



Administrative Policy Manual
Code: AV Workplace Health and Safety

AV2800 – SAFE PATIENT HANDLING

1.0 PURPOSE

To provide: a safe environment which minimizes the risk of musculoskeletal injury (MSI or strain/sprain) to staff; and safe quality of care for the patients; to ensure compliance with the [WorkSafeBC Occupational Health and Safety Regulation](#).

2.0 DEFINITIONS

TERM	DEFINITION
Care Staff	Includes individuals employed, privileged, or contracted with Interior Health while engaged in direct patient care delivery.
Clinical Contraindication	A specific situation in which mechanical lifting devices should not be used because it may be harmful to the patient. Clinical contraindications are determined by the staff providing care for that patient population and will be unit or patient specific. ³
Exceptional Care Circumstances	Emergencies (such as a medical emergency or evacuation situations) or when clinical contraindications require the use of non-standard procedures to ensure the safety of the patient and staff. ³
Manual Lifting	Any patient handling task requiring the caregiver to support or lift a significant part, or all, of a patient's body weight. ⁶
Minimal Assistance	Providing direction, cueing, encouragement, guiding or steadying assistance to the patient to mobilize safely. The patient is highly involved in the activity but may require the care provider to exert minimal effort (no more than 16 kg of force) with ideal body mechanics to lift, guide, steady, support, or use aides effectively. ⁶
Patient Handling	Refers to all tasks performed by Interior Health care staff where they facilitate, assist or otherwise participate in moving a patient from one position to another. Examples include but are not limited to bed to chair transfers, chair to toilet transfers, positioning in bed or chair, and care tasks such as dressing and bathing.
Patient Handling Device	Any device designed to provide a direct mechanical force or a mechanical advantage to the user.
Patient	The person receiving care in Interior Health facilities and/or programs. Depending on the population, it may be used interchangeably with 'Resident' and 'Client.'
Point-of-Care Risk Assessment	An in-the-moment assessment completed by the care provider before performing any care task (including transfers, repositioning, personal care, etc.) to observe factors such as the environment/equipment, and the patient's current physical and mental state to determine if there is any change and to confirm that the patient handling procedures in the care plan/chart are still safe to use.

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Reposition	A task which requires relocation of the patient on a surface (e.g., moving up in bed, or straightening up in a chair).
Safe Patient Handling (SPH) Program	A multi-faceted program which, when fully implemented, ensures compliance with the applicable WorkSafeBC OHS Regulation.

3.0 POLICY

3.1 Scope

- The policy applies to all health service delivery areas of Interior Health.

3.2 Standard

- Where patient handling tasks are performed, a Safe Patient Handling (SPH) Program must be implemented, monitored and reviewed annually. See the [Safe Patient Handling Program Guide](#) for more information.
- All patients must be formally assessed using a mobility decision support tool *and* a repositioning decision support tool to determine if the patient is able to transfer or reposition without the use of mechanical patient handling devices or a safety engineered repositioning tool. Assessment outcomes must be documented and communicated to all staff who participate in patient handling (including those who provide ancillary service, e.g., medical imaging).
- All manual patient handling tasks pose a high risk of MSI. As such, there will be no manual lifting or repositioning of patients by staff except when a formal patient mobility and repositioning assessment indicates the patient can be safely moved with [minimal assistance](#), *OR* in exceptional care circumstances, *OR* when a mechanical patient handling device is contraindicated *OR* for pediatric patients under 16 kg.
- Ceiling lifts must be used for all lifting, transferring or repositioning when the patient mobility and repositioning assessments indicate that full mechanical assistance is required. Total floor lifts (TFLs) may be used on a short- term, interim basis only. In acute or long term care, TFLs may be used only when a ceiling track lift is unavailable. In home and community care, a risk assessment must be carried out in order to approve the use of a TFL.

3.3 Roles and Responsibilities

3.3.1 Senior Administration

- Ensure that directors, managers, and supervisors promote and foster a safe patient handling environment.
- Provide reasonable operational and capital resources to support implementing and maintaining of a safe patient handling program.

