

Safe Patient Handling and Transfer

PURPOSE

To implement an Ergonomic Management Program to reduce injury for direct patient care employees and coworkers while ensuring safe patient handling and transfer activities. This policy establishes procedures and guidelines intended to ensure that all employees conducting patient handling and transfer activities use proper handling and transfer techniques, algorithms, and patient assistive devices.

POLICY STATEMENT

It is the DHMC goal to establish a systematic approach to patient handling to provide an environment as free of manual lifting as possible. DHMC also wants to ensure that its patients are cared for safely, while maintaining a safe and healthy work environment for employees. For all patient handling situations, providers will:

- Pre-assess patients to define patient limitations and anticipate handling and transfer needs.
- Handle and transfer the patient using the appropriate techniques and equipment, as indicated by the pre-assessment and algorithms
 - Pre-assessment – http://intranet.hitchcock.org/hc-upload/file_collection/patient_handling_care_plan.pdf
 - Standard Algorithms – http://intranet.hitchcock.org/hc-upload/file_collection/Standard%20Algorithms.pptx
 - Bariatric Algorithms – http://intranet.hitchcock.org/hc-upload/file_collection/Bariatric%20Algorithms.pptx

DEFINITIONS

BIRT: Back Injury Resource Team. Depending on context, the term is used for the team, team members, and training in Safe Patient Handling. BIRTs are the patient handling champions/trainers for their respective units/departments.

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.

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, and tasks with long durations.

At-Risk Departments: Inpatient/outpatient hospital units with a high proportion of employee accidents and injuries attributable to patient lifting, handling and transfer activities.

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.

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 mechanized lateral transfer aids.

Patient Assistive Devices: 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. Specialty beds with lateral rotation/turn assist and the ability to bring patients to a seated position are also included.

Safe Patient Handling Committee: A committee of employees and leadership representatives who work to ensure a safe working environment for those handling patients and a safe healing environment for patients. This committee meets monthly to discuss such things as equipment purchases/trials, injury rates and statistics, and goals for the upcoming months.

Superusers/Champions/Peer Leaders: Employees who have engaged in additional training in the use and competencies associated with the use of assistive devices. These employees serve as resources for their co-workers in their quest to provide the best possible care for their patients.

Total Body Transfer is a fully assisted patient transfer by two or more persons to and from:

1. Bed to chair
2. Bed to stretcher
3. Bed to bedpan
4. Bed to bedside commode/toilet
5. Floor to bed
6. Any other lifts where total body movement of the non-ambulatory patient is required

General Guidelines

An ergonomic management program aimed at safe patient handling and transfer will be used to ensure that the appropriate processes and required infrastructure are in place to prevent injury to employees involved in patient handling and transfer activities. Requirements supporting this policy include:

1. Regularly review and evaluate those departments at risk of injury attributable to patient handling activities.
2. Adhere to DHMC's existing pre-employment screening policies and practices.
3. Develop and implement department-specific safe patient handling protocols and algorithms.
4. Define employee expectations and patient handling limitations.
5. Develop specialized teams and trained employees dedicated to support safe patient lifting and transfer operations.
6. Educate and train staff on how to safely handle and transfer patients.
7. Obtain and train employees to use specialized equipment to help reduce or eliminate manual patient handling requirements.
8. Conduct patient handling and transfer risk assessments on an as needed basis.
9. Establish program audit tools allowing department managers to self assess their units' compliance and success in reducing patient handling and transfer incidents.

A. Recognizing and implementing safe patient handling and transfer procedures.

1. Prior to patient lift, transfer, handling or transport activities, an assessment of handling needs will be conducted by the unit to which the patient is assigned.
2. Patients at risk for medical emergencies or complications will only be handled and transported under the direction and support of an appropriate medical or nursing care provider.

