

Policy & Procedure

Safe Patient Handling (No Lift Policy)	Effective date signifies approval of this MHS policy by the Performance Improvement Leadership Oversight Team (PILOT) (see minutes).	
	Policy No.	
	Effective Date: 04/2005	Page: 1 of 3
	Date of Origin: 7-2003	Review Date: 04/2007
	Point of Contact: Coordinator, Ergonomics	Telephone Number: 403-4684
Proponent: Victoria Skorupski, Director Special Projects		

1. Purpose: To establish the MultiCare Health System (MHS) policy, program and committee to ensure that all staff use safe patient handling and moving techniques to reduce their risk of injury to patient and staff, for patient dignity, and comfort.

2. Policy: Safe patient handling and movement techniques will be used, as described in this policy, in the departments that have equipment already, and departments waiting for equipment will comply with the policy once equipment is available to them.

a. All patients will be assessed to determine their handling and moving needs, and how best to accomplish this in the safest way.

b. Lifting/handling devices or aids will be used whenever possible.

c. Assistive devices for patient handling will be used wherever possible.

d. Patients will be encouraged to assist with their own move, lift, transfer or reposition to help ensure that the patients' independence is not compromised.

e. Manual lifting of patients will be eliminated unless it will compromise the well-being of the patient (examples could include but are not limited to: patient fall with no room for lift device or in a fire evacuation). Hovermatts, mobile and ceiling lifts are to be used for lifting from the floor and should be used when appropriate.

f. Promote a "Culture of Safety" around patient handling.

3. References:

a. Washington State Safe Patient Handling Rule

b. Right to Refuse Policy

c. Bersch, C., (April 2003). Hospital gives patients a lift. Healthcare Purchasing News, 27-28.

d. Monaghan, H., Robinson, L., & Steele, Y. (1998). Implementing a no lift policy. Nursing Standard, 12, 50, 35-37.

e. Nelson, A., Gross, C., & Lloyd, J. (1997). Preventing musculoskeletal injuries in nurses: Directions for future research. SCI Journal, 14(2), 45-52.

f. OSHA Ergonomics for the Prevention of Musculoskeletal Disorders.

g. Occupational Health Clinics for Ontario Workers, Inc., (Nov, 1999). Healthcare Workers-Patient Handling. www.ohcow.on.ca

h. NHS Back in Work Practical Guidance. www.nhs.uk/backinwork/practwhat.htm

i. MHS Clinical Guideline: Falls Protocol, Adult:

j. MHS Policy: Unusual Occurrence and Sentinel Event Management and Reporting

k. On-the-Job-Injury

4. Definitions:

a. Patient Manual Lift: The act of moving, lifting, transferring or repositioning a patient using caregiver's body strength, without the use of lift/handling aids or devices which reduce forces on worker's musculoskeletal structure.

b. Patient Mechanical Lift: The act of moving, lifting transferring or repositioning with the help of specialized lift/handling equipment such as: portable floor lifts, fixed ceiling lifts, slings, and mechanized lateral transfer aids.

c. Patient Handling Devices and Aids: The equipment used to assist with the moving, lifting, transferring or repositioning of patients using slide boards, slide sheets, gait belts with handles, tube sliders, and various surface friction reducing device.

d. Bariatric: An obese patient, with a body mass index of greater than 25, and medical conditions due to their obesity.

e. High Risk Patient Handling Task: Tasks that cause a high risk of musculoskeletal injury to the caregiver and pose a risk to the patient. Risks might include the patient falling or being dropped, acquiring a skin tear or bruise, or other pain from being manually touched. Examples of such tasks include, but are not limited to: transferring, repositioning, rolling/turning, bathing the patient, changing/cleaning the patient and bed, and tasks with long duration.

f. High Risk patient areas: MSICU, CVICU, CCU, OR, and any other medical area where patient(s) are unable to assist with their own repositioning or moving due to strength, cognition, cooperation, medication, and/or physical disability.

g. Culture of Safety: Describes the collective attitude of employees taking shared responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves as well as patients.

h. Safe Patient Handling Committee: Team of hospital staff, membership mix is at least 50% direct patient care staff, across all inpatient facilities and departments. The purpose of the team is to facilitate the Safe Patient Handling program to include but not limited to; expertise in using patient handling equipment, oversee care of equipment in area assigned, train co-workers, complete patient handling hazard assessment for work area, problem solve solutions for safe patient handling and make recommendations, report information to own department/co-workers, and actively participate at Committee meetings.

i. Refusal Policy: Identified in Washington States regulation to allow care givers to refuse to participate in manually moving a patient if they are concerned for their own or the patient's safety.

