HOW TO SAFELY TRANSPORT A CLIENT

Abstract:

Transporting a client safely is a primary responsibility of the health care professional. Understanding the client's limitations is a vital component prior to performing any transport and reviewing any medical issues or physical limitations is vital. Some transports may be simple and the client may never leave the bed and others could be complicated. Assessing the client prior to beginning the transport is important and reviewing medical records to determine any equipment needed in order to complete the transport safely should always be done. A vital area to review prior to any transport is a client's fall risk. Health care professionals need to understand the client's limitations, be aware of any devices the client uses to ambulate, and be mindful of the type of transport they are assisting with prior to beginning.

Learning Objectives:

1. Describe how one would evaluate a client's capabilities prior to transporting the client.
2. Explain the principles that should be used and followed when assisting a client with ambulation.
3. Identify suggested techniques when transporting clients in any situation.

Introduction

Medical problems and/or physical limitations can and often do restrict a client's ability to move around and walk. Transporting clients is a primary responsibility of the health care professional. Transporting a client can be required when providing personal care, as a preventive technique to avoid the development of pressure ulcers, to change linen when someone cannot get out of bed, or to help a client move from a bed to a wheelchair/chair or to return to bed. These situations are a common part of the day-to-day practice of the health care professional who requires considerable skill, practice, and knowledge of special techniques when transporting clients in any situation, whether a considerable distance, moving from bed to a chair, or to change positions.

Basic Principles of Transporting Clients

A health care professional should begin by first washing the hands and deciding whether the use of disposable gloves is needed. Standard precautions should be followed by identifying the client and explaining to the client exactly what to expect. Because of the importance of hygiene and the importance of following standard precautions, these requirements will be repeated below with each transport technique.

Transporting a client may not require moving long distances. It may not even involve getting the client out of bed or up from a chair. Before beginning any type of client transportation, the following should be considered.

Situation Assessment

A health care professional should begin by assessing the situation. This includes reviewing whether he or she has provided that specific

type of transportation assistance before. An assessment should be made to determine how far the client will be transported, how long the client will be transported, and what resources are available for transporting the client. A health care professional should determine how much time will be needed for this type of transportation assistance.

Client Capabilities

A determination should be made of how much assistance the client will need during the transport event. This requires an evaluation of how much help if any, a client can or should provide to assist with his or her transport. This evaluation includes considering the client's condition:

1. Does the client have any medical problems, physical limitations, or psychological issues that limit his or her ability to ambulate and move?
2. Is moving the client unsafe?

Examples of client issues that affect transportation are listed at the end of this section with some common examples.

Fall Risk

A health care professional should always consider a client's fall risk. Most situations in which the health care professional is providing transportation assistance involves the potential for a fall, even a slight fall. Safety should be the priority when transporting a client because even a small fall can have serious consequences.

A change in position, especially from lying to sitting or from sitting to standing, can cause orthostatic hypotension and possibly syncope, which increases the risk of falling. Consideration should be given to measuring blood pressure and pulse before beginning to transport a

client. This may not always be necessary but if a health care professional is working with a client for the first time or who is at risk for falling, measuring vital signs before moving the client is a good idea.

Maintaining good body alignment for a client during a move is essential to safety. In many situations, the client will be weak and will have difficulty walking. Often, the client cannot assist with the process.

TABLE 1: CLIENT ISSUES AND TRANSPORTING

1.	**Age**
2.	**Arthritis**
3.	**Balance disorders**
4.	**Confusion**
5.	**Dementia**
6.	**Diabetic neuropathy**
7.	**Gait disorders**
8.	**Inner ear disorder**
9.	**Muscular weakness**
10.	**Neurological disorders**
11.	**Obesity**
12.	**Recent surgical procedure**
13.	**Stroke**
14.	**Use of an assistive device (cane or walker)**
15.	**Visual impairment**

Case Example

A provider ordered a client to be moved from the bed to a chair, three times a day. The distance to be traveled was very short, five feet.

The client is a 66-year-old sedentary male who is obese (145 kg) and has diabetic peripheral neuropathy. He recently had a stroke and his left side is considerably weaker than his right. The physical therapist's assessment rated the client's strength as poor on his unaffected side and very poor on his affected side. Even before the stroke, the client was not strong and prior to the stroke his body weight and muscular weakness made walking difficult.

