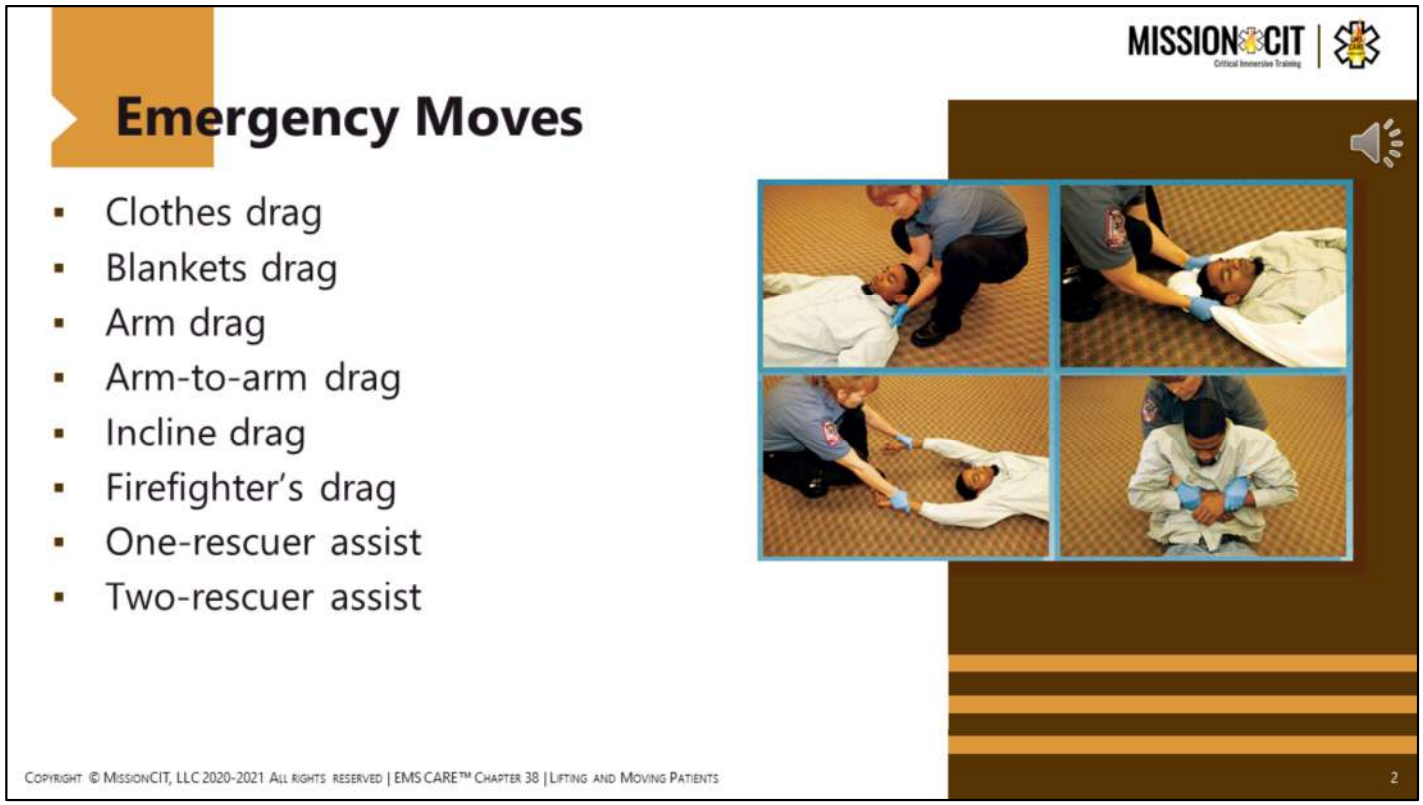



Thank you, Missah!

Welcome to this lesson where we talk about patient safety. Many times, patients have unique situations, so knowing how to move them is important, and that's exactly what we'll dwell on in this lesson.

Good studying!




Emergency moves become essential when there is a potential for danger such as fire, explosives, and other hazardous materials. It can also be used when you're unable to properly assess the patient or provide the required immediate care due to the patient's location or position.

