

# Appendices

## **Appendix A**

Sample Description of Responsibilities of Safe Patient Handling Committee

## **Appendix B**

Template of a Safe Patient Handling and Movement Policy

## **Appendix C**

Sample Model of a Right to Refuse Policy Under Washington Safe Patient Handling Law

## **Appendix D**

Tool for Prioritizing High-Risk Handling Tasks

## **Appendix E**

VA Bariatric Assessment Tool

## **APPENDIX A**

### Description of Responsibilities of Safe Patient Handling Committee

#### **SAFE PATIENT HANDLING COMMITTEE**

The Safe Patient Handling Committee is a subcommittee of the Incident and Accident Committee for Gotham Medical Center. It must consist of at least 50% non-managerial front line direct patient care representatives and will preferably have representation from all Campuses (Downtown, Broadway, and Issaquah).

The purpose of the committee is to assist Swedish Medical Center to carry out the provisions of the Safe Patient Handling Bill (ESHB 1672 effective 6-7-2006) and to provide a safe environment for both our patients and employees.

#### **General Responsibilities:**

The representative will commit to meeting one hour per month on \_\_\_\_\_ at \_\_\_\_\_ (time). They must have an active interest in promoting patient and employee safety and improving ergonomics throughout their working environment. The representative will have the ability to: 1) communicate pertinent information from committee meetings back to other hospital employees 2) analyze injury patterns throughout the hospital and collaborate in solutions 3) Model safe patient handling policies and procedures in their own work environment and train co-workers to do the same 4) Serve on special projects and training as needed and schedule permits.

#### **Goals:**

- 1) To assist in design, development and implementation of a safe patient handling program for all campuses / all shifts of SMC. This program must be in place by 12-1-07.
- 2) Develop a policy on Safe Patient Handling based on the patient's physical and medical condition and availability of lifting equipment or lift team options.
- 3) To help develop a patient handling hazard assessment specific for variables, which may include: specific work tasks, types of nursing units, patient populations and physical work environment.
- 4) Review plans for construction and remodeling and ensure safe patient handling measures as well as ergonomics standards are addressed and implemented.
- 5) Review and make recommendations on all safe patient handling equipment.
- 6) Educate departments on guidelines of ESHB 1672 and recommendations for injury prevention made by the committee.
- 7) Educate departments on guidelines and alternatives to manual lifting situations which would expose an employee to unacceptable risk of injury.
- 8) Assist in design and implementation of an annual performance evaluation of the Safe Patient Handling Program at SMC which would determine its effectiveness and compliance with the requirements of ESHB 1672.

## APPENDIX B

### Template of a Safe Patient Handling and Movement Policy<sup>15</sup>

#### TEMPLATE OF A SAFE PATIENT HANDLING AND MOVEMENT POLICY

1. **PURPOSE:** To ensure that caregivers assisting bariatric patients are protected from patient handling injuries while bariatric patients are cared for safely, this policy describes ways to ensure that employees use safe patient handling and movement techniques and equipment specific for bariatric patients. As well, this policy is set forth to provide the bariatric patient an environment of dignity and respect in a supportive caring culture.
2. **POLICY:** \_\_\_\_\_ (Facility Name) wants to ensure that its bariatric patients/residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, a comprehensive bariatric program will be implemented to ensure appropriate and adequate provisions are identified and made for bariatric patient handling equipment, training and resources in keeping with an effective “Culture of Safety” in the work environment. Identified bariatric patient handling techniques and guidelines will be followed at all times. Additionally, mechanical lifting equipment and/or other approved patient handling aids will be used to prevent the manual lifting and handling of bariatric patients/residents. It is also the policy of this hospital to provide a supporting and respectful environment of care for all patients.
3. **DEFINITIONS:**
  - a. **Bariatric Patient:** Can be defined as anyone who has limitations in health due to physical size, health, mobility, and environmental access (Bushard, 2002). For the purpose of using our assessment form and bariatric algorithms, we defined bariatric as individuals exceeding standard capacity equipment (300 lbs) with a BMI of 50.
  - b. **Patient Handling:** Refers to the repositioning, lifting, turning, transferring, transporting and assisting in ambulation provided by health care workers to patients that need assistance.
  - c. **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 patients in bed, making occupied beds, dressing patients, turning patients in bed, tasks with long duration and those involving bariatric patients.
  - d. **High Risk Patient/Resident Care Areas:** Inpatient hospital wards with a high proportion of dependent patients, requiring full assistance with patient handling tasks and activities of daily living and who are frequently moved in and out of bed. Designation is based on analysis of facility injury data. These units have the highest incidence and severity of injuries due to patient handling tasks. These areas include Spinal Cord Injury Units, Nursing Home Care Units, and other specified areas.
  - e. **Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids that reduce forces on the worker’s musculoskeletal structure.
  - f. **Mechanical Patient Lifting Equipment:** Equipment used to mechanically lift, transfer, reposition, and move patients. Examples include floor based, sit to stand and ceiling track lifts and mechanized lateral transfer aids.
  - g. **Patient Handling Aids: Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding board and friction-reducing devices.**
  - h. **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, co-workers and patients.
4. **PROCEDURES:**
  - 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. Non-compliance will indicate a need for retraining.
  - b. **Assessments Prior to Program Implementation:**

