

CareCertify LLC

Assisted Living Training Series

AL-08

Safe Transfers & Fall Prevention

Participant Guide

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

Safety With Dignity

Moving residents is among the most physically risky parts of care — for them and for you. Falls are a leading cause of serious injury and decline in older adults, and lifting injuries are a leading cause of caregiver disability. Good technique and good judgment prevent both.

This guide teaches body mechanics, safe transfers, fall prevention, and how to respond to a fall. The most important rule: do only what you are trained to do for that resident, and get help or equipment when the task calls for it.

Learning Objectives — by the end of this module you will be able to:

- Use good body mechanics to protect yourself and residents
- Determine the level of assistance a resident needs before moving them
- Perform safe transfers within your training, using gait belts correctly
- Identify fall risk factors and reduce them
- Respond correctly and safely when a resident falls

Section 1: Body Mechanics

Good body mechanics protect your back and the resident. Stand with a wide, stable base, bend at your knees rather than your waist, and keep the resident close to your body. Keep your back straight and lift with your legs.

Never twist your spine while lifting — turn by moving your feet. When possible, push, pull, or slide rather than lift, and use equipment for heavy work.

Section 2: Assessing the Level of Assistance

Before moving a resident, know the plan: the service plan specifies whether a resident is independent, needs standby assistance, a one- or two-person assist, or a mechanical lift. Ask the resident what they can do and whether anything hurts today.

Never exceed the assistance level the plan calls for. If a transfer needs two people or equipment, get them — improvising is how residents and caregivers get hurt.

Section 3: Safe Transfer Technique

Plan and prepare every transfer: explain what will happen, lock the brakes on wheelchairs and beds, position equipment for the resident's stronger side, and clear the path. Use a gait belt to give you a secure hold and let the resident assist as much as they safely can.

Move on a clear count so everyone acts together, and go slowly. Never rush a transfer.

Section 4: Using a Gait Belt

A gait belt, applied snugly around the waist over clothing, gives you a secure hold for standing, walking, and guiding a resident. Grasp it with an underhand grip for control, and never lift or pull a resident by the arms or under the shoulders, which can cause injury.

Follow the service plan — some residents should not be transferred with a gait belt, and some require a mechanical lift instead.

Two people or a lift when required

If the plan calls for a two-person assist or a mechanical lift, never attempt it alone. Most serious transfer injuries happen when someone goes it alone.

Section 5: Mechanical Lifts

Mechanical lifts safely move residents who cannot bear weight. Use a lift only if you have been trained on that specific device and you have the correct, intact sling. Inspect the equipment before use and never use a damaged lift or sling. Most lift transfers require two trained staff — follow facility policy and the service plan.

Section 6: Fall Risk Factors

Falls usually have more than one cause. Resident factors include weakness, balance and gait problems, vision loss, certain medications, and confusion. Situational factors include rushing or urgent nighttime bathroom trips. Environmental factors include clutter, poor lighting, wet floors, missing handrails, and unsafe footwear. Reducing any of these reduces falls.

Section 7: Preventing Falls

Most falls are preventable. Keep walking paths clear and floors dry, ensure good lighting, and keep call lights, water, and personal items within the resident's reach. Make sure residents wear proper non-slip footwear and that mobility aids (walkers, canes) are present and working.

Answer call lights promptly — many falls happen when a resident tries to get up alone after waiting too long for help.

Section 8: Responding to a Fall

When a resident falls, stay calm and do not rush to lift them — moving an injured person can make things worse. Stay with them, keep them calm and still, and check for signs of injury. Call for help and notify the nurse, who decides whether and how to move them and what care is needed.

Document the fall objectively and report it per facility policy so the cause can be addressed and the plan updated.

Never lift a fallen resident alone

Get help and let the nurse assess first. Lifting an injured resident — or straining alone — turns one injury into two.

Key Terms

Term	What it means
Body mechanics	Using your body safely — legs not back, no twisting — to move residents.
Gait belt	A belt around the resident's waist that gives staff a secure hold.
Transfer	Moving a resident from one surface to another (bed to chair, etc.).
Mechanical lift	Equipment that lifts residents who can't bear weight; used by trained staff.
Level of assistance	How much help a resident needs, set by the service plan.
Fall risk factors	Conditions that make a fall more likely — resident, situational, environmental.

Check Your Understanding

1. What are the key principles of good body mechanics?
2. Where do you find the level of assistance a resident needs?
3. How is a gait belt used safely?
4. Name three environmental fall risk factors and how to reduce them.
5. What should you do — and not do — when a resident falls?

What's Next

Looking ahead

Next, AL-09: Emergency Preparedness & Procedures covers fire, weather, medical, and security emergencies and your facility's all-hazards plan.