3. The primary organization responsible for patient lifting and transfer activities from one department to another is the Transportation Department (6:30 am - 11:00 pm). Stores/Distribution is responsible for assistance during the night (11:00 pm - 6:30 am). All departments will coordinate and obtain Transportation's assistance for transfer, transport and patient handling activities when staffing levels do not allow safe patient handling to occur.
4. Healthcare providers will not conduct total lifts of assigned patients, except in emergency conditions.
5. Patient handling activities that are required and approved by department protocol or physician order, in order to provide necessary patient care, may supersede the minimal lift policy and patient handling algorithms. These activities include, but are not limited to: medical emergencies; physical therapy assessment or treatment; and other documented medical contraindications, such as confirmed or unconfirmed fractures or spine injuries, supported by provider order.
6. Nursing staff shall verify that the method of patient handling/transport is correct and assist Transportation orderlies in preparing each patient for handling/transport.
7. Patient handling within clinical areas will be managed under the direction of each department's Back Injury Resource Team (BIRT). These individuals are the patient handling champions for their respective units/departments.
8. No individual, be they Transportation or clinical staff, shall attempt to conduct a lift or patient transfer activity where the individual would be required to lift more than 35 lbs. This situation may be excepted in emergency situations to protect patient life and safety.
9. All planned/scheduled total lifts and transfers of patients will be conducted by mechanical means or with the use of appropriate assistive devices.
10. With the exception of patient emergencies, employees need to recognize their own limitations, know when to ask for help, employ mechanical lift procedures and wait for additional assistance.
11. BIRTs, Transportation personnel, Nursing Unit educators, and associated Safe Patient Lifting staff shall be provided appropriate time and resources to regularly meet and discuss safe lifting initiatives and conduct safe lifting training.
12. Patient handling and transport is a team effort requiring coordination and support from the unit BIRT, nursing unit staff, Transportation staff, and the receiving or gaining unit employees.
13. Special needs, such as obese or bariatric patients, will be identified early in the treatment process to facilitate planning and incorporation of safe patient handling as part of the care plan. The total clinical team should be consulted when supporting these patients to include the nurse manager, attending physician, Rehab Medicine, skin care nurse, transportation, and Safety and Environmental Programs.

B. Education and training

1. Education and training regarding safe patient handling and transfer procedures shall be conducted:
 - a. Under the direction of a qualified person or persons experienced in workplace ergonomics, safe patient handling and transfer procedures, use of mechanical lift and assistive devices, and body mechanics.

- b. Training will occur initially upon the assignment of all new or transferred employees
 - c. Unit refresher training will be held annually for all employees involved in patient handling activities
 - d. Refresher training may be required for employees failing to demonstrate patient handling proficiency in support of their daily activities.
 - e. Safety and Environmental Programs will maintain training records for at least three (3) years.
2. Directors/department leadership should contact the Safety and Environmental Programs or the Office of Professional Nursing for assistance in obtaining initial patient handling and transfer training.

C. Responsibilities

1. The Environment of Care Employee Health and Safety subcommittee will:
 - a. Identify departments at risk of patient handling and transfer related injuries and track those departments for injury reduction.
 - b. Provide technical consultation and support to department managers of those departments identified to be at risk of injuries associated with patient handling and transfer activities.
 - c. Regularly report the effectiveness of loss control activities to management and the Environment of Care Committee.
2. Directors/department leadership shall:
 - a. Ensure that all employees are properly trained in safe patient handling and transfer procedures, as well as in patient assistive devices and mechanical lifting devices.
 - Ascertain that all employees are aware of the location of patient assistive devices and mechanical lifting devices.
 - Ensure that employee training occurs initially and as required thereafter.
 - b. Develop a written safe patient handling and transfer protocol for their department.
 - c. Familiarize employees with their department's special procedures and safe patient handling and transfer protocols.
 - d. Train for assessment of patient condition with nursing staff prior to transport.
 - e. Provide adequate time to unit-based Back Injury Resource Team (BIRT) members to conduct training and attend meetings to discuss and share experiences and successes.
 - f. Investigate employee incidents and injuries resulting from patient handling and transfer activities. Relay any unsafe or potentially unsafe patient handling activities to Safety and Environmental Programs for further assessment and evaluation.
 - g. Coordinate with the Safety and Environmental Programs Department regarding actions taken to prevent employee patient handling injuries.
 - h. Ensure that patient assistive devices and mechanical lifting devices are stored conveniently for use.
 - i. Support a "Culture of Safety".
3. Employees shall:
 - a. Never attempt to conduct a patient lifting task alone. Think! 35 lbs. is the maximum weight to be lifted by a single person.