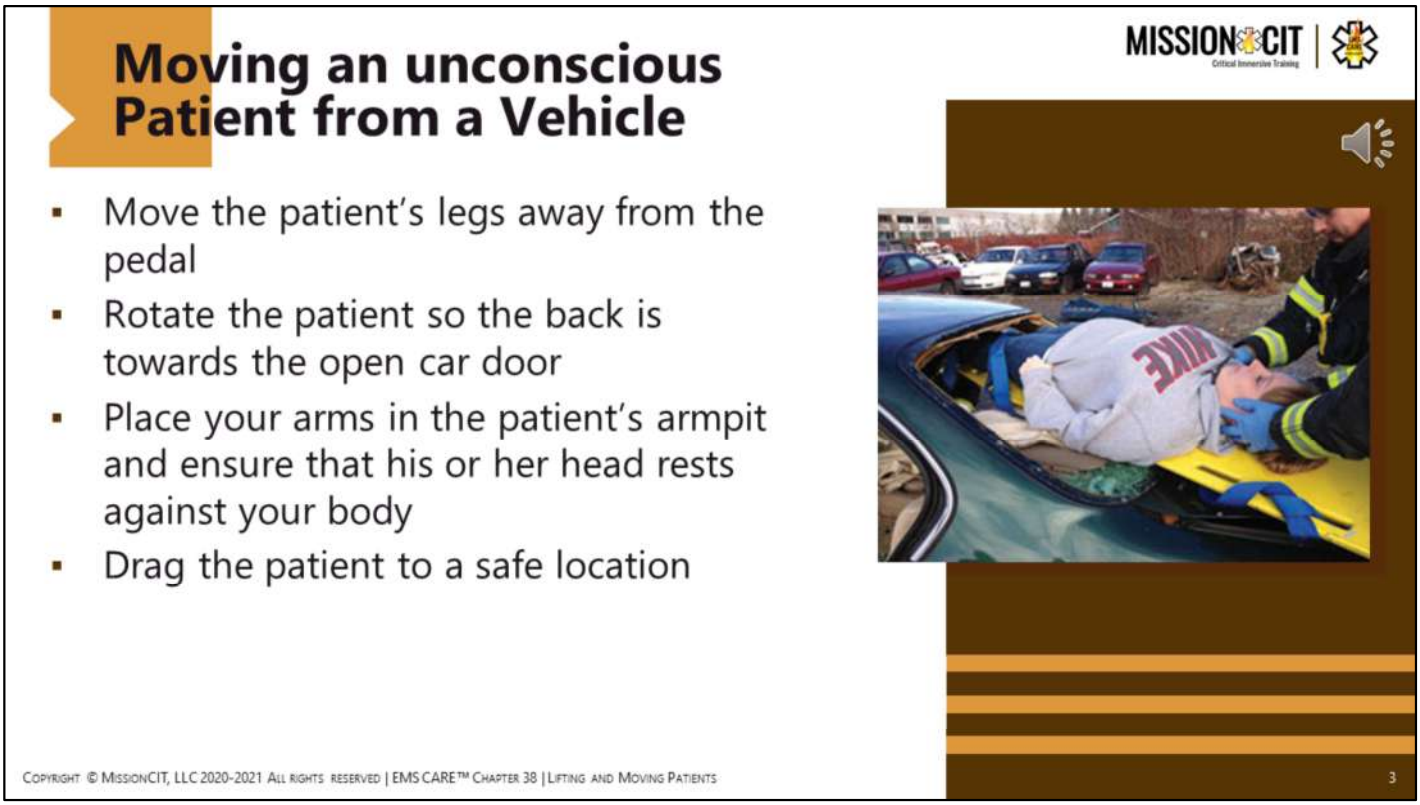
In such a situation, you can use certain moves to ensure the patient's safety, and they are:

- Clothes drag, where you drag a patient using his or her clothes. Look out for the possibility of choking here.
- Blankets drag, where you place a blanket under a patient and pull the blanket and the patient along with it.
- Arm drag, where you drag a patient with his or her hands. Again, watch out for the patient's safety and avoid this type of move, unless it's the only option available.
- Arm-to-arm drag, where you place your arms around the patient's chest and pull him towards you.
- Incline drag, where you move a patient down the stairs with his or her head resting against your body. You must move backwards and pull the patient headfirst.
- Firefighter's drag, where you place a patient on his back and tie his hands together. Straddle the patient, crouch, and pass your head through the trussed arms. Raise your

body and crawl on your hands and knees all the while keeping the patient's head as low as possible.

