Module 3: Promoting Safety

Hunt 2 Heal
Allyssa Ryeson, Occupational Therapy Doctoral Student

Transfer Training

While transfers are typically carried out independently by the participant or with the help of their caregiver, this will provide a concise overview of the transfer process for situations assist.

2 Main Priorities when Assisting with a Transfer:

1. **SAFETY** of the participant!

1. Minimizing physical stress on your own body/**SAFETY** for you!

(Stromsdorfer, 2023)

How to Properly Transfer a Participant

Transfer Setup

Position the participant to transfer toward their less affected or unaffected side, whenever possible.

Place the wheelchair close to the transfer surface to minimize the risk of falls.

Ensure the wheelchair is securely locked.

Remove the wheelchair arms as necessary to facilitate the transfer.

If possible, adjust the height of the transfer surface to align with the wheelchair for a smoother transition.

Use gait belt if this is the norm for the participant.

Proper Body Mechanics

Lift with your LEGS not your back.

Keep the participant close to you.

Use your core/abdominal muscles to protect your back.

Move your feet instead of only twisting at your trunk.

Communicate with the participant & do not allow them to hold onto you throughout the transfer.

Transfer Techniques

For participants with SCI: Use your knees & feet to block the participant to prevent sliding during the transfer. These individuals may also require a slide/transfer board or a hoyer lift, which will be covered in the next module.

For bariatric participants or those requiring higher levels of assistance: Ensure more than one person is present to assist with the transfer, if necessary.

(Stromsdorfer, 2023)

Transfer Training

Watch the video provided in the link below for a demonstration of a common transfer approach used. Although the video refers to an ALS diagnosis, this form of transfer is commonly used with many diagnoses that you will often encounter at Hunt 2 Heal. Each participant will also likely have individualized ways of accomplishing a transfer such as the one shown in the video. Always ask their preferred method and how you can best assist as needed.

https://youtu.be/BRAmjRrTIxA?si=_4iDQ-GBNvTDhZYN

(Know ALS, 2024)

CPR on Participants in a Wheelchair

*** Always adhere to the guidelines and techniques taught in the CPR training course provided by H2H ***

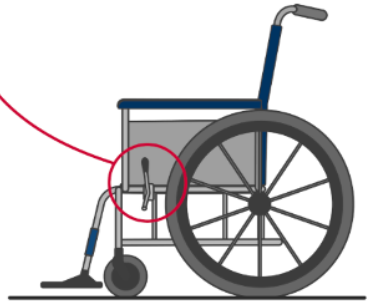
Above all, prioritize your safety – never put yourself in harm's way while assisting others. When contacting 911, be sure to inform them that the individual is in a wheelchair, so emergency responders can be fully prepared upon arrival. CPR should still be performed with the participant lying flat if possible. An explanation of how to do this is provided in the following slide.

(Shaw, 2024)

ProTrainings

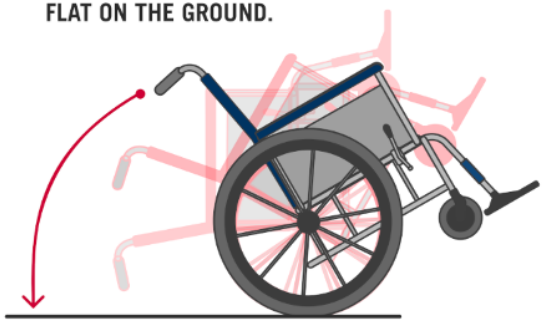
Administering CPR on a Person in a Wheelchair

1. ENGAGE THE WHEELCHAIR'S BRAKES.

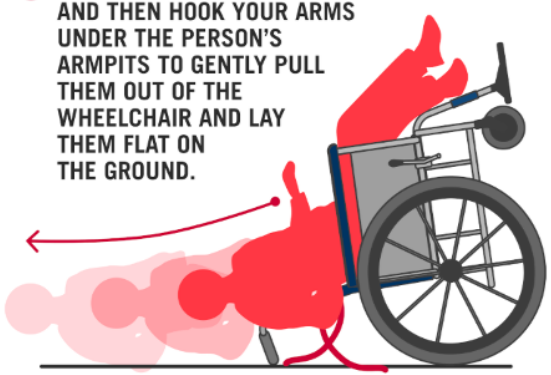


2. SECURE THE PERSON TO THE BACK OF THE WHEELCHAIR USING A BELT OR OTHER MATERIAL THAT YOU CAN TIE AROUND THEIR CHEST.

3. CAREFULLY TIP THE WHEELCHAIR BACKWARD TOWARD YOURSELF UNTIL THE BACK OF THE WHEELCHAIR IS FLAT ON THE GROUND.



4. UNFASTEN THE BELT OR TIE AND THEN HOOK YOUR ARMS UNDER THE PERSON'S ARMPITS TO GENTLY PULL THEM OUT OF THE WHEELCHAIR AND LAY THEM FLAT ON THE GROUND.