- b. Complete Safe Patient Handling training classes as required.
 - c. Notify department leadership of the need for additional training in devices, algorithms, or other aspects of this policy.
 - d. Use the appropriate mechanical lifts and transfer devices as defined in unit protocol algorithms.
 - e. Help identify unsafe patient handling and transfer activities requiring further assessment and evaluation by Safety and Environmental Programs, and report to department leadership.
 - f. Support a “Culture of Safety” within their department.
 - g. Notify their supervisor/manager of unsafe patient handling conditions, near miss incidents, and incidents involving personal injury.
 - h. Utilize the DHMC Occurrence Reporting System (Employee Report of Injury or Ouch Report) to report injuries and near miss incidents associated with patient handling activities.
4. The Transportation Department Manager is responsible for ensuring that Transportation employees:
- a. Utilize assistive handling and transfer aids.
 - b. Utilize proper body mechanics when conducting patient lifts, handling and transfers.
 - c. Communicate with nursing departments and other appropriate clinical personnel to help solve patient handling problems and assess Transportation performance.
 - d. Utilize mechanical lifting devices for all total body lift patient transfers.
 - e. Provide rapid response to departments requesting patient handling and transfer assistance.
 - f. Work in coordination with patient care units and Supply Chain Management to help provide and manage patient handling equipment.
 - g. Support a “Culture of Safety”.
5. Transportation employees are responsible for:
- a. Responding to all requests for patient lifts/transfers in a timely manner.
 - b. Safely performing all patient lifts/transfers.
 - c. Wearing personal protective equipment as defined by the supervisor/manager.
 - d. Utilizing a mechanical lifting device for all total body lift patient transfers.
 - e. Communicating with nursing staff on all patient transfers.
 - f. Communicating problems and issues to the Transportation Supervisor.
 - g. Implementing all safety requirements as taught in training, including:
 - Use of mechanical lifting devices.
 - Assuring patient safety during each lift.
 - h. Maintaining all mechanical lifting equipment in good working order and reporting all problems to the supervisor.
6. The Directors of Clinical Support Operations shall:
- a. Provide functional patient care rooms and equipment that support good ergonomic design and proper patient handling and transport activities.
7. The Director of Engineering shall:

- a. Help identify and correct facility conditions that may impair safe patient lifting, handling and transfer activities.
- b. Support the proper installation of ceiling lifts.
- c. Evaluate patient lifting and handling equipment for proper maintenance and safety.

D. Procedures

1. Musculoskeletal Injury Prevention Program

The Injury Prevention Program is a component of the Environment of Care Committee and will be phased in and then implemented on all patient care units. The program will contain the following key elements:

- a. Implementation of baseline questionnaires for all at-risk departments
- b. Workplace ergonomic assessments
- c. Patient assessment criteria and care planning for safe patient handling and movement
- d. Algorithms for safe patient handling and movement activities
- e. Leadership funding to obtain patient handling equipment to help support the safety of the patient and the occupational health of the employee
- f. Use of lifting equipment and assistive devices
- g. Identification and training of department BIRT champions
- h. Establish measures of performance
- i. Annual program evaluation

2. Compliance: It is the duty of employees to take reasonable care of their own health and safety, as well as that of their coworkers and their patients during patient handling activities by following this policy. Non-compliance will indicate a need for retraining.

- Employees should be familiar with their assigned patient's movement limitations. Preplanning to define acceptable patient handling and transfer requirements should be considered as part of the patient's care plan. Obese or bariatric patients may require special handling/equipment support needs.

3. Safe Patient Handling and Movement Requirements:

- a. Staff should assess and coordinate all patient lifts and transfers. Special handling requirements due to obesity, quadriplegia or other special handling needs should always be supported through Transportation.
- b. Avoid hazardous patient handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to implementation.
- c. Use mechanical lifting devices and other approved patient transfer assistive devices for At-Risk patient handling and movement tasks. Exceptions may occur if confronted with a medical emergency situation.
- d. Use mechanical lifting devices and other approved patient handling aids in accordance with unit protocols, employee training and manufacturer recommendations.

4. Mechanical lifting devices and other equipment/aids:

- a. Contact Transportation for assistance in obtaining specialized patient lifting devices or for questions involving their use. Never attempt to use a device if you are not qualified in its proper use and operation.

- b. Mechanical lifting devices and other equipment/aids will be accessible to staff as needed.
 - c. Mechanical lifting devices and other equipment/aids shall be stored conveniently and safely. When on the units, they are the responsibility of that unit.
5. Reporting of Injuries/Incidents
- a. Staff shall report all patient related or occupational incidents and injuries associated with patient handling and movement activities using the DHMC Occurrence Reporting System by completing an Employee Report of Injury (Ouch Report).
 - b. Directors/unit leadership shall maintain Accident Reports and supplemental injury statistics as required by DHMC.

E. Monitoring plan

Assessment and compliance with the requirements of this policy will be accomplished through the following mechanisms:

1. Review of accident and injury reduction performance of at-risk departments by the Employee Safety and Health Subcommittee.
2. Staff completion of Patient Handling Competencies
3. Regular review and tracking of actual loss experience data by Safety and Environmental Programs, Occupational Medicine and Worker's Compensation.
4. Evaluation of unit-specific loss prevention activities by the Safety and Environmental Programs Department.
5. Results obtained during Environment of Care Safety Audits.
6. Evaluation by Quality and patient Safety in support of patient injury reduction activities and mock JCAHO audits.

RELATED POLICIES:

DHMC Safety Management Program
DHMC Ergonomics Policy

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