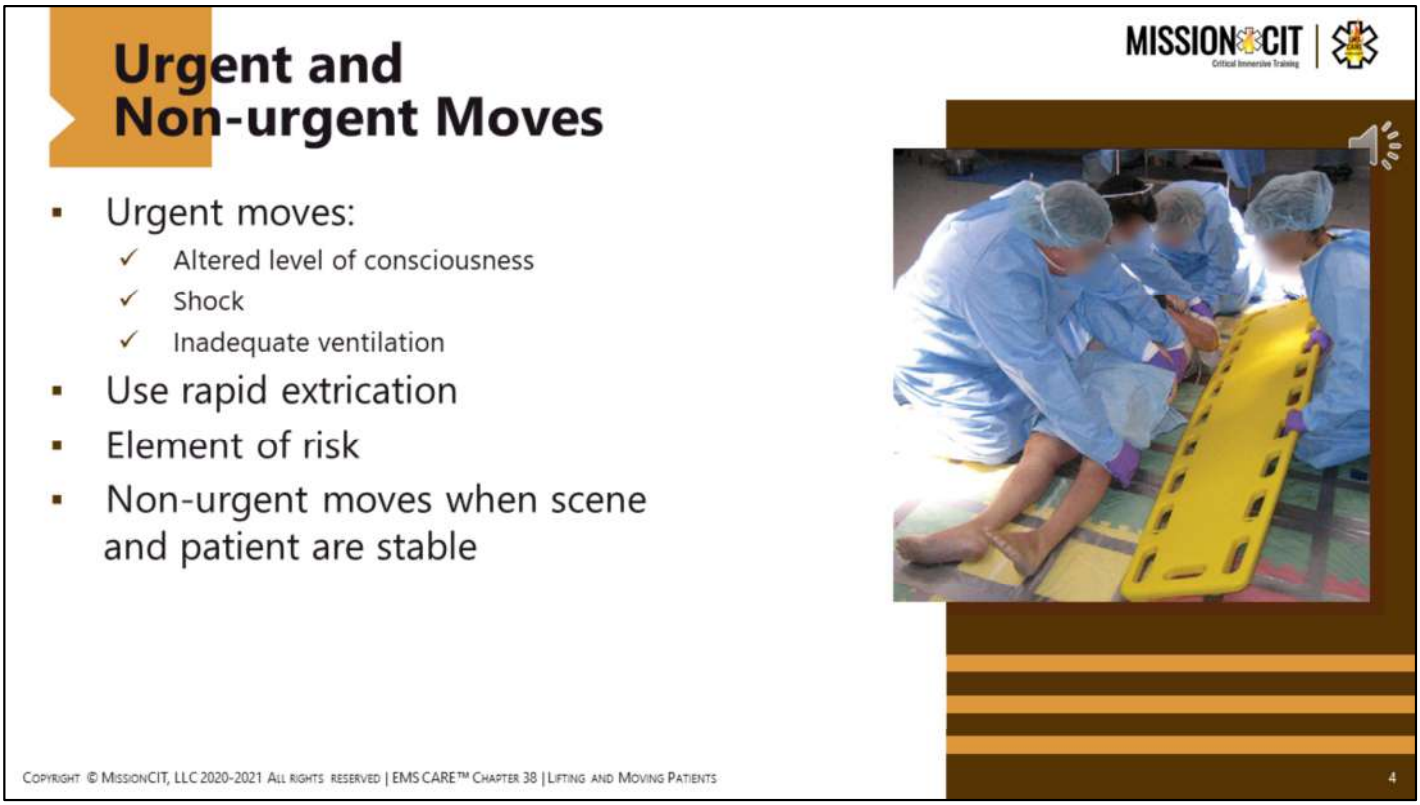
- One-rescuer assist, where you place one of the patient's arms around your shoulder and assist the patient to walk.
- Two-rescuer assist, where the patient's arms are placed around the shoulders on two EMTs on either side. They each grip a hand and place their free hand around the patient's waist and help to walk the patient to safety.

While doing any of these drags, make sure to mind your body mechanics as well as the patient's safety.




