

Safe Patient Handling Guidelines

DEFINITIONS:

- A. High-Risk Patient Handling Tasks:** Patient handling tasks that have a high-risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing heavy patients in bed, making occupied beds, dressing heavy patients, turning heavy patients in bed, and tasks with long duration. Any patient requiring greater than minimal assist is considered to be high risk for the purposes of this guideline.
- B. High-risk Patient Care Areas:** Inpatient hospital units with a high proportion of dependent patients requiring assistance with patient handling tasks and activities of daily living. Designation is based on the dependency level of patients and the frequency with which patients are encouraged to be out of bed.
- C. Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids to reduce forces on the caregiver's musculoskeletal structure.
- D. Mechanical Patient Lifting Equipment:** Equipment used to lift, transfer, reposition, and move patients. Examples include portable base and ceiling track mounted full body sling lifts, stand assist lifts, and mechanical lateral transfer aids.
- E. Patient Handling Aids:** Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding boards, and surface friction-reducing devices.
- F. Culture of Safety:** Describes the collective attitude of employees taking shared responsibility for safety in the work environment and by doing so, providing safe environment of care for themselves as well as patients.

GUIDELINES:

A. Compliance:

It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities by following this guideline and others related to the injury prevention program. The injury prevention program includes provision of patient handling and movement equipment, employee training, and a "Culture of Safety" approach to safety in the work environment. The supervisor is responsible for ensuring employee attendance in employee initial training and retraining.

B. Safe Patient Handling and Movement Requirements:

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- ◆ Avoid high-risk patient handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to completion.
- ◆ Use mechanical lifting devices and other approved patient handling aids for high-risk patient handling and movement tasks except when absolutely necessary, such as in a medical emergency.
- ◆ Use mechanical lifting devices and other approved patient handling aids in accordance with instructions and training.

C. Training:

- ◆ Staff will complete and document Safe Patient Handling and Movement training initially, annually, and as required to ensure understanding of safe patient handling and movement practices or to correct improper use of equipment or unsafe handling and movement practices. Training includes competency in the use of equipment and other resources used to move patients. Supervisors should maintain training records for three (3) years.

D. Mechanical Lifting Devices and Other Equipment/Aids:

- ◆ Mechanical lifting devices and other equipment/aids will be readily accessible to staff.
- ◆ Mechanical lifting devices and other equipment/aids will be maintained in proper working order according to the manufacturer's instructions.
- ◆ Mechanical lifting devices and other equipment/aids are stored conveniently and safely.

E. Injury Prevention Program

The Injury Prevention Program is implemented on all units in the facility and includes the following key program elements, targeted to nurses and other employees involved in patient handling and movement activities:

- ◆ Ergonomic workplace assessments, as appropriate.
- ◆ Use of appropriate lifting equipment, devices, and other resources.
- ◆ Education in safe handling and movement practices, including identification, assessment, and control of risks of injury to patients and staff during patient handling.
- ◆ Evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and of the environment.

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- ◆ Post-Injury review process to evaluate how injuries occur.

F. Reporting of Injuries/Incidents

- ◆ Staff to report all incidents/injuries resulting from patient handling and movement on an Employee Accident/Injury/Exposure and Incident Investigation Form and submit to Occupational Health immediately.
- ◆ The Occupational Health Nurse maintains all Accident Reports and supplemental injury statistics as required by the facility.

G. Trend Reporting

Analysis of the risk of injuries to both patients and employees posed by patient handling activities needs of the patient population will be reported to the Patient Safety Committee, the Performance Improvement Committee, Quality Council, Risk Management, and/or to the Board of Trustees, at least annually. The report will include Performance Improvement activities and other strategies the facility has used or plans to use to control and reduce risks of injury to patients and staff.

AUTHORITY AND RESPONSIBILITY:

A. SENIOR LEADERSHIP:

1. Support the implementation of this guideline.
2. Support a “Culture of Safety” within the organization.
3. Furnish sufficient lifting equipment/aids to allow staff to use them when needed for safe patient handling and movement.
4. Consider the feasibility of incorporating patient handling equipment or the physical space and the construction design needed to incorporate equipment at a later date in the development of architectural plans for constructing or remodeling the facility in which patient handling and movement occurs.
5. Furnish acceptable storage locations for lifting equipment/aids.
6. Provide routine maintenance of equipment.
7. Provide staffing levels sufficient to comply with this guideline.
8. Follow guidelines addressing procedures for staff to refuse to perform patient handling activities.

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B. OCCUPATIONAL (EMPLOYEE) HEALTH NURSE:

1. Maintains Accident Reports and supplemental injury statistics as required by the facility.
2. Works with supervisors and the education department to identify training needs in safe patient handling and movement practices.
3. Lead post-injury assessment process.

C. SUPERVISORS:

1. Ensure that high-risk patient handling tasks are assessed prior to completion and are completed safely, using mechanical lifting devices and other approved patient handling aids and appropriate techniques.
2. Ensure that mechanical lifting devices and other equipment/aids are available, maintained regularly and in proper working order, and stored conveniently and safely.
3. Ensure that employees complete initial and annual training, and retraining as required if employees show non-compliance with safe patient handling and movement practices or equipment use.
4. Refer all staff reporting injuries due to patient handling tasks to Occupational (Employee) Health.
5. Support a “Culture of Safety” within the facility.

D. EMPLOYEES:

1. Comply with all aspects of this guideline.
2. Assess high-risk patient handling tasks in advance to determine the safest way to accomplish them.
3. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of high-risk patient handling tasks.
4. Avoid use of manual lifting and handling of patients except in emergency or other designated circumstances.
5. Notify supervisor immediately of any injury sustained while performing patient handling tasks.

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6. Notify supervisor of need for re-training in use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
7. Notify supervisor of mechanical lifting devices in need of repair.
8. Support a "Culture of Safety" within the facility.

E. BIOMEDICAL SERVICE, in cooperation with equipment vendors, will maintain mechanical lifting devices in proper working order, including preventive maintenance as recommended by the vendor, documented on logs.

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