Procedure · LTC-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 28.23

At a glance

- Each resident transfer is assessed and planned, and the equipment and staff needed are set (LTC-FRM-005).
- Manual lifting of residents is avoided where equipment or extra staff can be used.
- Staff are trained in safe handling before they transfer residents.
- Every manual handling injury is reported and reviewed.
- Stop and get help straight away if: staff transfer a heavy resident by hand alone when a hoist is needed.

1. Purpose

To prevent manual handling injuries to staff and residents from transfers (28.23).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Health workers can catch infections and be hurt at work, and they can also carry infections to patients. Protecting their health, with required vaccinations and safe working conditions, protects everyone in the building.

5. Responsibilities

Role	Responsibility	Competence
Clinical lead for long-term care	Owns the handling rule and training	Clinician or manager
Care staff	Assess and carry out each transfer safely	Staff

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Assess the transfer and record the method, equipment and staff needed.

Key point: Assessed.

Step 2. Equip and train.

- Use the equipment set, and confirm the staff are trained in safe handling.

Key point: Equipped.

Step 3. Report.

- Report every manual handling injury and review it.

Key point: Reported.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Transfers with a recorded method and equipment	100%	Monthly	Clinical lead for long-term care	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
LTC-FRM-005	Manual handling and transfer risk record	Record
WRK-SOP-002	Occupational exposure and injury response (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO Global strategy and action plan on ageing and health 2016-2030, WHO Integrated care for older people (ICOPE) guidelines (2017), and WHO guidance on digital and AI governance.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Hand Hygiene and Standard Precautions (T-06)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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