5. Responsibilities:

a. Clinical Director will:

(1) Support the implementation of the Safe Patient Handling policy.

(2) Assure that all staff receive initial training on the methods of a safe patient move, lift, transfer and reposition.

(3) Assure that annual training occurs to ensure continued compliance with this policy.

(4) Assure that staff has quick and easy access to all assistive devices and patient handling aids.

(5) Assure that safe and adequate storage is obtained for unit equipment and devices.

(6) Assure that staff documents the need for equipment repair to ensure that all equipment remains functional.

(7) Assure that reports of employee injury are documented using the Employee Report of Injury or Occupational Illness (OJI) Form #87-8801-0. If patient is injured file an Occurrence report using the Unusual Occurrence and Sentinel Event Management Policy as a reference.

(8) Approve staffing levels sufficient for compliance with this policy.

(9) Support Safe Patient Handling Team member's activities on the/for the Team's work.

(10) Support and assist with staff who refuse to manually move patients due to safety concerns.

b. Registered Nurse or qualified designee will:

(1) Have all patients assessed and document status for moving and handling needs at the time of admission and when there is a change of status.

(2) Determine which patient handling aids/devices are most appropriate for each patient.

(3) Assess working environment and the potential barriers to utilizing move/handling equipment by:

(a) Reducing the room clutter such as unnecessary furniture.

(b) Observe when a highly waxed or wet floor may not allow for a safe footing and floor base equipment.

(4) Educate patient to assist when possible with the move, lift, transfer or reposition.

(5) Document the moving and handling needs on the patient's plan of care.

(6) Document the type of equipment used and the patients' response to the move, lift, transfer or reposition.

(7) Participate directly or indirectly on the Safe Patient Handling team. Activities can include but are not limited to; assisting with on-going hazard assessments, providing feedback to dept representative, and attending team meetings.

c. Institute for Learning the Development will:

(1) Assure that all new employees are educated on the policy and procedures of moving, lifting, transferring and repositioning patients.

(2) Assist with the annual training required to ensure staff stay competent with these procedures.

d. Engineering maintains mechanical lifting devices in proper working order.

e. Ergonomics Department:

(1) Research and provide information regarding equipment needed for the implementation of this policy.

(2) Provide training to staff and others as needed.

6. Procedure: All employees involved with the move, lift, transfer or reposition of a patient will follow the policy as written.

a. The assessment of the patient's cognitive and functional status will determine the patients moving and handling needs and the appropriate equipment to include sling to be used.

b. Locate and move equipment to a location close to patient's room if needed.

c. Communicate and coordinate the move, lift, transfer or reposition of a patient with all ancillary staff (OT, PT, ambulance crew, etc).

d. Consider the height of the patient's bed before moving, lifting, transferring or repositioning the patient. This may reduce staff injury by reducing an awkward position or the overall stress associated with leaning over the bed or twisting the torso while lifting.

e. Explain the move, lift, transfer, or reposition procedure to the patient and encourage their participation if able.

f. When transferring or moving a patient, even when using a mechanical or assistive device, the staff must use protective body mechanics.

g. Document patients' mobility status and need for mechanical assist. Indicate equipment used and the patient's response.