The client had been in the hospital for 3 days and this will be the first time he is getting out of bed. The distance and the time involved in this move are very short. The client will not be able to move unassisted from the bed to the chair and this move will require more than one person, and perhaps some special equipment. In addition, the client is at a relatively high risk of falling.

Client Fall Risk

A fall is defined as *an unplanned descent to the floor, with or without injury,* and transporting a client is very often a situation in which a client fall is a risk.

Falls are very common in the general community and in healthcare facilities. Approximately one-third of all older adults living in a community will fall at least once a year. Falls are the most common adverse event in hospitals. 3 to 20% of clients will fall at least once during hospitalization.

A health care professional should be familiar with important facts related to client falls, such as:

1. The majority of falls are unwitnessed.
2. Falls often happen when the client is being transferred from a bed to a chair.

3. Most falls do not cause injuries but the injuries that do occur tend to be serious: bleeding, dislocations, fractures, and lacerations.
4. Hip fractures suffered after falls are an especially serious injury. Approximately 25% of all clients who suffer a hip fracture after a fall die within a year and approximately 50% of these must be discharged to a long-term care facility and they never return home.
5. Falls can cause anxiety, depression, lack of confidence in the ability to ambulate, and a fear of falling again. Falls increase the length of hospitalization and they increase healthcare costs.

Assessing a Client's Risk of Falling

There are standardized and validated assessment tools that are used to evaluate a client's risk of falling. Health care professionals do not use these assessment tools but should be able to perform a basic assessment of the risk of falling.

Physical Issues and Limitations:

Does the client have a medical condition or a physical limitation that would increase their risk of falling? Examples would be balance disorders, muscular weakness, and stroke.

Mental Status :

Does the client have a psychiatric disorder that would increase their risk of falling? Examples would be confusion, dementia, and memory problems.

Medications:

Is the client receiving medications that might make them more likely to fall? The health care professional would not be expected to know medication indications and risks; however, he or she should ask the

supervising licensed nurse or provider overseeing a client's treatment whether medications being administered could cause a fall risk. For example, medication for pain (narcotics), allergies (antihistamine), sleep, depression or anxiety, heart or blood pressure, mental illness or psychosis, diabetes, and urinary frequency.

Environmental Issues:

Environmental issues are less likely to contribute to a fall in the healthcare setting. However, it is prudent that prior to transporting a client the environment is checked for anything that could increase the risk of a fall, such as poor lighting, a bedside commode, a wheelchair that is not locked, or a wet floor.

History of Falls:

A previous fall is a risk factor for future falls.

Ambulatory Status:

It is important to know whether the client can walk without assistance or whether they typically need help. Is the client's walking normal, weak, or unsteady?

A health care professional should check a client's nursing treatment, or check with the client and/or client's family, about whether the client uses a cane or a walker. Many clients know their ambulation/mobility limits, and they can provide valuable information about what is and is not safe for them.

Techniques To Transport Clients

This section will review situations that will require assistance to transport a client and the techniques that may be used. These include:

1. Assisting a client who is using a cane, crutches, or a walker
2. Assisting a client to a sitting position
3. Helping a client to ambulate
4. Helping a client to stand up
5. Logrolling a client
6. Moving a client from a bed to a chair
7. Moving a client up in bed
8. Using a slide board to transfer a client
9. Using a transfer belt (also called a gait belt)

Transporting a client can be quick, simple, and done without help. It can also take a lot of time, or require special equipment and several people. Regardless of what the client needs or what the situation requires, the key for safely transporting someone is to *plan* ahead by assessing the situation, assessing the client, and determining the fall risk. The following case example helps to elucidate the value of planning ahead before transporting a client.

Case Example: Elderly Female

An elderly female client is lying down and needs help to sit on the edge of the bed. The provider provided this monitored activity order so that the client's ability to tolerate an upright position can be determined. This will essentially only require the client to change positions.

Client Assessment:

The client is 55 years old and she does not have pre-existing medical or psychiatric issues that would affect her ability to do this task. She is of average height but she weighs 245 pounds. Yesterday, she had shoulder surgery, she returned from the operating room late in the early evening, and she hasn't changed positions yet. The operation was uneventful and there were no complications.

Fall Risk:

The client has received several doses of oxycodone, a relatively powerful narcotic analgesic but aside from that, she has no obvious risk factors for falling. When the client is asked how she feels, she says that she feels a little weak from the operation and a little dizzy from the oxycodone.