Prior to performing procedures set forth in this policy, it is mandatory that two assessments must be completed: Bariatric Needs Assessment and Bariatric Risk Assessment. These facilitate development of individualized processes and facility plans and help guide management to allocate resources appropriately to prepare for bariatric patient care and admissions.

    1. **Bariatric Needs Assessment:** To identify and prevent potential barriers encountered in the admission and care processes and complete a bariatric needs assessment. This includes collection of data, identifying medical conditions, patient characteristics, weight, height, equipment use and location trends (units).

- 2. Bariatric Risk Assessment:** This assessment identifies patient and staff safety issues and risk factors for bariatric patient care. These include risks from patient transfers, patient transport, compatibility with transport equipment, room sizes, door widths, elevator size, etc. Please refer to Attachment C, Bariatric Equipment Safety Checklist. Additionally, capture information on the bariatric equipment availability/ effectiveness and maintenance support. This information will help in the decision to purchase or rent bariatric equipment.

**c. Training:**

1. Staff will complete and document Bariatric Safe Patient Handling and Movement training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.
2. Staff will complete and document safe patient handling and movement equipment training initially and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.
3. Annual competencies will assess ability to provide appropriate bariatric patient care.

**d. Bariatric Patient Handling Assessment:**

1. The Bariatric Patient Handling Assessment, Care Plan and Algorithms can be accessed \_\_\_\_\_(say where) and completed by anyone preparing to handle or transfer a bariatric patient (Attachment B).
2. Use expanded capacity/bariatric mechanical lifting devices and other approved patient handling aids in accordance with instructions and training for bariatric patient handling
3. Facility will list persons responsible for training and provide appropriate resources and manuals. Contact \_\_\_\_\_for this information.

**e. Bariatric Equipment:**

1. Expanded capacity/bariatric mechanical lifting devices and other equipment/aids will be accessible to staff. See Attachment A for a listing of such equipment. Depending on facility and unit needs, other equipment may be added to this list.
2. Equipment provisions should be varied and sufficient to care for multiple patients of various sizes and medical conditions. Choose equipment carefully based on patients' shape, size and medical conditions (see Attachment B for Algorithms and Assessment form).
3. Bariatric equipment may be leased or purchased. The decision to purchase or rent equipment should be determined by considering the following factors:
  - Number and frequency of bariatric admissions
  - Equipment purchase cost
  - Rental cost
  - Space demands: including fit through doorways/hallways, etc.
  - Patient care needs: bedroom, bathroom
  - Equipment storage needs
  - Length of stay
  - Equipment cleaning and maintenance needs
4. \_\_\_\_\_ will ensure that all expanded capacity/bariatric equipment will be labeled as such using the following: "EC – \_\_\_\_\_ (weight)". This will identify such equipment and their associated weight capacities. The weight capacity will be clearly visible.
5. \_\_\_\_\_will also maintain, clean and check equipment in need of servicing or repair. \_\_\_\_\_will store expanded capacity/bariatric mechanical lifting devices and other equipment/aids conveniently and safely.
6. \_\_\_\_\_ will also be responsible for returning rental equipment.
7. The nurse manager will arrange for patient's own equipment to be inspected and a safety check will be performed by the appropriate department prior to patient use.
8. Equipment may be procured by \_\_\_\_\_(facility must outline procedure for accessing or renting equipment).

