

Ensure that both you and the resident are in the safest, ideal positions.

For the caregiver, the three keys are:

1. Using a staggered, power stance.
2. Grasping the gait belt with palms up.
3. Getting close to the resident.

For the resident, the three keys are:

1. Scooting to edge of the chair/bed.
2. Aligning nose over toes.
3. Placing hands on armrests or own legs.



Once both of you are in these positions:

- The caregiver leans in closely to the resident and grasps the gait belt.
- The caregiver rocks back and forth with the resident and on the count of three the caregiver pulls the resident to standing as the resident pushes with their hands to stand up.
- When the resident is standing, the caregiver provides support only for stabilizing and immediately assess the resident's ability to bear weight. The caregiver will remain standing with the resident to allow for blood pressure normalization.

For a "gait belt plus helper" transfer:

- One caregiver is the lead, and the other is the helper.
- Only the lead should touch the gait belt. The helper should NOT touch the gait belt.
- The helper is an extra set of hands to help with peri-cares, ADLs, moving furniture, adjusting clothing, pulling a wheelchair behind a walking resident, etc. The helper can also help stabilize the resident's hips or place the resident's hands onto armrests while reaching for the chair.
- The helper should be positioned to the side of or behind the resident.