If you have to move an unconscious person from a vehicle all by yourself,

- Move the patient's legs away from the pedal
- Rotate the patient so the back is towards the open car door
- Place your arms in the patient's armpit and ensure that his or her head rests against your body
- Drag the patient to a safe location




Undertake these urgent moves when patients have an altered level of consciousness, are in shock, or have inadequate ventilation.

In such situations, use rapid extrication moves, where a short backboard or vest is placed to support the patient's spine. As quickly as possible, move the patient to a long spine board and stabilize the spine manually.

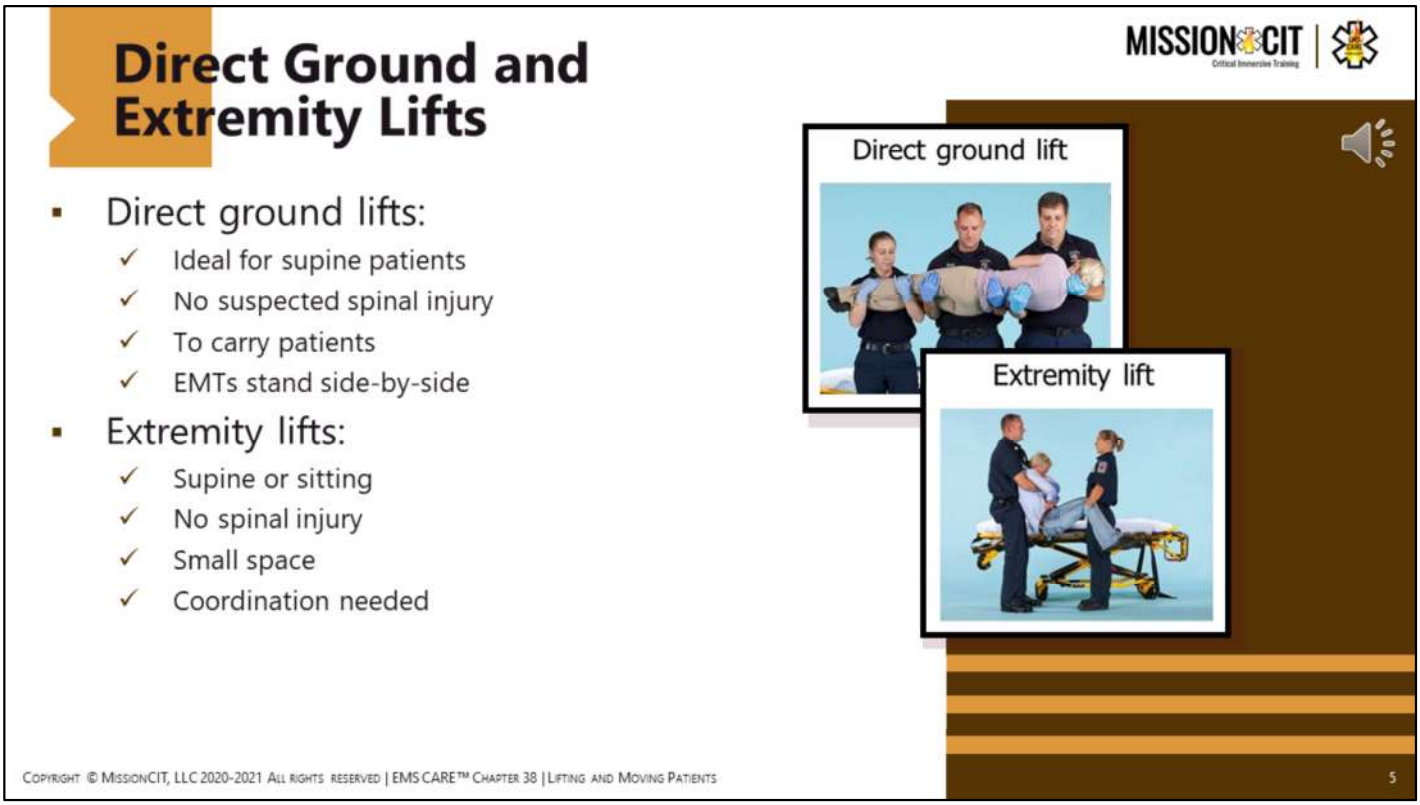
However, understand that these moves have an element of risk associated, especially when the patient has a spinal injury.

For these reasons, consider the above urgent moves only when there are no other options.