Analysis:

The move itself is very simple. The health care professional will help the client sit up and move to the edge of the bed. However, she had surgery within the past 24 hours and she has not changed positions since returning from the operating room. In addition, she has received several doses of oxycodone, she reports feeling weak and dizzy, and she is relatively heavy. She is at high risk for a fall, and she could fall to the floor or onto the just-repaired shoulder.

Transport Activity: Making the Move

After identifying the client, the health care professional should measure the client's blood pressure and pulse. The bed should be in a locked position. The client should be assisted to move close to the edge of the bed and turn onto her side. The side rails should be down and the health care professional should be positioned to prevent the client from falling out of bed. In some cases, someone else may be needed to help by standing in front of the client. In this situation, it is reasonable to request the presence of an additional health care professional to be positioned behind the client in case she falls backward after sitting up. This person should kneel on the bed so that their hands can easily reach and support the client's shoulders if needed.

The bed should be raised to a height that is comfortable for the health care professional. The same height as the hips is usually the best height. The head of the bed should be slowly brought up to 45 degrees. The client should be asked if she can tolerate having her head elevated at a 45-degree angle. If she tells you she feels dizzy or lightheaded, the head of the bed should be lowered and an immediate supervisor contacted to report the client's response. On the other hand, if the client can tolerate the change of position, she should be asked to put her legs over the edge of the bed (the legs should be supported if needed) and the head of the bed elevated as much as possible.

One hand should be placed on the client's hip and the other hand on her unaffected shoulder while slowly assisting her to an upright position; if possible, she should be asked to provide some assistance. After she is sitting up, the health care professional should maintain physical contact until she is stable. If the bed has split side rails, one of them should be positioned so she can hold on to it. The bed should be lowered so that the client's feet are touching the floor. The health care professional should stay with the client for the prescribed amount of time.

The above scenario involves a basic client transportation event and after the health care professional performs it several times it can tend to become second nature. It is important, however, to avoid taking shortcuts after becoming familiar with this basic transportation method. Staff should always follow the basic steps to avoid an accidental fall or injury to the client or to those assisting the client. This example illustrates the risk involved in even short, easy moves. Should the client suddenly weaken or faint, lose her balance, and fall forward, backward, or onto the surgically repaired shoulder, there could be significant harm to the client.

The health care professional should always consider how easily they would be able to prevent a fall or to assist in lifting a client who falls,

especially an overweight or obese individual, such as in this scenario. The planning required *prior to* transporting a client safely and efficiently is a basic and essential part of this client care activity.

Caring For a Client Using Assistive Devices

Canes, crutches, and walkers are called *assistive devices*. Canes and walkers are often needed permanently. Crutches are usually needed for a short period of time to help clients ambulate while recovering from an injury; however, some clients do depend on crutches for day-to-day ambulation.

Assistive devices provide support, balance, and take pressure off an affected leg. Physical therapists provide the initial instruction to clients on the proper use of assistive devices. The health care professional may need to help someone who is using an assistive device and should know how they are used.

Assisting a Client Using a Cane

The health care professional should make sure the top of the cane is at the level of the client's wrist when they are standing. The client should be instructed to hold the cane in the hand *opposite* the affected leg. This may seem counterintuitive but the cane provides the most support when used this way. The cane can then be used while moving the affected leg forward at the same time. The cane should be placed at the same distance from the body as the affected leg; it should not be placed too far forward. The client should stand straight and not lean noticeably to one side on the cane. Once the cane and the affected leg are solidly placed, the weight can be shifted to the cane and the unaffected leg moved forward.

Going up and down stairs while using a cane can seem tricky at first to the client but with practice and patience it is not difficult. While going

up stairs, the unaffected leg moves first, the client's weight is transferred to the unaffected leg, and then the cane and the affected leg are brought up. To go down stairs, the sequence is reversed. The affected leg is moved down and then the cane and the unaffected leg are placed on the stair.

Assisting a Client Using Crutches

Clients using crutches should have the crutches adjusted so that the tops are one to two inches below the armpits. The handgrips should be level with the hips. When the crutches are in the right position the client's arms should be slightly bent.

The client should start walking by balancing on the unaffected leg, leaning forward slightly, and putting the crutches on the floor about one foot ahead; this distance can be increased after the client has some practice. This transition can feel unsteady at first and first-time crutch users should be closely supervised as balancing on one leg can be difficult. Clients may be allowed to place some weight on the affected leg but unless this is specifically allowed it should be discouraged.

