

## HEALTHCARE

## EMPLOYER GUIDE

## SAFE PATIENT HANDLING POLICY

### POLICY OBJECTIVES

- To increase the quality of care.
- To perform safe and comfortable mechanical lifts and/or transfers of patients.
- To employ appropriate equipment for the repositioning of patients.
- To reduce the frequency of manual lifting, transferring and repositioning.
- To reduce and prevent caregiver work related injuries.
- To reduce lost work time hours related to staff injury and/or fatigue.



### ROLES AND RESPONSIBILITIES

#### EMPLOYEES

- Use lift/transfer devices and methods for all patient/resident lifts and transfers.
- Licensed professionals shall assess the patients to determine the appropriate lift and transfer equipment and methods.
- Unlicensed assistive staff can only lift, transfer or reposition a patient/resident after the assessment has been completed and documented.
- SPH competency training is required of all staff involved in patient handling.
- All employees are required to report all employee or resident incidents and injuries to the human resources department.

## MANAGEMENT

- Support the implementation of the SPH policy and promote a culture rewarding its use.
- Furnish sufficient lifting and repositioning equipment and devices.
- Make equipment accessible and have it properly maintained.
- Ensure there is sufficient staffing to use SPH protocols.
- Ensure there is appropriate patient assessments and documentaiton of the assessments.
- Ensure staff compliance with SPH policy and procedures.
- Ensure that staff competency requirements are met.
- Ensure the proper reporting of all injuries and incidents.

## SAFE PATIENT HANDLING COMMITTEE

- Conduct initial and annual assessments of the facilities safe patient handling needs.
- Set criteria for evaluation patients.
- Make recommendations for the purchase of equipment.
- Provide initial and on-going yearly competency training and education.
- Ensure equipment is set up and used properly.
- Establish an investigations process for incident/accidents related to patient handling.
- Lead in the implementation of the SPH policies and procedures.





# SAFE PATIENT HANDLING PROTOCOLS

## GUIDELINES TO ENSURE SUCCESS

### PATIENT ASSESSMENT PROTOCOL

#### A licensed professional shall:

Complete patient assessment:

- Upon admission.
- When there is a change in patient status.
- On a quarterly basis.

Use lift/transfer assessment tool.

Document patient/resident lift transfer procedure on the patient care plan.

#### A direct caregiver shall:

Consider his/her own ability, the environment and patient's status prior to any lift/transfer/repositioning.

If there is no change in status:

- Follow the care plan lift/transfer/repositioning recommendation

If there appears to be a change in status:

- Notify a licensed professional
- Employ any new level of lift/transfer/repositioning directive.

Refer to the Decision Tree when changing patient lift status

|                                  |   |                                |
|----------------------------------|---|--------------------------------|
| Full Mechanical Assist Dependent | ↑ | Dependent                      |
| Sit/Stand Mechanical Assist      | ↑ | Extensive Assistance           |
| Transfer/Gait Belt               | ↑ | Supervision/Limited assistance |
| No Lift equipment                | ↑ | Independent                    |

## **CARE AND MANAGEMENT PROTOCOL**

### **Patient:**

- Perform patient transfer/repositioning as documented in care plan

### **Lift/Transfer Equipment**

- When not in use park all equipment in designated area.
- When not in use, plug in lifts for recharging.
- Ensure appropriate slings are available in the area where the lift is parked.

### **Slings**

- Employ the appropriate sling for the lift/repositioning being performed.
- Place all soiled slings in designated laundry bag/hamper.

### **Infection Control**

- Use a barrier between the patient's skin and sling.
- Spot clean slings with minor soilage using an approved disinfectant wipe.
- Use a single dedicated sling for a patient/resident with a communicable illness or multi resistant organism.
- Launder dedicated slings after discontinuation or discharge.
- Wipe down all framework/hardware prior to employing a lift with another patient/resident using approved disinfectant wipes.

## **SAFETY PROTOCOL**

### **Assess all equipment prior to use.**

- Note integrity and functionality.
- Remove and tag any broken equipment.
- Report to a supervisor any non functioning or broken equipment.

### **Inspect Slings.**

- Do not use any soiled slings.
- Note signs of wear and tear.
- Remove any damaged slings and tag for removal.
- Return to your supervisor any damaged or defective slings.

## **COMPLICATIONS AND REPORTABLE INCIDENTS PROTOCOL**

- Employees must report all damaged equipment to manager/supervisor.
- Manager/supervisor must report all reports of damaged equipment to SPH Committee.
- Employees must report all damaged slings to manager/supervisor.
- Manager/supervisor must report all reports of damaged slings to SPH Committee.
- Employees must report all employee incidents and injuries to manager/supervisor.
- Manager must report any SPH incidents/injuries immediately to Human Resources.
- Employees must report any patient SPH incidents/injuries to manager/supervisor.
- Manager/supervisor must report all patient incidents/injuries to SPH Committee.



## **COMPLIANCE**

Ensure staff understand and participate in the Safe Patient Handling Program.

Make sure staff are aware of the activities of the SPH Committee.

Ensure supervisors enforce the use of all SPH policies and protocols.

Daily compliance with the SPH policies and procedures is the responsibility of each staff member.

The SPH Committee shall review all injury/incident reports to continually adjust the SPH Program as needed.

The employer shall not take any retaliatory action against any nurse or caregiver for raising concerns or issues related to safe patient handling, filing a complaint or refusing to engage in safe patient handling practice if they believe in good faith that it will result in injury to either the employee or the resident/patient.

The SPH Committee should conduct a “Gap Analysis” or similar review annually to determine where the SPH program can be improved.