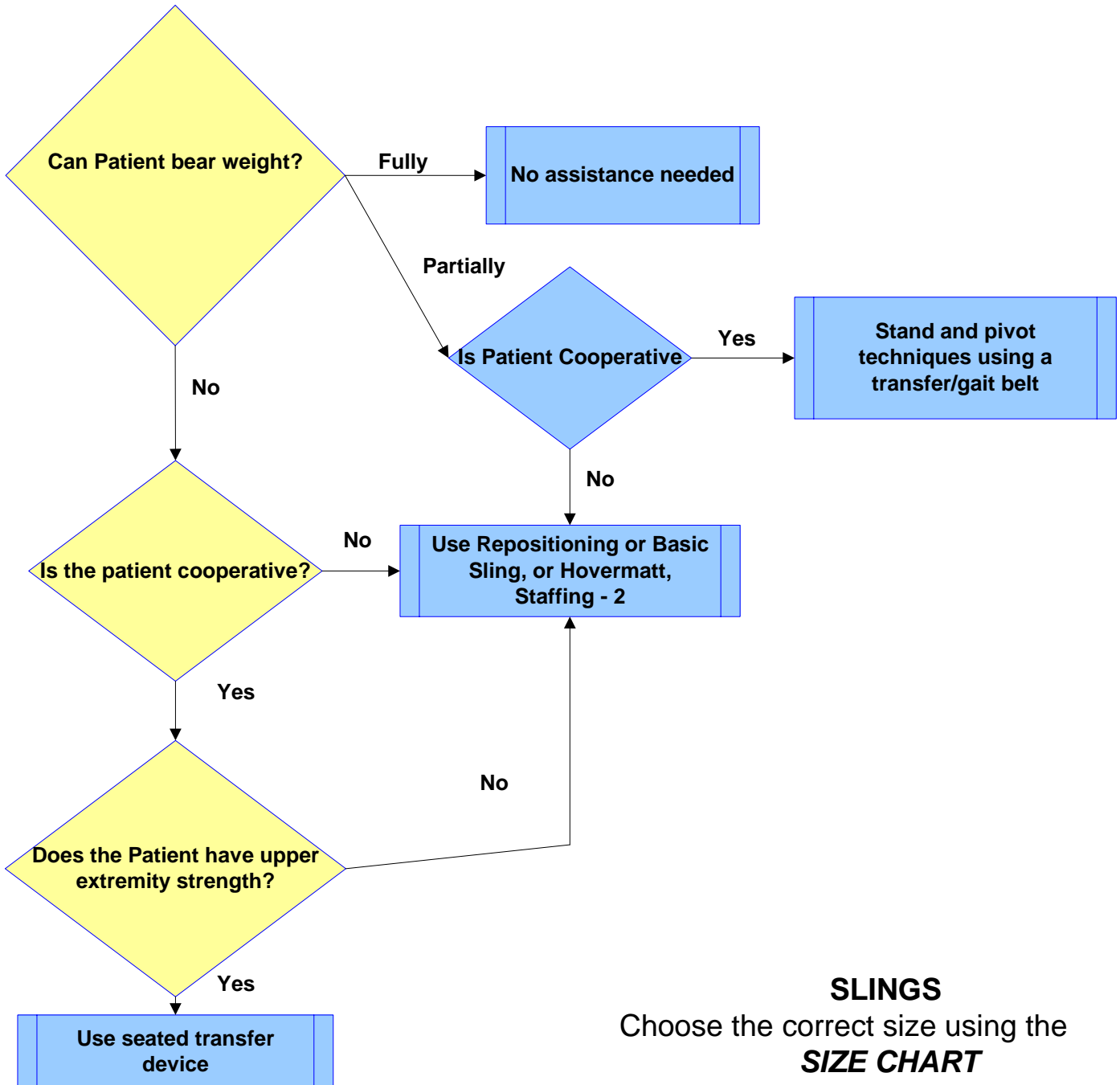
7. Forms: Employee Report of Injury or Occupational Illness (OJI) (Form #87-8801-0)

- a. Appendix A – Safe Patient Handling Assessment Flow Diagram
- b. Appendix B - Right to Refuse Policy
- c. Appendix C - Ergonomic Service/Assessment Flow Diagram
- d. Ergonomic Service/Assessment Request form

Distribution: MHS Intranet

Patient Transfers

To and from bed, floor, chair, toilet/
commode, wheelchair, and/or gurney



SLINGS

Choose the correct size using the
SIZE CHART

Right to Refuse Policy

Safe Patient Handling Steering Committee – Right to Refuse Policy

Employee's Right of Refusal:

MHS is committed to ensuring that no employee or patient becomes injured as a result of unsafe patient handling. To promote safe patient handling and comply with the requirements of RCW 70.41.390(6), MHS has developed a procedure that allows an employee to refuse to perform or be involved in patient handling the employee believes in good faith would place an unacceptable risk of injury on either a hospital employee or a patient

No employee of MHS will be subject to disciplinary action for refusing to perform or be involved in patient handling the employee believes in good faith will expose a patient or hospital employee to an unacceptable risk of injury as long as the employee, in good faith, follows the requirements of the procedure set forth in this policy.

In the event that a hospital employee does refuse in good faith to participate in patient handling, he/she must do the following:

- a. Notify the supervisor or charge nurse immediately of the refusal and the reason for doing so.
- b. Stay on the job and make him/herself available to the supervisor for other work assignments.
- c. If called to assist with a patient who is in distress, the employee will remain with the patient as necessary, providing assistance as able until the necessary resources are available to the patient.

After the immediate situation related to the refusal of patient handling has been managed an employee should notify a member of the Safe Patient Handling Committee about the circumstances of the patient handling situation so, if appropriate, the committee can identify and inform others of ways to avoid such patient handling situations in the future.