The most common urgent move is to move the patient onto a long spine board. This must be used only if there's an immediate threat to life and suspicion of spine injury. While doing this move, keep the patient supine and log-roll onto one side. Place the spine board next to the body and log roll the patient onto it.

Use non-urgent moves, especially when both the scene and the patient are stable. That said, carefully plan how to move the patient.

Let's now look at some non-urgent moves.

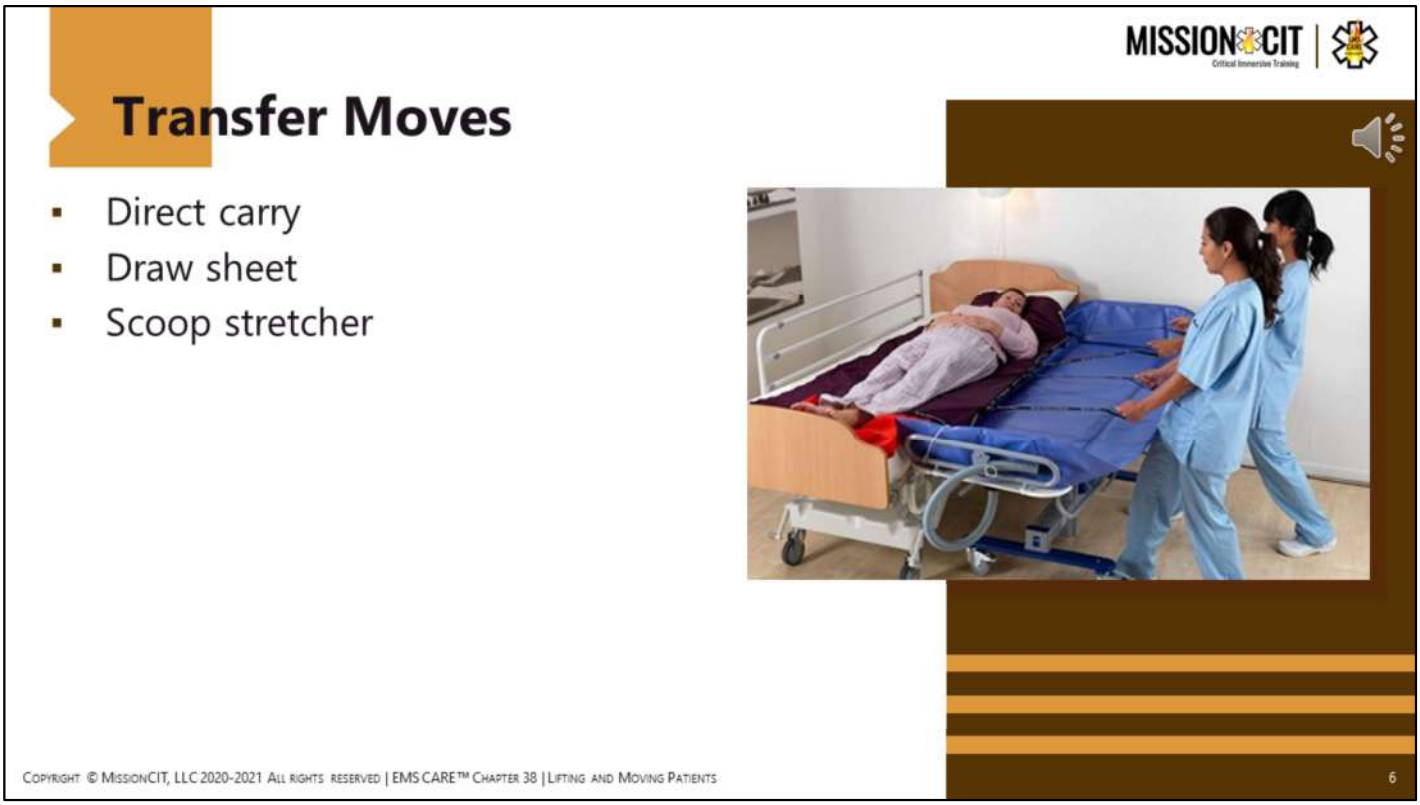



Two common non-urgent moves you'll do are direct ground and extremity lifts.

Direct ground lifts are ideal for supine patients with no suspected spinal injury. It can also be asked when you have to carry patients over some distance. In this type of lift, EMTs stand side-by-side to lift or carry the patient.

