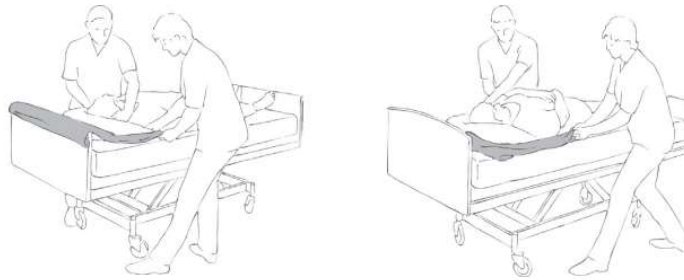


Instructions: Method 1



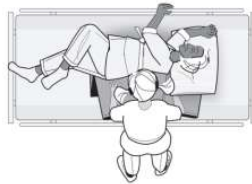
- The MaxiGlide is inserted with the open ends toward the sides of the bed
- Use 'Inserting MultiGlide Method 1- Rolling'
- Hips and knees are flexed with feet positioned on the bed
- If one leg is not able to functionally assist, ensure it is positioned extended
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Encourage Client to flex elbow firmly on the bed to stabilise
- Assist by stabilising feet onto the bed, and positioning hand on front of knee to guide movement up the bed
- Alternatively grasp MaxiGlide at shoulders and hips and assist movement by pulling
- Client to assist in pushing weight through the feet, the hips and knees extend
- Repeat action until desired position it reached

Instructions: Method 2



- The MaxiGlide is inserted with the open ends toward the sides of the bed
- Use 'Inserting MultiGlide Method 2' down to shoulder blades only
- Hips and knees are flexed with feet positioned on the bed
- If one leg is not able to functionally assist, ensure it is positioned extended
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Encourage Client to flex elbow firmly on the bed to stabilise
- Client to assist in pushing weight through the feet, the hips and knees extend lifting the buttocks slightly
- Assist by stabilising feet onto the bed, and positioning hand on front of knee to guide movement up the bed
- The Client will slide toward the bed head
- Repeat action until desired position is reached

Rolling to the side



Instructions:

- The MaxiGlide is inserted with the open ends toward the top and bottom of the bed
- Use 'Inserting MultiGlide Method 1'
- Encourage or assist the Client to position themselves with knee flexed and arm over the body, the opposite limbs to the intended roll direction
- The Client should turn their neck to look in the direction of the roll
- The Carer, positioned on the side of the roll direction guides and encourages the hips to rotate to the direction of the roll, then the shoulders to rotate and continue to repeat until desired position is achieved
- If required, a second Carer can be positioned opposite to the direction of turn and can gently pull the top section of the MultiGlide at the shoulder and hip level whilst the repositioning is occurring to keep alignment in the centre of the bed.
- The Client has now completed the roll

To roll back into supine:

- One Carer to stand in front of the Client grasping MultiGlide at shoulder and hips
- Encourage or guide the Client to position the top arm slightly towards their back
- Extend back the top leg with hip external rotation
- Allow the lower body to turn and the upper body will follow until supine
- Simultaneously the Carer will gently pull on the top section of the MultiGlide to reposition the Client back into the centre of the bed.

Better Living Slide Sheets

Notes for Repositioning

- Always conduct a risk assessment with the intended Client before inserting and use
- Check for signs or wear and tear and ensure they easily slide on each other prior to each use
- When using the Slide Sheet grasp as much fabric in your hands to be as close to the Client's hips and/or shoulders as possible, ensure palms facing down and knuckles remaining on the bed to prevent any lifting
- Always adopt a balanced posture and complete the movement with transference or weight between the feet, to avoid any undue twisting
- When the Carers have finished repositioning the Client, the Slide Sheets should always be removed, unless assessed otherwise
- Utilise two Slide Sheets on top of each other at all times
- Ensure Slide Sheets are located under head, shoulders and hips. It also needs to go under the feet of a Client D or E who are not assisting in the transfer. This prevents undue friction and shear of high risk areas and additionally reduces the force needed by the Carers to do the transfer

