Patient Transfer

Patient Transfer from Bed to Operating Theatre Table in Australia

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Patient Transfer from Bed to Operating Theatre Table in Australia

A Comprehensive Perioperative Guide for Operating Theatre Assistants, Nurses and Surgical Teams

Patient transfer from a hospital bed, trolley, or stretcher to the operating theatre table is one of the most critical activities performed in the perioperative environment. While it may appear simple, it represents a high-risk procedure involving patient safety, manual handling, communication, positioning, pressure injury prevention, infection control, and multidisciplinary teamwork.

Across Australia, patient transfer practices are guided by the principles outlined within the Australian College of Perioperative Nurses (ACORN) Standards, National Safety and Quality Health Service (NSQHS) Standards, state health service procedures, workplace health and safety legislation, and local hospital policies. ACORN specifically identifies patient positioning and manual handling as a core perioperative safety standard.

Why Patient Transfer Matters

The transfer of a patient from bed to operating table represents a period of elevated risk.

Potential complications include:

- Falls
- Musculoskeletal injuries
- Skin tears
- Pressure injuries
- Dislodgement of IV lines
- Dislodgement of drains
- Oxygen disconnection
- Airway compromise
- Fractures in vulnerable patients
- Staff manual handling injuries
- Communication failures

Every transfer must therefore be planned, coordinated, and supervised.

The modern Australian perioperative philosophy is simple:

No patient transfer should occur without adequate staff, equipment, communication, and leadership.

Australian Standards Governing Patient Transfer

Australia's perioperative environment is largely guided by the standards developed by the Australian College of Perioperative Nurses (ACORN).

These standards focus heavily on:

- Patient positioning
- Manual handling
- Risk assessment
- Team communication
- Patient safety
- Prevention of perioperative injury
- Safe clinical practice

ACORN identifies patient positioning and manual handling as a dedicated perioperative standard because of the significant risk associated with movement and positioning of surgical patients.

Queensland Health additionally supports structured transfer of patient care information between ward staff, admissions teams and operating theatre personnel through perioperative documentation and pre-operative checklists.

The Transfer Team

In most Australian hospitals, patient transfer is a team activity.

The transfer team may include:

Operating Theatre Assistant (OTA)

Responsible for:

- Transfer equipment setup
- Slide board placement
- Transfer coordination
- Positioning assistance
- Safety monitoring

Anaesthetic Nurse

Responsible for:

- Airway monitoring
- IV line protection
- Monitoring equipment

Scout Nurse

Responsible for:

- Documentation
- Communication
- Positioning assistance

Anaesthetist

Responsible for:

- Clinical oversight
- Airway management
- Haemodynamic monitoring

Orderly / Patient Support Assistant

Responsible for:

- Transport assistance
- Transfer support
- Equipment movement

Surgeon

May assist during complex transfers involving:

- Trauma patients
- Orthopaedic procedures
- Bariatric patients
- Unstable patients

Pre-Transfer Assessment

Before any movement occurs, the team performs a transfer risk assessment.

This includes:

Patient Factors

- Weight
- Height
- Mobility status
- Pain level
- Level of consciousness
- Fractures
- Skin integrity
- Neurological deficits

Equipment Assessment

- IV lines
- Arterial lines
- Central venous catheters
- Urinary catheter
- Oxygen tubing
- Drains
- External fixators

Staffing Assessment

Questions include:

- How many staff are required?
- Is specialised equipment needed?
- Does the patient require a mechanical lift?

Standard Queensland Transfer Process

The following process is common throughout Queensland public hospitals.

Step 1 – Theatre Table Preparation

Before patient arrival:

- Table cleaned
- Positioning devices prepared
- Safety straps available
- Pressure-relieving surfaces checked
- Required attachments installed

The OTA often leads this preparation.

Step 2 – Team Brief

A brief transfer discussion occurs.

The transfer leader identifies:

- Transfer direction
- Staff positions
- Equipment hazards
- Airway concerns
- Weight-bearing restrictions

Example:

"We'll transfer left to right using the slide board on the count of three."

Step 3 – Bed and Table Alignment

The patient trolley is positioned parallel to the operating table.

Key requirements:

- Minimal gap
- Equal height
- Wheels locked
- Brakes checked

Both surfaces must remain stable.

International operating room guidance similarly emphasises locking both surfaces together before transfer occurs.

Transfer Methods Used Across Australia

Method 1 – Independent Transfer

Lowest-risk transfer.

Used when:

- Patient mobile
- Awake
- Cooperative

Patient may:

- Walk to theatre table
- Sit on table
- Lie down independently

Common in:

- Day surgery
- Endoscopy
- Minor procedures

Method 2 – Assisted Slide Transfer

Most common transfer method.

Equipment:

- Slide sheet
- Transfer board
- Pat slide

Process:

1. Slide board positioned beneath patient.
2. Bed aligned with table.
3. Transfer leader counts.
4. Team performs coordinated lateral slide.
5. Board removed.

This is the standard transfer approach in most Australian operating theatres.

Method 3 – Air-Assisted Transfer

Increasingly used in tertiary hospitals.

