Subject: Safe Patient Handling and Movement

Effective Date: February 2015

Supercedes: April 2008

Review Date: 3 years or legislation or job changes

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1.0 GUIDING PRINCIPLE

1.1. In keeping with the Winnipeg Regional Health Authority (WRHA) commitment to providing a safe and healthy workplace as noted in the WRHA ‘Workplace Safety and Health’ policy (20.20.030), the following Operational Procedure has been developed to ensure that no staff, patient, or other person present in the workplace is put at undue risk when performing safe patient handling and movement.

1.2. This operational procedure is also designed to ensure that when followed, the minimum requirements of Manitoba Workplace Safety and Health legislation is complied with and where possible exceeded.

1.3. Promoting a culture of safety and shared responsibility for a minimal lift environment that ensures all Healthcare Workers (HCW’s) use consistent safe patient handling and movement techniques.

1.4. As with all matters relating to the Safety and Health of workers the Workplace Safety and Health Committee should be consulted for their input.

2.0 DEFINITIONS

2.1. Patient Handling and Movement: Assistance provided by HCWs to patients during repositioning, turning, transferring, transporting, ambulation or the use of a mechanical lift or device.

1 The appropriate term should be used by the health care facility; “patient” is used in hospitals, “resident” in long term care facilities, and “client” in home care. In this document, patient refers to resident and client as well.
2.2. **Safe Patient Handling and Movement Program:** An educational program that outlines injury prevention techniques for identifying and recommending the appropriate method of minimal patient lift and transfer. The components of the program are included in the training and resource manual.

2.3. **Transfer:** To move a patient from one surface/position to another. Examples include moving patient from one bed or stretcher to another, sit to stand etc.

2.4. **Reposition:** To change a patient's position while he/she is on a surface such as a bed or chair.

2.5. **Minimal Lift Environment:** An environment which calls for HCWs to minimize manual lifting in all patient care situations.

2.6. **Controlled Clinical Environment:** Having a controlled environment implies that the following conditions are met and accounted for: appropriate space, skills training and knowledge and adequate equipment and number of HCWs. A controlled clinical environment can exist in facilities or resident homes during the course of treatment.

2.7. **Friction Reducing Devices (FRD's):** slippery nylon sheets or tubes (sliders), draw sheets with friction reducing qualities and air assisted devices (e.g. Hovermatt®). FRD’s are used to reduce the forces required during patient repositioning or lateral transfers to stretcher/exam tables.

2.8. **Mechanical Lift:** Freestanding or ceiling mounted patient transfer device that uses a sling and mechanical lift to move patients from a bed or seated position.

2.9. **Transfer Belts:** belts that provide stabilization for ambulatory patients by allowing HCWs to hold onto the belt and support the patient during transfer or ambulation. These are not designed for lifting patients.

2.10. **Musculoskeletal Injury (MSI):** An injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue, including a sprain, strain or inflammation that may occur to a worker in a workplace and that is caused or aggravated by any one or combination of the following:

- a repetitive motion;
- a forceful exertion;
- vibration;
- mechanical compression;
- a sustained or awkward posture
- a limitation on motion or action;
- any other factor that creates a risk of musculoskeletal injury.

2.11. **Bariatric Patient:** someone with a Body Mass Index (BMI) greater than 40 or a weight greater than 159 kg (350 lbs).

2.12. **Accessible:** Easily located, being in proper working condition and of sufficient quantity.

2.13. **The Act:** The Workplace Safety and Health Act W210 of Manitoba.
2.14. **Committee:** Means a workplace (occupational) safety and health committee established under section 40 of the Workplace Safety and Health Act.

2.15. **Director:** means the person administratively responsible for the department or unit. Director includes heads of departments.

2.16. **Employer:**

   - 2.6.1 Every person who, by himself or through his agent or representative, employs or engages one or more workers,
   - 2.6.2 The Crown and every agency of the government.

2.17. **Healthcare Workers (HCWs):** Includes all contracted individuals, volunteers, students, researchers, WRHA medical staff, teachers and educators, members of the Board of Directors of the facility, information managers, and employees of the WRHA or agents of any of the above or of other health agencies. In regards to safe patient handling, a healthcare worker would be any employee that has direct contact with the patient. Professions include, but are not limited to nursing, health care aide, physiotherapy, occupational therapy, diagnostic imaging, patient transport etc.