Inserting Slide Sheets

Instructions: Method 1- Rolling

- Encourage or assist the Client to position themselves with knee flexed and arm over the body, the opposite limbs to the intended roll direction
- The Client should turn their neck to look in the direction of the roll
- The Carer, positioned on the side of the roll direction guides and encourages the hips and shoulders to rotate until rolled over
- The Carer behind the Client, gathers half the width of the Slide Sheet in two hands
- Align the Slide Sheets appropriately in reference to the height of the Client
- Insert the gathered Slide Sheet as far under the Client's body as safely possible
- Then flatten out the slide sheet ends that cover the bed half side in front of them ensuring there is sufficient material remaining
- Encourage, guide or assist the hip and shoulder to roll back into supine
- Allow the lower body to turn and the upper body will follow until supine, or visa versa
- On the opposite side, the Slide Sheets can then be brought out until completely flat across both sides of the bed

Instructions: Method 2: Unravelling



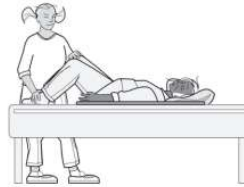
- Place 2 Slide Sheets on top of each other
- Fold the slide sheets from top to bottom at 15cm intervals to form a coil of flat Slide Sheet
- Position Slide Sheet coil under the pillow with the free end located on the top and towards the bed head
- A Carer each side with stabilise the free ends with the bed head hand
- Then reach under the roll to grasp the upper edge of the roll with the bed end hand.
- Keep the slide sheet neat and stretched to minimise undue gathering under the Client
- “Ready Steady Slide”
- The Carers tightly pull the Slide coil out under the Client using the bed bottom hand
- Release hands and move down the bed 15cm
- Re-stabilise the free ends with the bed head hand
- Then reach under the roll to grasp the upper edge of the roll again with the bed end hand.
- “Ready Steady Slide”
- The Carers tightly pull the sling roll out again under the Client using the bed bottom hand
- Release and move down the bed 15cm
- Repeat until slide sheet extends from the Clients head to beyond their feet

Removing Slide Sheets

Instructions:

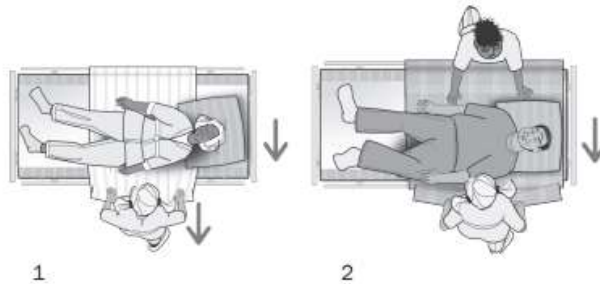
- From behind a side rolled Client or at either side when supine
- Reach under both Slide Sheets until the far bottom corner is located
- A second Carer could pass them under to meet half way
- Remove both sheets by bringing them back under themselves in a diagonal direction towards the bed head
- This protects the Client’s skin from any undue shear or friction
- Pull the Slide Sheets in a hand over hand motion to keep the momentum of the motion
- This technique can also be used to remove each slide sheet one at a time, if so remove the bottom slide sheet first

Moving laterally in the bed



Instructions:

- Encouragement or guidance for the Client to flex hips and knees with feet positioned on the bed, free from Slide Sheets
- If one leg is not able to functionally assist, ensure it is positioned extended on the Slide Sheets to minimise friction
- Feet to be moved across as much as possible in the direction of the movement, the Carer may assist guiding the motion
- With arms beside the body encourage Client to push down through their elbows
- At the same time the Client must extend at the hips lifting the buttocks slightly from the bed
- Whilst elevated the hips must move across into alignment with the feet
- The Carer may assist in guiding the hips up and across or sliding hips on the Slide Sheets
- Alternatively, the Carer can assist by stabilising feet onto the bed, and guiding the hip sideways once slightly elevated
- Once in alignment with the feet the buttocks can relax back to the bed
- Encourage the client to bring their chin to their chest and relocate the upper body to align with the new hip position
- Alternatively, the Carer can assist by sliding the upper body into alignment with the new hip position
- Repeat the process until desired location is achieved

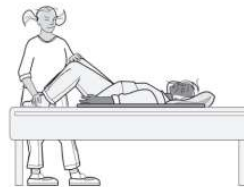


Instructions:

- One Carer stands opposite side to the direction of the movement
- They place a hand on the shoulder and hip of the Client
- They push the Client laterally until desired position is reached