**f. Bariatric Patient Supplies:**

1. Appropriately-sized patient care items, such as gowns, slippers, robes, ID bracelets, blood pressure cuffs, linens, slings, needles, etc., shall be readily available and stored for easy accessibility. These items can be accessed by contacting the charge nurse on the specific unit.
2. A system will be implemented that distinguishes different sizes of patient care items without stigmatizing bariatric patients.

**g. Admissions Procedures:**

1. For elective admission, \_\_\_\_\_ shall communicate the impending need for bariatric patient accommodations.
2. For emergency admission, \_\_\_\_\_ shall communicate the immediate need for bariatric patient accommodation.
3. The \_\_\_\_\_ shall assign the appropriate space to accommodate equipment for the bariatric patient (as directed by the \_\_\_\_\_ on the admitting unit). This may include blocking a space to provide a double space for a single patient.
4. If a bariatric suite is not available, \_\_\_\_\_ must initiate preparation, including delivery and placement of the bed and other equipment in the room.
5. The Bariatric Patient Handling Specialist or Team \_\_\_\_\_ (identify who) will be notified of elective or emergency bariatric patient admission.
6. Patient must be weighed as soon as possible upon entry to the facility in order to confirm weight and identify appropriate equipment.
7. Consult specialist if needed (e.g. wound care nurse, nurse educator).

**h. Patient Transport:**

1. To assist in patient transport, use a powered bed/stretchers, bed mover, or powered wheelchair mover. If powered equipment is not available, then choose the least physically demanding transport vehicle.
2. Prior to transporting a patient
  - Map out the route
  - Make sure the bed fits through doorways and into elevators
  - Make sure the transport device/bed is easy to maneuver
  - Make sure an adequate number of staff are available to assist
  - Determine how many transfers are required to accomplish the task and minimize if possible
  - Ensure patient is medically stable
  - Calculate the weight of patient plus bed to ensure elevator weight and other capacities are not exceeded

**i. Ensuring Patient Comfort and Dignity:**

Bariatric patients have the same rights to be treated with the same comfort, dignity, respect and privacy as other residents. Health Care workers shall acknowledge the patient as a unique individual and treat them with compassion, seeing past a person's weight and size. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment.

**5. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**

**a. FACILITY DIRECTOR shall:**

1. Support the implementation of this policy.
2. Support a "Culture of Safety" within this medical center.
3. Furnish sufficient expanded capacity/bariatric lifting equipment/aids to ensure safe patient handling and movement of bariatric patients.
4. Furnish acceptable storage locations for expanded capacity/bariatric equipment/aids.
5. Provide staffing levels sufficient to support safe patient handling and movement of bariatric patients.

**b. NURSE MANAGERS shall:**

1. Ensure all bariatric patient handling tasks are assessed prior to completion and are completed safely, using appropriate mechanical lifting devices and other approved patient handling aids and appropriate techniques.
2. Ensure appropriate and adequate numbers of expanded capacity/bariatric equipment are available either through rental agreements or through facility purchase.
3. Ensure expanded capacity/bariatric mechanical lifting devices and other equipment/aids maintained regularly, in proper working order, and stored conveniently and safely.
4. Ensure employees complete initial and annual bariatric patient training and additional training as required if employees show non-compliance with safe patient handling and movement or equipment use.

**c. EMPLOYEES shall:**

1. Comply with all parameters of this policy.
2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of bariatric patient handling tasks.

3. Notify supervisor of any injury sustained while performing patient handling tasks.
4. Notify supervisor of need for re-training in use of expanded capacity/bariatric mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Provide care in a manner that acknowledges the patient as a unique individual, treating them with compassion and respect. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment. Workers should not display negative or judgmental feelings and should attempt to see the person not the weight.

**d. BARIATRIC PATIENT HANDLING SPECIALIST OR TEAM** shall:

1. Acknowledge notification of elective or emergency bariatric patient admissions, and respond in a timely manner.
2. Act as a resource and provide ergonomic consultation and support to staff when bariatric patients are admitted.
3. Assist in monitoring effectiveness of equipment and identification of bariatric equipment needs for individual patients.