2.18. **OESH:** The Occupational and Environmental Safety and Health Unit.

2.19. **Supervisor:** Means a person who has charge of a workplace or authority over a worker.

2.20. **Safe Work Procedure (SWP):** A written record of steps to follow in order to perform a task in a safe manner.

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**3.0 OPERATIONAL PROCEDURE**

3.1. All facilities/sites/programs shall promote a minimal lift environment by implementing a safe patient handling and movement program which shall include but is not limited to the following:

   - 3.1.1. Tool/checklist included in the patient’s medical record to assist the professional in assessing the patient’s ability to mobilize and/or bear weight so that safe patient handling and movement is consistent.
   - 3.1.2. A communication tool such as a logo system in the care plan and at or near the patient’s bedside visible to all workers.
   - 3.1.3. Access for staff to patient handling equipment and devices including, but not limited to mechanical lifts, friction reducing devices and transfer/gait belts.
   - 3.1.4. Safe Work Procedures relevant to facility/site/program-specific needs, written, available and communicated to staff.
3.1.5. Provision of training as outlined in this operational procedure.

3.1.6. Supervisory enforcement concerning worker compliance with safe patient handling and movement components. Non-compliance with Safe Work Procedures will indicate a need for additional training and/or disciplinary action as per WRHA ‘Workplace Safety and Health’ policy (20.20.030).

3.1.7. Completion and documentation of the initial basic and ongoing training, as required to correct improper use/understanding of safe patient handling and movement. Competency shall be demonstrated. Failure to demonstrate competency will indicate a need for additional training.

3.1.8. Monitoring adherence to the Act and any guidelines developed in accordance with the Act.

3.1.9. Ongoing evaluation of the program to review current evidence and best practices once every 3 years or if there is change in legislation or process.

4.0 RESPONSIBILITIES

4.1. Employer

4.1.1. Act in accordance with the objects and purposes of the Act by ensuring, so far as is reasonably practicable, the safety, health and welfare at work of all his workers, and complying with the Act and regulations.

4.1.2. Ensure that all his workers, and particularly his supervisors, foremen, charge hands or similar persons, are acquainted with any safety or health hazards which may be encountered by the workers in the course of their service, and that workers are familiar with the use of all devices or equipment provided for their protection.

4.2. Facility Executive Team

4.2.1. Assign responsibilities to staff within the facility/program to ensure the implementation of this operational procedure.

4.2.2. Ensure resources necessary to sustain a controlled clinical environment (information, training, tools, equipment and time) are available to provide / maintain 4.2.1., as reasonably practicable.

4.2.3. Support the Operational Procedure throughout the facility/program.

4.2.4. Ensure that sufficient patient handling equipment/aids and devices are available for HCWs to use when needed for safe patient handling and movement as far as is reasonably practicable.

4.2.5. Ensure that acceptable storage locations are available for the patient handling equipment/aids and devices.
4.2.6. Ensure preventive and routine maintenance of equipment is assigned.

4.2.7. Ensure education and training opportunities are available and ensure that training records are kept.

4.2.8. Ensure supervisory enforcement and monitoring

4.3. **Safe Patient Handling Multidisciplinary Committee**

4.3.1. Ensure that all elements of the Safe Patient Handling program are implemented and evaluated.

4.4. **Directors/Managers/Supervisors**

4.4.1. Support a culture of safety, shared responsibility and safe patient handling and movement within their area.

4.4.2. Ensure written safe work procedures for all necessary safe patient handling and movement tasks are in place. See Operational Procedure – Safe Work Procedure.

4.4.3. Ensure HCWs successfully complete the basic initial training and ongoing recertification in Safe Patient Handling. Follow provisions of the Act, Section 4(4) and 4(5) for employer’s duty for training and performing work activities during training.