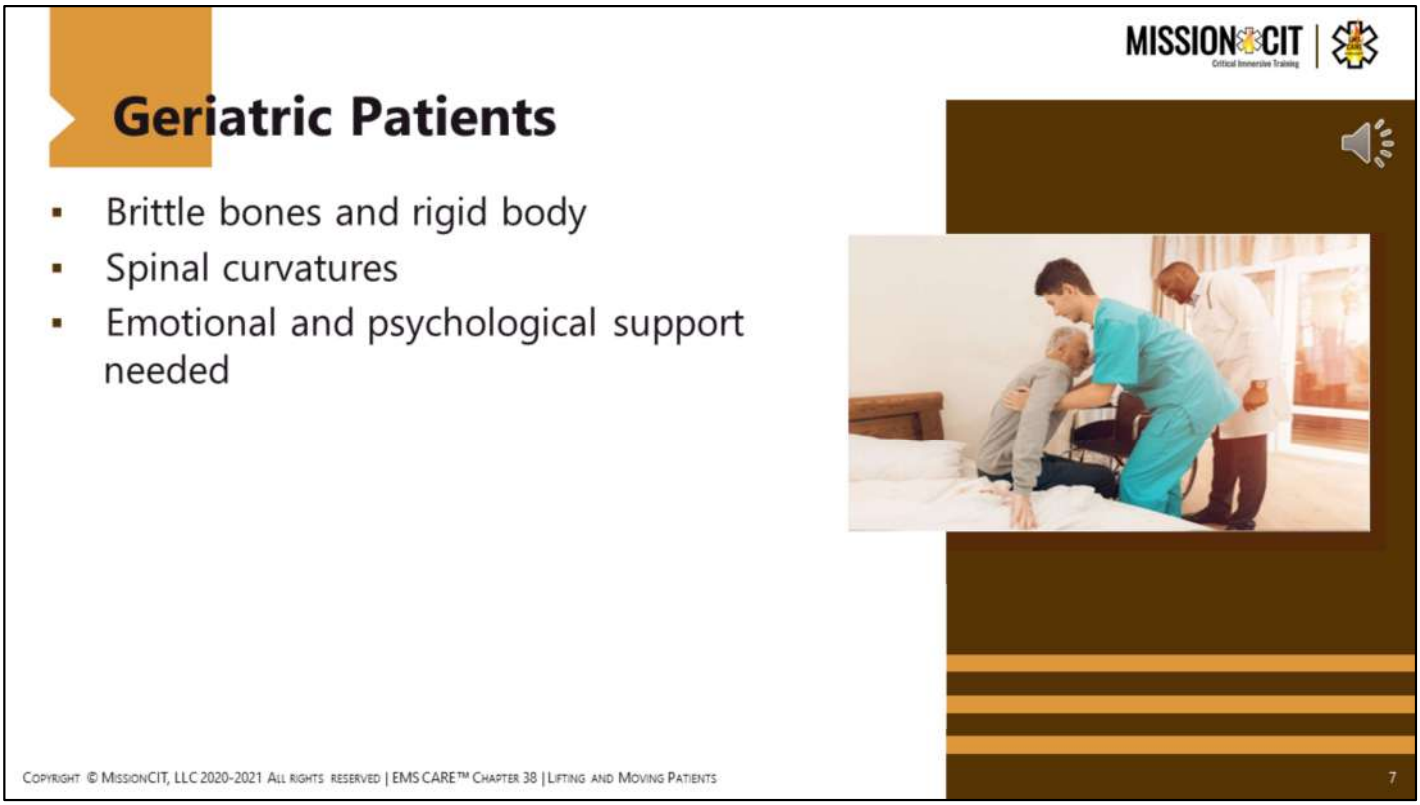
Extremity lift is also suited for patients who are supine or sitting and have no suspected spinal injury. It also works on patients who are in a small space.

In this lift, one EMT must stand at the patient's head and the one at the feet, and you must coordinate moves vertically.