Equipment:

- HoverMatt systems
- Air transfer mattresses

Benefits:

- Reduced staff injury
- Reduced patient friction
- Safer bariatric transfers

Common in:

- Major trauma centres
- Bariatric surgery programs

Method 4 – Mechanical Lift Transfer

Used for:

- Bariatric patients
- Spinal injuries
- Complex orthopaedic cases

Equipment may include:

- Ceiling hoists
- Mobile lifters
- Specialised slings

Manual lifting is avoided wherever possible.

Special Considerations for Anaesthetised Patients

An unconscious patient cannot protect themselves.

The risks increase significantly.

Particular attention is paid to:

Airway Protection

The anaesthetist controls:

- Endotracheal tube
- Oxygen delivery
- Ventilation circuit

Cervical Spine Protection

Required for:

- Trauma patients
- Suspected neck injuries

Line Security

Staff monitor:

- IV cannulas
- Arterial lines
- Central lines

Nothing should be pulled, kinked, or dislodged.

Bariatric Patient Transfers

Bariatric transfers are among the most challenging in perioperative practice.

Additional considerations include:

- Increased staffing
- Specialised equipment
- Wider operating tables
- Air-assisted transfer devices
- Ceiling hoists

Some transfers may require 6 or more staff members.

Manual handling experts consistently identify bariatric transfers as requiring significantly greater planning and resources due to increased patient weight and limited patient participation.

Pressure Injury Prevention During Transfer

Pressure injury prevention begins immediately.

The perioperative team assesses:

- Sacrum
- Heels
- Elbows
- Occiput
- Shoulder blades

Padding devices may include:

- Gel pads
- Foam supports
- Heel protectors
- Positioning cushions

Pressure injury prevention is a major component of Australian perioperative practice.

Positioning Following Transfer

After transfer, patient positioning begins.

The patient's:

- Head
- Neck
- Spine
- Shoulders
- Hips
- Legs

must remain aligned.

Additional supports may include:

- Arm boards
- Leg supports
- Chest rolls
- Head rings

Correct positioning protects:

- Nerves
- Blood vessels
- Muscles
- Skin integrity

Perioperative guidance emphasises maintaining anatomical alignment and protecting vulnerable pressure points immediately following transfer.

Communication During Transfer

Effective communication prevents injury.

Most Australian theatres use:

Closed-Loop Communication

Example:

Transfer leader:

"Ready to transfer?"

Team:

"Ready."

Leader:

"Transfer on three."

Team:

"One, two, three."

This ensures coordinated movement.

Documentation Requirements

Documentation generally includes:

- Transfer method
- Position used
- Skin assessment
- Pressure injury prevention devices
- Staff involved
- Transfer complications

Queensland Health perioperative documentation systems support transfer of patient care information throughout the surgical journey.

Role of the Operating Theatre Assistant

The Operating Theatre Assistant is often central to successful transfers.

Responsibilities include:

Preparation

- Table setup
- Equipment checks
- Transfer device preparation

Transfer Support

- Slide board insertion
- Physical transfer assistance
- Equipment management

Safety Monitoring

- Wheel locks
- Gap assessment
- Patient positioning

Post-Transfer Activities

- Remove transfer equipment
- Prepare patient supports
- Assist with positioning

The OTA frequently becomes the practical coordinator ensuring the transfer proceeds safely and efficiently.

Differences Across Australian Facilities

Although principles remain consistent, procedures vary slightly.

Queensland Health

Strong emphasis on:

- Structured handover
- Pre-operative checklists
- Team communication
- Risk management

New South Wales Health

Focus on:

- SafeWork manual handling principles
- Local patient transfer policies
- Risk-assessed movement plans

Victoria

Often incorporates:

- No-lift philosophies
- Advanced transfer technologies
- Bariatric transfer protocols

Private Hospitals

Frequently utilise:

- Air-assisted transfer systems
- Dedicated patient transfer devices
- Enhanced ergonomic equipment

Common Errors During Patient Transfer

The most common transfer failures include:

- Poor communication
- Insufficient staffing
- Unlocked brakes
- Inadequate positioning aids
- Failure to protect lines
- Incorrect table height
- Failure to assess patient risk

Most transfer incidents are preventable through planning and teamwork.

Best Practice Transfer Checklist

Before transfer:

✓ Patient identity confirmed

✓ Procedure confirmed

✓ Staff allocated

✓ Transfer method selected

✓ Equipment available

✓ Lines secured

✓ Brakes locked

✓ Table height adjusted

✓ Communication completed

During transfer:

✓ Coordinated movement

✓ Airway protected

✓ Lines protected

✓ Patient supported

After transfer:

✓ Position checked

✓ Skin assessed

✓ Safety strap applied

✓ Pressure areas protected

✓ Documentation completed

Conclusion

Patient transfer from bed to operating theatre table is one of the most important responsibilities within the Australian perioperative environment. Although it may only take seconds to complete, it requires meticulous preparation, communication, teamwork, clinical judgement, and adherence to nationally recognised standards.

Across Queensland and Australia, best practice is guided by ACORN standards, NSQHS principles, workplace safety requirements, and local hospital procedures. The goal remains consistent: transfer every patient safely, preserve dignity, prevent injury, maintain clinical stability, and support optimal surgical outcomes. The Operating Theatre Assistant, working alongside nurses, anaesthetists, surgeons, and support staff, plays a vital role in achieving this objective and ensuring that every patient begins their surgical journey in the safest possible manner.