College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

## 2024 College Response to the Coroner's Report:

# Death from Transfer Pole

At the request of the Office of the Chief Coroner of Ontario, the Geriatric and Long-Term Care Review Committee (GLTCRC) released a report on a death where the use of a transfer pole was a contributing factor. In this report, the GLTCRC made six recommendations, including educating occupational therapists about the potential dangers involved with transfer poles.

### Summary of Case Review:

The GLTCRC reviewed a case of an 86-year-old man who lived in a retirement home and who was assessed by an occupational therapist. Unsteadiness and falls were documented prior to his death. The resident died in February 2021 from an external neck compression, as his neck was wedged between a support pole and his bed. A postmortem examination was completed which provided the cause of death as positional asphyxia.

The Coroner listed the contributing factors:

- recurrent falls and unsteadiness
- moderate to severe dementia
- lack of adequate care to meet the client's needs

**GLTCRC recommendation to the College**:

**To provide education regarding the safety of transfer poles that are used by persons with a risk of falls with or without dementia.**

### Use of transfer poles

A transfer pole, or "support pole," is a device used to assist with mobility challenges in moving from one position to another, such as from a bed to a chair or from a wheelchair to a toilet. It usually consists of a vertical pole secured between the floor and ceiling, often with adjustable height, and sometimes includes horizontal grab bars. Many medical supply stores sell transfer poles, which individuals can purchase themselves.

### College Response:

Occupational therapists are trained healthcare professionals with the knowledge and skills to assess clients and their environments, identifying the risks and benefits of appropriate equipment to optimize safety and well-being. Their assessments provide the clinical rationale needed to support their recommendations.

As outlined in the Standard for Assessment and Intervention, occupational therapists are expected to manage any risks as well as collaborate, and communicate with clients, other professionals, partners, and interested parties to support evidence-informed decision-making.

Occupational therapists can use or adapt the three-step example below as part of their assessment processes.

**Step 1: Assess**

- Does the client have a history of falls?
- What is the client's cognitive status?
- What is the client's mobility status?
- Is there the potential for fluctuation in cognitive or mobility abilities in the future?
- What transfer methods are being used with the client?
- Are there other factors to consider such as the bed type, mattress, other devices, or furniture the transfer pole may be positioned next to?
- If the pole is beside a bed, are there any gaps between the vertical pole component and the transfer surface? Is this an entrapment risk?
- Has a falls assessment been conducted?
- Has the impact of medication on the client's physical and cognitive abilities been considered?

**Step 2: Analysis/Device Recommendations**

- Is a transfer pole appropriate for the client and environment?
- Are there any contraindications for recommending a transfer pole for this client?
- Can the transfer pole be safely installed?
- Are there any manufacturer's recommendations for installation?
- If transfer pole is not appropriate has other equipment been considered?
- Are alternative solutions such as overhead bed trapeze, adjustable beds, or sensors being considered?
- Are there long-term care or retirement home policies that prohibit the device's installation?

**Step 3: Reassess/Education**

- Reassess the client using the installed transfer pole or recommended equipment
- Provide further training to the client and caregivers if necessary
- Do the client, caregivers, and support staff have the knowledge to identify any risks with the use of the transfer pole with the client?
- Is there a plan to monitor client's safety and use? Do caregivers and support staff have the capacity to regularly monitor the equipment? For example, adequate supervision or surveillance, alarm use, and availability of support staff.

## Evaluating and Mitigating Risks

For client safety and in keeping with best practice, occupational therapists must identify and mitigate risks associated with recommending the use of any equipment including transfer poles.

| General Benefits of Transfer Poles | Risks of Transfer Poles |
|---|---|
| • Promotes safety and independence with transfers and mobility | • Individuals with cognitive/physical limitations may have challenges using it safely |
| • Relatively easy to install and use | • Improper installation and/or instability of the pole can increase the risk of falls |
| • Space-saving and cost-effective | • Improper positioning can increase risk of entrapment |
| | • Effective only for specific movements such as transferring between bed to chair |
| | • Limited for use in environments with adequate space |

## Summary

The Office of the Chief Coroner of Ontario has requested the College educate occupational therapists about the dangers of transfer poles. The report strongly recommends that a risk assessment of a transfer pole be included as part of the occupational therapist's assessment. It is important that occupational therapists adopt a risk-based approach and collaborate with all parties involved, including the client, their family, and other healthcare professionals, prioritizing the client's goals, addressing safety concerns, and providing education to prevent any future deaths from the use of this type of equipment.

**Attachments:**

1. Geriatric Long Term Care Review Committee Report
2. Standards of Practice