



# Transfer Training (Train-the-Trainer)

## 24 – 25 March 2020

### Introduction

Different groups of healthcare workers run the risk of injuring themselves at work due to heavy lifting and manual patient handling (i.e. lifting, transferring and repositioning patients). Thus, it is important for various departmental safety coordinators, trainers and supervisors and staff to acquire basic knowledge on proper body mechanics and correct techniques in lifting and manual handling of patients. Upon completing the course, they will be able to perform a transfer safely and efficiently.

### Course Objectives

- Share and demonstrate good ergonomics during transfer
- Learn the use of various types of assistive transfer devices
- Learn and demonstrate various patient transfer techniques
- Develop problem solving skills to select appropriate patient transfers technique

### Course Outline

- Work-related Musculoskeletal Disorders
- Principles in Safe Handling of Load
- Proper body mechanics in manual lifting and patient handling
- Practical session to master various transfers.
- Transfers practice can be customised according to the needs of the participants, but at the minimum will include:
  - a. Bed to Wheelchair;
  - b. Wheelchair to couch / armchair / chair; and
  - c. Position of patient for transfer with use of hoist
- MCQ assessment of theory
- Scenario assessment

### Course Details

Date	: 24 – 25 March 2020
Duration	: 2 days
Time	: 9.00 am – 5.00 pm
Venue	: <b>Ward Simulation Area Academia Level 2</b> 20 College Road S (169856)
Fee	: <b>\$580 (SingHealth Staff)</b> (incl of 7% GST) <b>\$640 (Regular)</b>

### Target Audience

Allied Health Professionals who are engaged with patient handling/ transfers

### Teaching Faculty

#### **Petrina Liew**

Senior Occupational Therapist  
Singapore General Hospital

#### **Ng Wen Xu**

Senior Occupational Therapist  
Singapore General Hospital

#### **Benjamin Yap**

Senior Occupational Therapist  
Singapore General Hospital

### Registration

Miss Joyce Lee  
Email: joyce.lee.g.l@sgh.com.sg



### Quick Links

[FAQs](#)  
[PGAHI Programmes](#)  
[Training Calendar and Directory](#)



# Transfer Training

## 24 – 25 March 2020

Submit your registration form to **Joyce Lee** at [joyce.lee.g.l@sgh.com.sg](mailto:joyce.lee.g.l@sgh.com.sg) by **6 March 2020!**

The information provided for course registration is true and accurate to the best of my knowledge. Submission of any false information will render my application void with no refund of registration fee. Submission of my professional certification or qualifications for auditing purpose may be required.

By registering for the course, you agree to the [terms & conditions](#) of PGAHI.

Quick links: [FAQs](#), [PGAHI Programmes](#), [Training Calendar and Directory](#)

PARTICIPANT'S PARTICULARS		FEE
Name <i>(to be reflected on cert)</i> :		<b>S\$580</b> (SingHealth) <b>S\$640</b> (Regular) <i>(inclusive of 7% GST)</i>
Contact no.:	Employee No.:	
Email:		
Profession:		
<input type="checkbox"/> AHP <i>(please indicate)</i> : _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Others: _____		
Department:		
Organisation:		
PRN/ MCR/ Nursing no. <i>(if applicable)</i> :		

Any cancellation or replacement must be conveyed to PGAHI in writing. A cancellation fee of 50% of course fee will be charged if the cancellation is made before **6 March 2020**. There will be no refund of course fee for cancellation on or after **6 March 2020**. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

- For **cheque payment\***, please issue a **crossed cheque** payable to “Singapore General Hospital Pte Ltd” and mail the cheque attention to **Joyce Lee, SGH-PGAHI, 20 College Road, Academia, Level 2, Singapore 169856**.
- For **invoice\* to organisation**, please complete the below billing details:

BILLING DETAILS	
Bill to:	
Billing address:	
Attention invoice to <i>(name &amp; department)</i> :	
Email of addressee:	Contact no. of addressee:

*\*Payer to bear all bank charges. PGAHI will not process registration if the amount received is insufficient.*

- I consent to Singapore General Hospital and its related corporations (collectively ‘SingHealth’), their agents and SingHealth’s authorised service providers collecting, using, disclosing and/or processing my personal data, in order to send me marketing materials, etc.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/pdpa>. Hard copies are also available on request.