

Chapter 5 Lifting and Moving Patients

Protecting yourself : Body Mechanics

Body Mechanics: “proper use of the body to facilitate lifting and moving to prevent injury.

When lifting consider the object and its weight, your limitations, your plan and ability to communicate with your partner.

You should stand on a firm level surface with your feet shoulder width apart.

Use your legs, do not lift with your back.

Do not turn twist or attempt to turn or twist while lifting as this may result in injury.

Don't lift with one hand or lean while lifting.

Keep the object as close to your body as possible.

Use a stair chair when carrying patients on stairs whenever possible, keep your back straight, lean at your hips, and always use a spotter if available.

It is always safer and more efficient to move patients over long distance with a wheeled device.

When lifting a stretcher or backboard, one EMT lifts at the patients head and the other lifts from the feet. If possible always use an even number when lifting.

Power lift ‘squat lift’, squat as close to the object as possible with your feet flat, shoulder and back locked in, lift from your legs keeping the weight close to your body as possible.

Power Grip ideally your hands will be 10” apart, maintaining the most contact of your palm and fingers as possible.

When Reaching: keep your back locked, Avoid twisting, Avoid reaching more than 15 to 20”, Avoid prolonged reaching.

When pushing or pulling: Push when possible, Keep your back locked, keep the line of pull centered in your body keep your knees bent, If the weight is below your waist kneel to push or pull, keep your elbows bent.

Protecting Your Patient: Emergency, Urgent, and Non-Urgent Moves

Emergency Moves:

1. The Scene is hazardous
2. Care of life-threatening conditions requires repositioning.
3. You must reach other patients.

The greatest danger when performing an emergency move is aggravating an existing spinal injury.

To minimize or prevent aggravation of the injury, move the patient in the direction of the long body axis when possible.

There are also rapid moves called drags that can be from the clothes, feet, shoulders, or a blanket. These also follow the long body axis when possible.

Urgent Moves

Required when a patient must be moved to treat an immediate threat to life. These are performed with precautions for spinal injury.

1. Required treatment can only be performed if the patient is moved.
2. Factors at the scene cause patient decline.

Moving a patient to a long spine board (backboard) is an urgent move if an immediate

threat to life is present.

Cont. Pg 109

Powered By BroMed

Emergency Medical Care 11th Edition, Pearson.