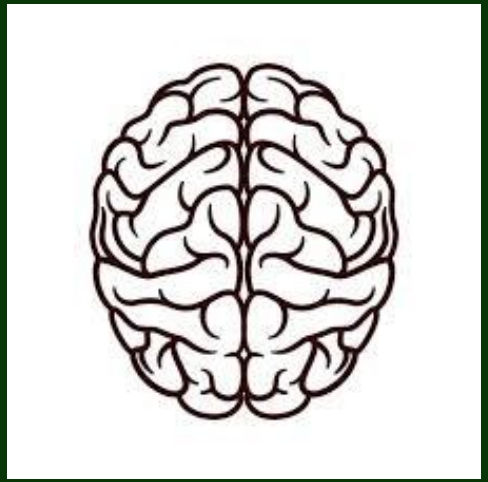
(Shaw, 2024)

Seizures

Conditions like multiple sclerosis, cerebral palsy, diabetes, head trauma, stroke and others can increase the risk of seizures. This highlights the importance of understanding their causes and knowing how to respond when one occurs.

What can Trigger a Seizure?

- Stress
- Alcohol and drugs
- Dehydration
- Hormonal changes
- Sleep deprivation
- Visual stimulation



It is important to understand an individual's history with seizures (if there is one). People who struggle with seizures often experience them more than once and they can sometimes become a more "normal" experience for them.

(National Institute of Neurological Disorders and Stroke, 2025)

What TO do when someone is having a seizure:

Stay with the individual until the seizure is completely over. Be sensitive and supportive and keep onlookers away if possible.

Ensure their breathing is okay. Turn them on their side with their mouth facing towards the ground to prevent blocking of the airway.

Stay calm and keep the individual as comfortable as possible (lay them down, if possible, support the person's head if needed, move nearby objects out of the way).

Seek medical help if seizure lasts 5 minutes or more, multiple seizures occur back-to-back, breathing becomes difficult, or anything about the seizure is abnormal for the person.

(Epilepsy Foundation New England, 2025)

What NOT to do when someone is having a seizure:

1. Do not hold the person down or prevent movements or walking as long as the person is safe.

1. Do not put anything in the person's mouth or give them food or water.

(Epilepsy Foundation New England, 2025)

Autonomic Dysreflexia

Autonomic Dysreflexia (AD) occurs due to a negative reaction of the autonomic (involuntary) nervous system. The autonomic nervous system controls body functions that we don't consciously control, like our heartbeat. AD is most common in individuals with a spinal cord injury **above T6.** AD occurs due to an issue with the body functions below the level of the SCI and the body is unable to communicate this to the brain due to the SCI. This then causes special nerves to automatically constrict blood vessels below the level of injury resulting in a **quick increase in blood pressure.** The brain then detects the increase in blood pressure and slows down the heart rate in attempt to fix this. Because the signals aren't heard throughout body, blood pressure can continue to rise which can lead to severe problems such as stroke, seizure, and even death.

(University of Pittsburgh Medical Center, 2025)

Causes of Autonomic Dysreflexia

Most Common:

Urological concerns such as an overfull bladder, urinary tract infection, bladder spasms, and kidney/bladder stones.

Additional:

Overfull bowel, stomach issues, appendicitis, gallstones, pressure ulcers or burns, injuries to legs/feet, blood clots, broken bones, and external factors (temperature, clothing that is too tight).

(University of Pittsburgh Medical Center, [illegible])

Signs & Symptoms of AD

Increased blood pressure & decreased heart rate	Red & blotchy skin (especially in face)	Stuffy nose
Pounding headache	Chills	Anxiousness
Sweating above the level of injury	Blurry vision	Chest tightness & trouble breathing
Bladder/bowel problems	Lightheadedness & dizziness	Muscle spasms in jaw

(University of Pittsburgh Medical Center,

What do I do if someone is experiencing AD?