- If required, a second Carer can stand on the side toward direction of movement, grasp the top Slide Sheet at Client shoulder and hip level and gently pull in coordination
- This second Carer could also perform the transfer alone using this method

Moving up the bed



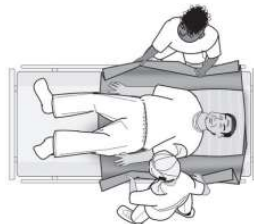
Instructions:

- Hips and knees are flexed with feet positioned on the bed free from Slide Sheets
- Encourage Client to raise shoulders and flex elbow firmly on the bed to stabilise
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Assist by stabilising feet onto the bed, and positioning hand on front of knee to guide movement up the bed if required
- Client to assist in pushing weight through the feet, the hips and knees extend
- Repeat action until desired position it reached



Instructions:

- Hips and knees are flexed with feet positioned on the bed, free from Slide Sheet, assistance for moving the feet and stabilising them in place may be required
- If one leg is not able to functionally assist, ensure it is positioned extended on the Slide Sheets and assistance is provided to assist the functional leg
- Encourage Client to raise shoulders and flex elbow firmly on the bed to stabilise
- Request Client to bring their chin to their chest – facilitating flexion of neck and raising of upper shoulder from the bed
- Client to push weight through the feet, the hips and knees extend lifting buttocks of the bed slightly
- Assist by pushing on the knee or Ischial tuberosity to slide hips up the bed
- Repeat action until desired position is reached



Instructions:

- One Carer either side of the bed
- Hold the Top Slide Sheet at level of Client's hip and shoulders with palms facing down
- Standing with one foot forward, the Carer pulls the Slide Sheet toward the head of the bed

Rolling onto the side



Instructions:

- Encourage or assist the Client to position themselves with knee flexed and arm over the body, the opposite limbs to the intended roll direction
- The Client should turn their neck to look in the direction of the roll
- The Carer, positioned on the side of the roll direction guides and encourages the hips to rotate to the direction of the roll, then the shoulders to rotate and continue to repeat until desired position is achieved
- If required, a second Carer can be positioned opposite to the direction of turn and can gently pull the top Slide Sheet at the shoulder and hip level whilst the repositioning is occurring to keep alignment in the centre of the bed.
- The Client has now completed the roll

To roll back into supine:

- One Carer to stand in front of the Client grasping top Slide Sheet at shoulder and hips
- Encourage or guide the Client to position the top arm slightly towards their back
- Extend back the top leg with hip external rotation
- Allow the lower body to turn and the upper body will follow until supine
- Simultaneously the Carer will gently pull on the top Slide Sheet to reposition the Client back into the centre of the bed.



Instructions:

- Position the Client with knee flexed and arm over the body, the opposite side to the intended roll direction
- The Carer on the opposite side of direction of roll pulls the to Slide Sheet
- The Carer on the receiving end of the roll pulls the opposite shoulder and hip towards them
- Alternatively, this Carer can push down the mattress gently in front of the shoulder and hip to utilise gravity to roll the Client
- The Client is now on their side, perform any final repositioning by grasping the to Slide Sheet as close to the Client as possible.

Repositioning Sling

The Molift Repositioning Sheet is designed as an in-bed system for maximum Client comfort. Since the sheet is always positioned in the bed, a multitude of care situations are made faster and easier for both Carer and Client.

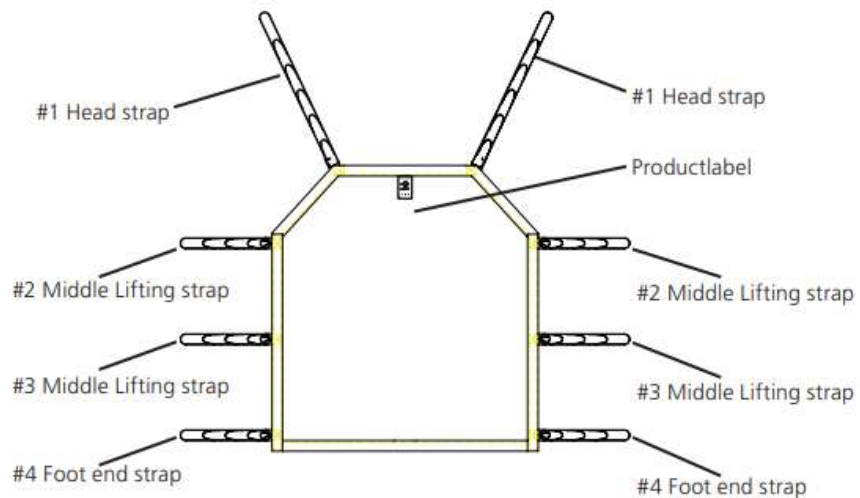
Bariatric care in particular places distinct demands on Client comfort and dignity that are supported by the Repositioning Sheet. SWL of the sling is 500kg.