After the crutches have been placed forward, the client should be instructed to place his or her weight on the handgrips of the crutches. No weight should be placed on the armpits because doing so can damage the blood vessels and nerves in that area. The client's weight is transferred to the handgrips when mobilizing with the use of crutches while swinging the body forward, landing on the unaffected leg. Short movements are best.

Using crutches to get up from a chair is relatively simple. The client should be instructed to put both crutches together on the unaffected side. They can place the affected leg forward and then push up using the handgrips and the seat of the chair. If the client needs to sit down, they should back up until the edge of the chair is touching the legs. Both

crutches should be placed on the affected side. Next, while holding onto the handgrips and bending the legs, the client can reach down and grab the chair.

When a client is mobilizing up a set of stairs with the use of crutches, the client leads with the unaffected leg by stepping up the stair with the unaffected leg first, then the client stands up on the stair and plants the crutches, and repeats this for each step. To go down stairs, first the crutches are placed on the stair, then the client puts their weight on the crutches, and puts the unaffected leg down.

Going up and down stairs while using crutches can be difficult and unsafe if the client is weak or has poor balance. A handrail makes the process easier but some clients should be instructed to always have assistance.

Assisting a Client Using a Walker

Walkers are the most stable of the assistive devices, and clients who use a walker will typically only need assistance when they are standing up or sitting down. Ambulating with a walker is done in the same way as ambulating with a cane or crutches. The client places the walker a short distance out from his or her body, uses the walker for support, and then moves forward.

Transporting Clients to a Sitting Position

One of the most basic techniques of transporting a client is to a sitting position. It is used prior to helping someone out of bed, helping someone up from an examining table, and in many other situations.

A health care professional should begin by first washing the hands and deciding whether the use of disposable gloves is needed. Standard precautions should be followed by identifying the client and explaining

to the client exactly what to expect. Measurement of the client's blood pressure and pulse should be done if needed.

The bed wheels should always be locked prior to transporting the client to a sitting position. The client should move close to the edge of the bed and turn onto their side with their face closest to the edge of the bed. The side rails should be down and the health care professional should be positioned to prevent the client from falling out of bed. In some situations, additional help may be needed in front of the client and to the rear of the client in case they fall backward after sitting up. If the health care professional is worried that the client may fall backward, the best position for additional help is to kneel on the bed or their hands can easily reach and support the client's shoulders.

The bed should be raised so that it is level with the health care professional's hips and the head of the bed should be slowly brought up to 45 degrees. The client should be asked if this change in position is tolerable. If the client reports feeling dizzy or lightheaded, the head of the bed should be lowered and an immediate supervisor notified. If the client can tolerate this change of position, the health care professional can help the client put his or her legs over the edge of the bed (the legs should be supported if needed) and the head of the bed elevated as much as possible.

The health care professional should place one hand on the client's hip and the other hand on the shoulder and then slowly lift until the client is upright. Contact with the client should be maintained, and the health care professional should not let go of the client until they are certain the client is stable sitting up. If the bed has split side rails, one of the rails should be positioned for client support. The bed should be lowered so that the client's feet are touching the floor. The health care professional should stay with the client for the prescribed amount of time.

Helping Clients Ambulate

This section discusses methods to help clients ambulate, which is defined here as getting out of bed or up from a chair or a wheelchair and then walking.

There are different ways of helping a client to ambulate. The step-by-step process used will depend on the situation and the client's needs. The client may need to use an assistive device, a transfer belt may be needed, or perhaps they will only need the person assisting with ambulation to hold onto an elbow for support.

Regardless of what the situation requires, the following principles should be used when helping a client to ambulate. These principles can be applied to almost all situations in which a health care professional is transporting a client. The health care professional should:

1. Assess the client's fall risk and any client issues that may affect transporting. If this is the first time the health care professional is working with a client, the first time the client has ambulated after being on bed rest, or a fall risk has been identified, the client's blood pressure and pulse rate should be obtained before beginning to ambulate.
2. The health care professional should *plan the path* of ambulation, and make sure the path is clear.
3. Assistance should be available in case it is needed. Ambulating some clients can require several people in order to do it safely.
4. Standard hygiene practices should be followed (handwashing).
5. Follow the facility's standard safety policies: Identify the client and explain to the client what is going to happen.
6. The bed or wheelchair should always be locked before starting ambulation.
7. After a client is standing up, the client should be asked if they feel dizzy or lightheaded. The client should also be observed closely for any sign of unsteadiness. If the client feels dizzy or lightheaded or appears unsteady, the health care professional should not continue to ambulate

the client. Instead, the client should be returned to bed or to the chair and an immediate supervisor notified.