4.4.4. Ensure that injured HCWs receive retraining as appropriate when returning to work following injury.

4.4.5. Ensure that a patient transfer/mobility assessment is conducted prior to patient handling and movement tasks.

4.4.6. Ensure that all tasks are completed safely using patient handling equipment/devices and/or appropriate techniques, including number of HCWs, as per the safe work procedures and assessments.

4.4.7. Ensure mechanical lifting devices, FRD’s, transfer belts and other equipment/aids are available.

4.4.7.1. Annual budgeting should take into account needs and replacement of equipment.

4.4.8. Ensure equipment is in proper working order, maintained regularly, and stored conveniently and safely.

4.4.9. Routine safety assessments. Ensure documentation and records are kept of inspections.

4.4.10. Ensure monitoring of HCW compliance with safe patient handling/movement.

4.4.11. Assess need for further education for HCWs and request where required.
4.4.12. Involve educators, allied health professionals, OESH or other resources as necessary to implement this procedure.

4.4.13. Provide plans to forward recommendations to Capital Planning and Construction Committees as necessary to facilitate patient handling equipment use and storage.

4.4.14. Ensure that all facility policies are followed if new equipment is being trialed and/or installed.

4.4.15. Address all safety concerns related to patient handling and follow-up in a timely manner

4.5. **Safe Patient Handling Educators/Designate**

4.5.1. Participate in SPH Committee

4.5.2. Provide all new HCWs with the basic Safe Patient Handling and Movement Training at orientation. Basic proficiency must be demonstrated at time of orientation. A written record of proficiency must be retained.

4.5.3. Provide retraining every 3 years and/or as required or upon request.

4.6 **HCW designated to complete assessments (e.g. Nurse, Allied Health)**

4.6.1. Report any safety concerns related to patient handling to their supervisor.

4.6.2. Follow WRHA Operational Procedures Report and Resolution of Safety Concerns.

4.6.3. Participate in the identification of risks related to safe patient handling and in the development of safe work procedures.

4.6.4. Comply with safe work procedures to ensure that all tasks are completed safely using patient handling equipment/devices and/or appropriate techniques, including number of HCWs.

4.6.5. Participate in and successfully complete the Safe Patient Handling and Movement Program training specific to the site/department.
4.6.6. Demonstrate learned principles and skills related to performing safe patient handling and movement through competency checks.

4.6.7. Ensure that an assessment has been completed and follow recommendations.

4.6.8. Screen the patient’s transfer abilities prior to each transfer, or when any change in status affects the patient’s ability to transfer. Confirm that the recommended transfer method is still appropriate. If the transfer method is not appropriate, use a more conservative transfer method and request reassessment following your site’s procedure and protocol.

4.6.9. Perform pre-use inspections of patient handling equipment.

4.6.10. Assess the environment, patient needs and available resources before starting a lift or movement.

4.6.11. Request assistance from the appropriate resource (physiotherapy, occupational therapy, OESH, educator etc.), if uncertain how to safely manage the patient handling task.

4.7. **OESH or Designate**

4.7.1. Consult with the facility/site/program on all aspects of this operational procedure.

4.8. **Joint Workplace Safety and Health Committee**

4.8.1. Consult with the facility/site/program on the development and implementation of this operational procedure.

4.8.2. Review and monitor the effectiveness of this operational procedure.

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**5.0 TRAINING REQUIREMENTS**

5.1. The training program must be workplace specific, effective and reviewed every three years and/or when changes which may affect the procedure are introduced in the workplace.

5.2. Training must involve understanding of:

5.2.1. Body Mechanics (safe postures, lifting techniques, patient handling techniques)

5.2.2. Fitness

5.2.3. Patient Assessment (capability, assistance level, transfer method)

5.2.4. Provisions for Caring for Bariatric Patients
5.2.5. Selection and Use of Equipment

5.2.6. Operational Procedure and applicable Safe Work Procedures

5.3. All training must be documented. Records must be kept as required by the Workplace Safety and Health Act and Regulations.

5.4. Retraining will be offered as necessary or upon request.

REFERENCES:


Winnipeg Regional Health Authority – Operational Procedure – OESH

Winnipeg Regional Health Authority – Operational Procedure – Safe Work Procedures

Winnipeg Regional Health Authority – Operational Procedure – Report and Resolution of Safety Concerns