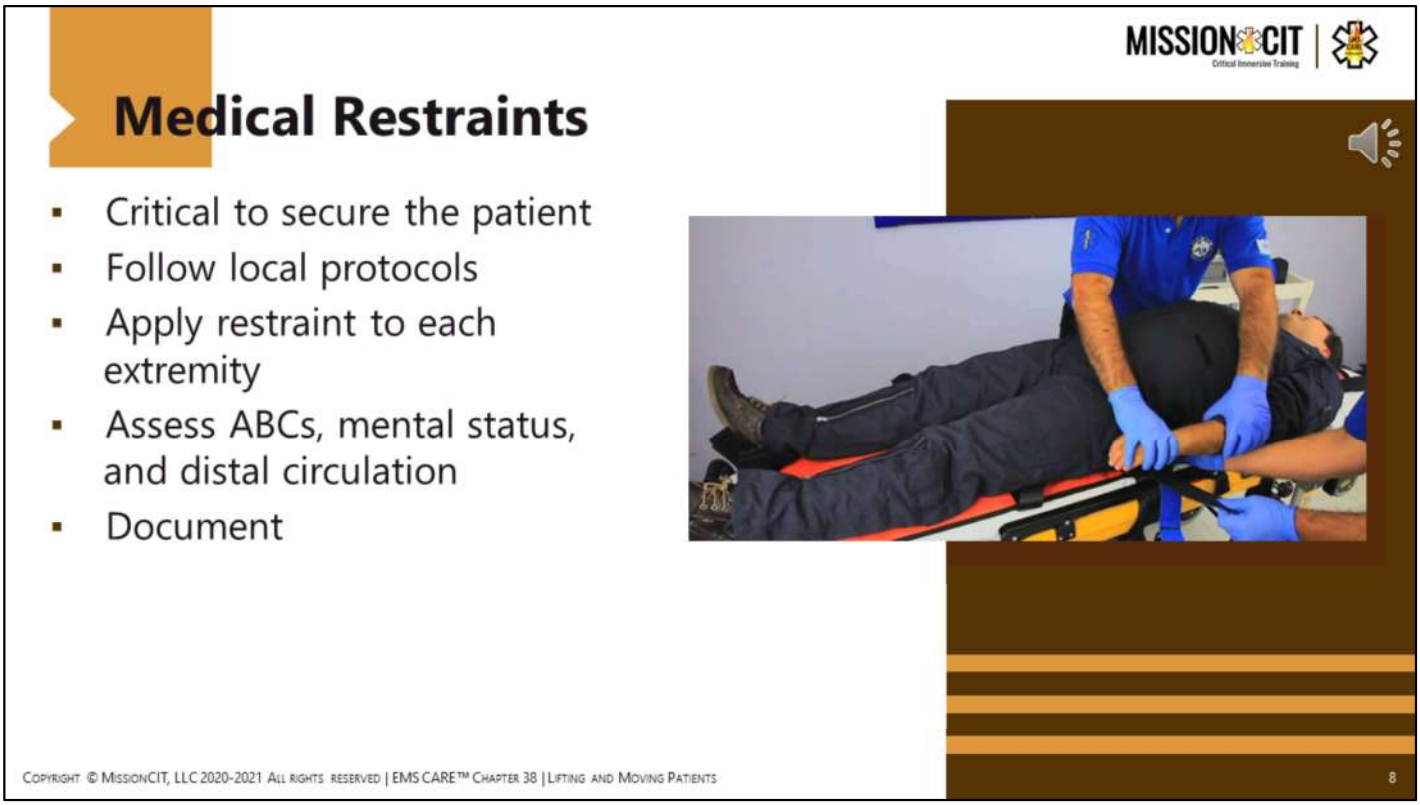

Some of the non-urgent moves you can use for transferring patients are:

- Direct carry, where you move the supine patient from the bed to the stretcher
- Draw sheet method, where you use a blanket to drag a patient
- Scoop stretcher




Transferring geriatric patients is common as an EMT. These patients have brittle bones, and their bodies may be rigid as well. Their spinal curvatures could also add to the challenges of transporting them, so utmost effort and attention are needed.

More than that, the patients can be scared, so make sure you use a sympathetic and compassionate approach to allay their fears and transport them safely.




Medical restraints are critical as they help to secure the patient to the equipment. Know that you must understand the local protocols and comply with them.

While moving, you must apply restraint to each extremity and assess the ABCs, mental status, and distal circulation after applying the restraints. Also, restraint the patient supine to avoid positional asphyxia. Applying a restraint can require five personnel, so make sure you have a backup.

Finally, document all the information.

With this, we end the lesson and Missah will take you through a quick chapter review.