**e. UNION** shall: support bariatric program and policy in partnership with administration.

## **APPENDIX C**

### Sample Model Right to Refuse Policy Under Washington Safe Patient Handling Law

#### **SAFE PATIENT HANDLING STEERING COMMITTEE - RIGHT TO REFUSE POLICY**

##### Employee's Right of Refusal:

XXXXX Hospital 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), XXXXX Hospital 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 XXXXX Hospital 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.

## APPENDIX D

### Tool for Prioritizing High-Risk Handling Tasks

**Directions:** Assign a rating (from 1 to 10) to the tasks that you consider to be high risk for contributing to musculoskeletal injuries. A "10" should represent highest risk and "1" for lowest risk. For each task, consider the frequency and duration of the task (high, moderate, low), and musculoskeletal stress (high, moderate, low). Delete tasks not typically performed on your unit. Add tasks you perceive as high risk but not included.

Have each nursing staff member on a unit complete the form. Summarize the data by unit and shift. An alternative is to have staff work together by shift to develop the ratings by consensus.

<b>Task Frequency/ Duration</b>  H= high M= moderate L= low	<b>Stress of Task</b>  H= high M= moderate L= low	<b>Rank</b>  10= high-risk 1= low risk	<b>Resident Handling Tasks</b>
			Transferring patient from bathtub to chair
			Transferring patient from wheelchair or shower/ commode chair to bed
			Transferring patient from wheelchair to toilet
			Transferring a patient from bed to stretcher
			Lifting a patient up from the floor
			Weighing a patient
			Bathing a patient in bed
			Bathing a patient in a shower chair
			Bathing a patient on a shower trolley or stretcher
			Undressing/dressing a patient
			Applying antiembolism stockings
			Lifting patient to the head of the bed
			Repositioning patient in bed from side to side
			Repositioning patient in geriatric chair or wheelchair
			Making an occupied bed
			Feeding bed-ridden patient
			Changing absorbent pad
			Transporting patient off unit
			Other Task:
			Other Task:
			Other Task:

Adapted from Owen, B.D. & Garg, A. (1991). *AAOHN Journal*, 39, (1).

## APPENDIX E

### VA Bariatric Assessment Tool

#### I. Patient's Level of Assistance:

- Independent—Patient performs task safely, with or without staff assistance, with or without assistive devices.
- Partial Assist—Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of a patient's weight.
- Dependent—Patient requires nurse to lift more than 35 lbs. of the patient's weight, or is unpredictable in the amount of assistance offered. In this case assistive devices should be used.

*An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.*

#### II. Weight Bearing Capability

- Full
- Partial
- None

#### III. Bi-Lateral Upper Extremity Strength

- Yes
- No

#### IV. Patient's level of cooperation and comprehension:

- Cooperative — may need prompting; able to follow simple commands.
- Unpredictable or varies (patient whose behavior changes frequently should be considered as "unpredictable"), not cooperative, or unable to follow simple commands.

**V. Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Body Mass Index (BMI) [needed if patient's weight is over 300]<sup>1</sup>:** \_\_\_\_\_

***If BMI exceeds 50, institute Bariatric Algorithms***

*The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and technique needed to move the patient.*

#### VI. Check applicable conditions likely to affect transfer/repositioning techniques.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hip/Knee Replacements | <input type="checkbox"/> Respiratory/Cardiac Compromise        | <input type="checkbox"/> Fractures              |
| <input type="checkbox"/> History of Falls      | <input type="checkbox"/> Wounds Affecting Transfer/Positioning | <input type="checkbox"/> Splints/Traction       |
| <input type="checkbox"/> Paralysis/Paresis     | <input type="checkbox"/> Amputation                            | <input type="checkbox"/> Severe Osteoporosis    |
| <input type="checkbox"/> Unstable Spine        | <input type="checkbox"/> Urinary/Fecal Stoma                   | <input type="checkbox"/> Severe Pain/Discomfort |
| <input type="checkbox"/> Severe Edema          | <input type="checkbox"/> Contractures/Spasms                   | <input type="checkbox"/> Postural Hypotension   |
| <input type="checkbox"/> Very Fragile Skin     | <input type="checkbox"/> Tubes (IV, Chest, etc.)               |   |