8. When assisting a client, the health care professional should always walk slightly behind. This will put the health care professional in the best position to help in case of a fall. A transfer belt may be used, as well.

9. The client should be helped to ambulate for the prescribed amount of time but discontinue ambulation if he or she is not tolerating it or the situation becomes unsafe. Safety is the priority, not completing the task.

The health care professional should also be prepared to support a client they fall. If ambulating a client without a second person to assist and the client begins to fall, the health care professional should place their legs firmly apart to establish a base of support. One leg should be placed forward between the client's legs, holding the client under their arms, and guiding the client's body to slide down the leg. The client should be lowered gently and slowly to the floor.

Helping A Client Stand Up

Helping a client stand up is usually preceded by helping someone to a sitting position and it is often followed by ambulating or moving to a chair or a wheelchair.

Before beginning the procedure, standard hygiene practices should be followed by washing hands. Follow the facility's standard safety policies by identifying the client and explaining to the client what is going to happen. The bed or wheelchair should always be locked before starting ambulation.

The health care professional should begin by facing the client and establishing a firm base of support. If needed, a transfer belt should be applied. Instruct the client to slide forward to the edge of the bed, chair, or wheelchair. Once in this position, the client should be asked to move

his or her legs apart to shoulder width and then lean forward slightly so that the weight is centered over the feet and legs.

The health care professional should coordinate the move with the client and use whatever level of support is needed, whether it is one or two arms under the armpits or use of a transfer belt. Once the client is standing up, the health care professional should ask the client if they feel dizzy or lightheaded, and observe the client closely for any unsteadiness. If the client feels dizzy or lightheaded, or appears unsteady, the activity should be discontinued and the client returned to bed or a chair, and an immediate nursing supervisor notified of the incident.

Logrolling

Logrolling is used when a client cannot get out of bed but a position change is necessary. Logrolling is used to help a client change positions and avoid pressure on areas that are susceptible to pressure ulcers. It is also used when needing to provide perineal care, if the client needs to use a bedpan, to perform a skin inspection, or to change the sheets.

Again, standard hygiene practices should be followed by washing hands and adhering to the facility's standard safety policies by identifying the client and explaining to the client what is going to happen. The bed wheels should be locked and raised to the caregiver's hip level, and both side rails up.

The client should be moved or asked to move so they are positioned on the outer third of the bed away from the direction in which they will be moving; for example, if the client is going to be logrolling toward the left side, they should be positioned on the right side of the bed. If the client cannot move, a slide sheet should be placed so that it goes from the shoulders to the knees and is used to pull the client into place. A pillow should be placed between the client's legs. The arm that will be

under the client after the move has been done should be extended so that it is not pinned against the client's side.

Logrolling requires two people. One should be at the client's shoulder and the other at the hips and then those assisting should gently and slowly move the client so that they are perpendicular to the bed. When logrolling the client, it is important to be sure that the client's body and spine are maintained in a position of alignment. A straight line should be maintained and *all parts* of his or her body are rotated together.

If logrolling a client for a position change, pillows should be placed next to the back and shoulders to help keep the client in place.

Moving a Client from a Bed to a Chair

Moving a client from a bed to a chair can put the client at risk for a fall. When a health care professional is uncertain this task can be completed alone it is important to seek assistance.

.A health care professional should begin by first washing the hands and deciding whether the use of disposable gloves is needed. Standard precautions should be followed by identifying the client and explaining to the client exactly what to expect.

The wheels on the bed should be locked, ask the client to move close to the edge of the bed, and turn onto their side. The side rails should be down and the health care professional should be positioned to prevent the client from falling out of bed.

The bed should be raised so that it is level with the health care professional's hips and then the head of the bed slowly elevated to 45 degrees. The client should be asked if this is tolerable and if they report feeling dizzy or lightheaded, the head of the bed should be lowered and the nursing supervisor should be notified. If the client is not dizzy and

feels okay then the health care professional should continue with the transfer. The client may need help moving their legs over the edge of the bed and should be moved in tandem while supporting them. One hand should be placed on the client's hip and the other hand on the shoulder, then the health care professional should slowly lift until the client is upright. Physical contact with the patient should be maintained until it is certain the client is stable. If the client reports feeling dizzy or lightheaded or appears unsteady, the client should be lowered back down, the side rails placed back up and the nursing supervisor should be notified.