- Individual should sit upright with head elevated & legs down: Changing positions can help to lower blood pressure.
- Identify the potential trigger (check bladder/catheter, check for bowel issues, inspect for pressure sores, and check wheelchair or bed to ensure the individual is not sitting on anything that could be causing pressure).

- Remove any tight clothing such as shoes, belt, support hose, and more.
- Continue to monitor blood pressure for any changes.

If the issue is not resolved by the solutions provided and blood pressure remains elevated, **contact emergency services.**

(University of Pittsburgh Medical Center, 2025)

Spinal Cord Injury “Quad Cough”

A quad cough technique is often associated with individuals who have quadriplegic level injuries but can also apply to anyone with a SCI or other injury that significantly weakens the muscles needed to cough. A strong cough is imperative to clear mucus from the lungs and individuals with this type of injury may not be able to do this on their own.

What?

A quad cough is an assisted cough when you push on another person’s abdomen to help them cough. This is done in a seated position. If this is done in a wheelchair, ensure the brakes are on and the individual’s seat belt is secured if applicable. An in-depth explanation is provided in the next slide.

When?

An assisted cough should be used when the individual tells you it is needed, when the individual is trying to cough and is unable, when the individual is short of breath due to mucus, or you can hear congestion in the individual’s chest. You should always wait 30 minutes after eating a meal before performing an assisted cough.

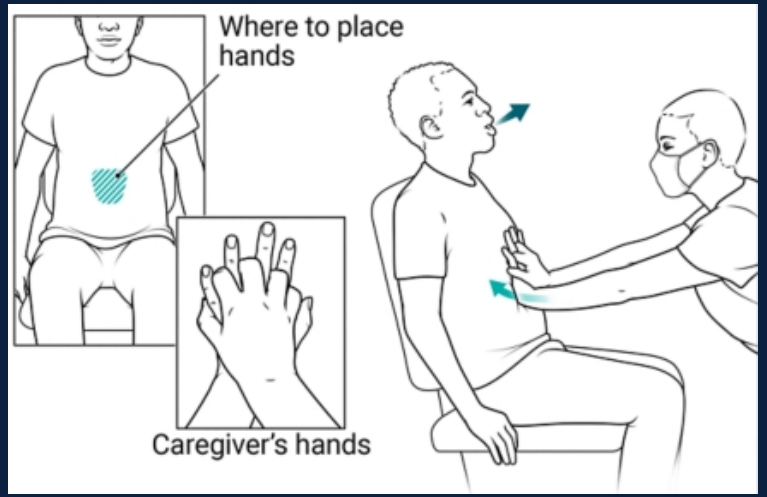
(Healthwise, 2023)

How?

- Place the heel of one hand on the abdomen just above the navel, place the other hand on top of the first hand and interlock fingers, keep elbows straight.

- Individual takes a deep breath and holds it until you tell them to cough.

- When the individual coughs, you give a quick, firm push up and in, under the rib cage. It may take a couple tries for this to work



(Healthwise, 2023)

Blocked Airway (Choking)

Choking occurs when a foreign object gets stuck in a person's airway and the person is unable to speak, cough, or breathe. This prevents oxygen from getting to the lungs and to the brain which can cause loss of consciousness, brain damage, and death if choking is not resolved quickly and effectively.

(Johns Hopkins Medicine, 2025) (Skills Training College – First Aid Course Experts, 2022)

What to do:

1. **Call 911!**
1. Perform 5 Back Blows
1. Perform 5 Abdominal Thrusts
1. Continue until the obstruction is relieved

** If the individual becomes unresponsive, CPR takes priority over removing the blockage. **

Back Blows Explained

1. Lean the individual forward so their upper body is parallel with the ground while keeping one arm across their chest for extra support.

1. Use the heel of your opposite hand to give 5 quick but effective thumps between the individual's shoulder blades.

(Johns Hopkins Medicine, 2025)

Abdominal Thrusts Explained

1. Reach around individual's waist and place a clenched fist above the navel but below the rib cage and grab your fist with your other hand.
2. Pull both hands sharply back and upward under the rib cage quickly 5 times.

(Johns

Wheelchair Considerations when Choking

What if the individual is in a wheelchair?

Apply wheelchair brakes & perform these maneuvers while the person remains seated in their wheelchair.

What if the individual is too heavy to be forward supported or too large to wrap your arms around?

Place the back of the wheelchair against a solid surface such as a wall with brakes applied and perform these maneuvers from the front only, still giving back thrusts if possible.

(Skills Training College – First Aid Course Experts, 2022)

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