In addition, the Molift Repositioning Sheet provides support to the Client's body, ensuring maximum comfort and a secure feeling in connection with transfers, turns and repositioning

Recommended Usage



Components

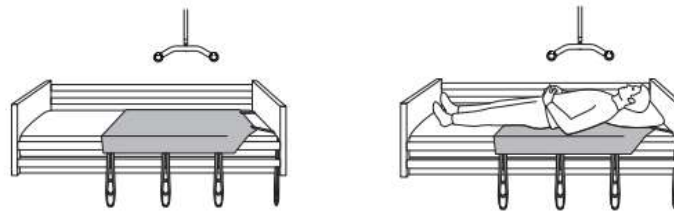


Sling Positioning

The sling is positioned on the bed prior to the Client. If the Client is in the bed, use the rolling technique to insert sling or slide down in between 2 slide sheets.

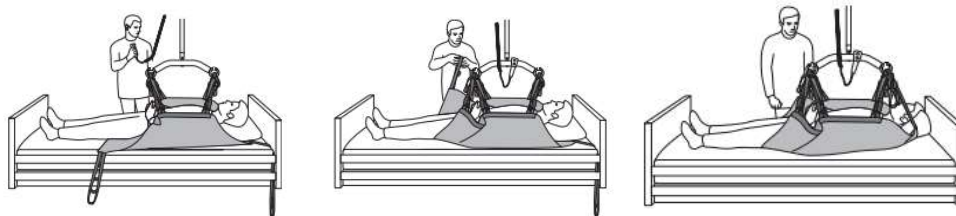
Make sure head, shoulders, pelvis, and thighs are supported by the sling. The top of sling should be at top of head and bottom of sling is past mid-thigh behind knees or lower.

Insert a pillow under Client's head for added support and comfort.



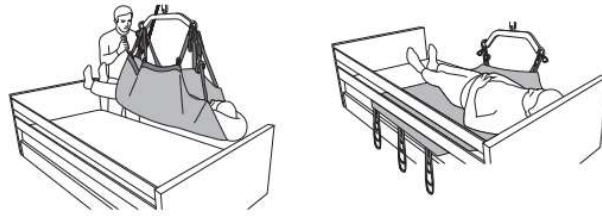
Repositioning in bed

1. Hook middle four straps (#2 and #3 straps) first, using same colour loops.
2. Raise Hoist just enough to remove slack in the straps to confirm loops are safely strapped on sling bar hooks.
3. Lower Hoist back to the bed

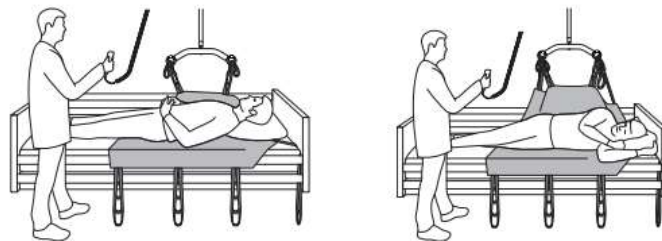


4. Hook foot end straps (#4 straps) either the same colour loop as the middle straps or tighter. Again raise enough to remove slack in straps to confirm loop placement, then lower
5. Hook head straps (#1) by extending them out just enough to remove slack and apply the loop that best reaches the sling bar hook without flexing the Clients head forward.
6. Raise Hoist to create clearance
7. One staff member should be at the foot end of Client to support ankles or feet when Client is raised.
8. Move the Client in the desired direction in bed/surface if repositioning, centring, etc or move Client off the surface to the desired surface such as bed to stretcher etc.
9. Lower Client, unhook straps, and tuck straps under mattress to prevent staff and Client trip risk.