If the client can tolerate being upright, the bed should be lowered until their feet are touching the ground. The client's shoes or slippers should be placed on their feet to protect their feet and prevent slipping on slick surfaces. The health care professional should face the client and establish a firm base of support. If needed, a transfer belt should be applied. The client should be instructed to slide forward to the edge of the bed. Once in this position, the client should be asked to move their legs apart to shoulder width and then lean forward slightly so that their weight is centered over the legs and feet.

Whatever level of support is needed should be used to lift the client. This could be placing one or two arms under the client's armpits, the arms around the client's waist, a transfer belt, or the client's hands on the health care professional's shoulders. Once the client is standing they should be asked if there is dizziness or lightheadedness and if any of these symptoms are present the transfer should be aborted and the client should be returned to a lying position if possible.

When the client is standing, the health care professional should help them pivot and to slowly lower into the chair. The pivoting motion can be slightly awkward, especially if the client is weak. Allow the client adequate time to adjust and pivot to the desired position.

Moving A Client Up In Bed

Moving a client up in bed requires two people. This procedure should be done using a slide sheet. Slide sheets are single-use or reusable sheets that have very low friction to prevent trauma to the client's skin.

Standard hygiene practices should be followed by washing the hands. The facility's standard safety policies should be followed by identifying the client, and explaining to the client what is going to happen.

The bed should be raised to a comfortable working level. If moving the client is going to be difficult due to the size or the weight of the client even with the use of the slide sheet, the top of the bed can be lowered so that the client's head is slightly lower than the feet. By lowering the head of the bed it will aid in moving the client by utilizing gravity. If this is needed, place a pillow between the client and the headboard to protect his or her head.

The client should be logrolled and the slide sheet placed so that it reaches from the shoulders down past the buttocks. Once the sheet is in place, the health care professional should establish a firm base of support with the legs apart at least shoulder width, grab the slide sheet and then move the client to the desired position. The goal is to be sliding, *not* lifting, the patient using the low friction of the slide sheet to an advantage. Once the procedure is done, the slide sheet can be removed.

Using A Slide Board

Slide boards are a simple and effective way of transferring clients from a bed to a chair or a wheelchair, or back again; or from a chair to a chair. They are often used when the client has very limited or no lower body strength. Before beginning the procedure, standard hygiene practices should be followed by washing hands. Follow the facility's

standard safety policies by identifying the client and explaining to the client what is going to happen.

The transferring surfaces must be secured for safety. Make sure the bed locks or wheelchair locks are on, if the client is being transported from chair to chair, the chairs that the client will be moving between need to be checked for stability. If the client's bare skin will be against the board, a pillowcase or something should be placed on the board as bare skin against the slide board will reduce the low friction effect of the slide board.

One end of the slide board should be placed underneath the client's thigh. If the client has sufficient upper body strength, they can make the move unassisted. In this case, the board should be used to slide from one position to the other. If the client needs help, the health care professional can put both hands beside the buttocks or apply a transfer belt. Coordinate the move with the client, move them sideways using a sliding motion, and *do not lift* the client.

Using A Transfer Belt

Transfer belts have been mentioned several times in the earlier sections. Transfer belts are a simple and very effective tool that can be helpful in safely transporting clients.

Transfer belts are made of heavy cloth, leather, or webbing. They have a buckle that attaches one end of the belt to the other, and they are usually about 1 and one-half to four inches wide. The belt is placed around the client's waist, the buckle is locked, and the belt then provides the user with a secure "handle" that can be used to lift or slide a client.

Summary

Transporting clients is a common part of the day-to-day practice of health care professionals. Transporting clients is not technically difficult, but it does require special techniques, considerable skill, and practice. Each situation in which the health care professional is transporting a client is different and must be individually assessed. The principles for every client transportation situation include assessing the situation and the client and determining the fall risk. Transporting clients often puts them at risk for a fall. The health care professional should ask for help. It is better to have help even if it is not needed than to need help and not have it.

Good body alignment of the client should be maintained during the move. Safety comes first. The health care professional should not continue transporting a client or start transporting if the situation seems unsafe. Standard Precautions should always be used, such as identifying the client before beginning an activity and exactly what will happen.