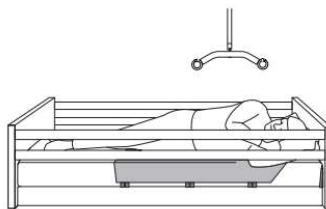
Rolling onto the side



- 1) Lift the Client and reposition to one side of the bed if required.
- 2) Lower and hook off the straps from the side of the sling, Straps towards the direction of the roll will not be connected to the Hoist

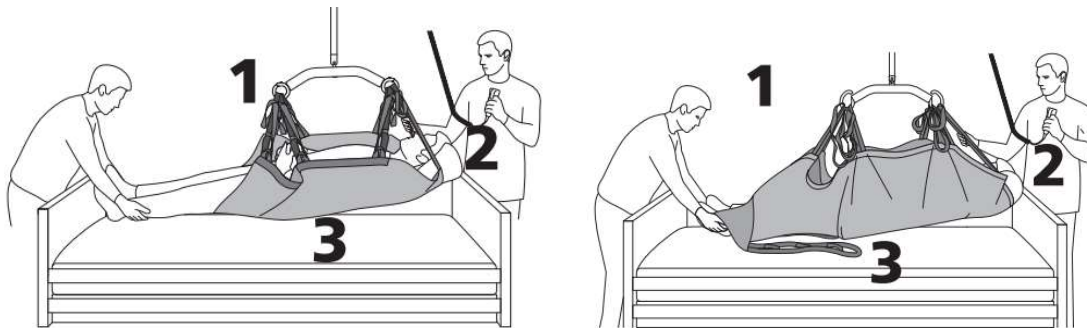


- 3) Hook all four straps, opposite to the direction of the roll, to the suspension.
- 4) Slide the pillow into the place for the new position, and rotate head in direction of the roll
- 5) Raise leg and place arm over the body, the limbs on the opposite side to direction of the roll
- 6) Raise the Hoist and make sure Client is turning gently to side



- 7) Support the Client in the side roll position at 30 degrees with wedges or pillows
- 8) Lower the hoist, the Client will remain in the side rolling position
- 9) Unhook straps from the suspension and tuck straps under mattress in to prevent staff and Client trip risk

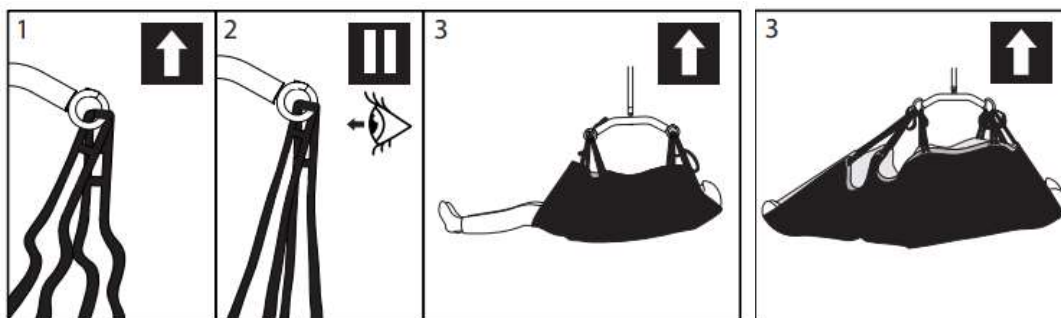
Sling Safety and Checkpoints



- Straps on left and right side are levelling equal
- Client's head is in a correct position
- Client has a comfortable supine position in the sling

Repositioning Notes:

- Check that the sling is correctly fitted around the Client and that the strap loops are correctly fitted to the suspension hooks.
- Start lifting until the lifting straps are stretched without lifting the Client. Ensure that loops of the sling are securely fastened to avoid the Client slipping or falling out of the sling.
- Lift Client and perform transfer.
- Never lift the Client higher than necessary to carry out a lift.
- Remember that wheels on a mobile lift must not be locked.
- Be careful during movement, the Client may swing during turns, stops and starts.
- Be careful when manoeuvring close to furniture and similar, to prevent the suspended Client from colliding with these objects.



Disclaimer

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