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- Ensure that the design, renovation, and construction of care facilities meet the requirements of this policy.

3.3.1 Managers/Supervisors

- Ensure that all policies, procedures, and/or guidelines related to this policy are in place and communicated to staff.
- Ensure a system such that all patients are assessed with respect to all patient handling tasks, risks are identified, and appropriate safe handling equipment/procedures are implemented and communicated to staff in care plans and other designated places (e.g., diagnostic requisitions).
- Ensure communication systems are in place to support safe patient care.
- Ensure that adequate patient handling equipment/devices are maintained and accessible to staff.
- Ensure that education and training is provided/documentated to new care staff and as needed including applicable patient handling devices and procedures, [MSI risk factors](#), and [signs and symptoms of MSI](#).
- Ensure an appropriate level of site/unit based SPH support is available to support implementation and sustainability of the [SPH Program](#).
- Monitor compliance with this policy and the procedures within the [SPH Program](#) both formally (e.g., chart audits, [job observations](#), and [workplace inspections](#)) and informally (e.g., regular walk-about and safety huddles).
- Complete incident investigations, implement corrective actions, and monitor trends as per [Policy AV1100](#).
- Ensure the [SPH Program Evaluation](#) is completed, reviewed annually, and monitored regularly to ensure effectiveness.
- Consult with the Joint Occupational Health and Safety Committee (JOHSC)/Worker Health and Safety Representative during the SPH Program Evaluation process.
- Consult with care staff who report [signs and symptoms of MSI](#) and a representative sample of care staff who carry out the work regarding the SPH Program effectiveness.
- Ensure that risk assessments are conducted in areas where changes in work practice, work environment, or use of equipment affect safe patient handling practices.
- Develop an action plan to address gaps identified during the [SPH Program Evaluation](#) process and follow-up to ensure all items are complete and are effectively addressing the hazard.

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3.3.3 Employees

- Follow all safe patient handling policies and procedures related to this policy.
- Complete a [point-of-care risk assessment](#) and [pre-use inspection](#) of equipment prior to carrying out any care activity.
- Identify and communicate any identified risk of injury or apparent unsafe patient handling situation in the work environment.
- Inform their supervisor immediately of any situations that arise where they are unable to comply with the policy due to change in patient condition, equipment issues, unfamiliarity with equipment/procedures, etc.
- Participate in available training and education to ensure they have the knowledge, skills, and abilities necessary to perform work in a safe manner.
- Actively participate in promoting and fostering a safe and healthy work environment; work collaboratively with their colleagues to ensure safe patient handling practices are followed.

3.3.4 Joint Occupational Health and Safety Committees/Worker Health and Safety Representatives

- Actively participate in promoting and fostering a safe and healthy work environment.
- Review incident statistics on a regular basis to identify trends and evaluate corrective actions.
- Review and/or participate in the [SPH Program Evaluation](#) process.

3.3.5 Workplace Health and Safety (WHS)

- Develop and maintain resources (e.g., educational tools, orientation checklists, decision support tools, etc.) which support and promote a safe patient handling environment.
- Support the implementation of the SPH Program through consultation, development of educational frameworks, implementation guidelines, etc.

4.0 RELATED RESOURCES

- Policies:
 - [AV0100 – Occupational Health & Safety Program](#)
 - [AV1100 – Employee Incident Reporting and Investigation](#)
 - [AV2500 – Violence Prevention Program](#)
 - [AV3000 – Psychological Health and Safety in the Workplace](#)
- Resources
 - [Safe Patient Handling Program Guide](#)
 - [Safe Patient Handling Program Evaluation](#)

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- [Musculoskeletal Injury Prevention Program](#)
- [Employee Safety Handbook](#)
- [Occupational Health and Safety Manual](#)
- [Ergonomics and Psychological Health and Safety](#)
- InsideNet Pages:
 - [Safe Patient Handling](#)
 - [WorkSafeBC High Risk Strategy](#)
 - [Employee Psychological Health and Wellness](#)

5.0 REFERENCES

1. WorkSafeBC, Occupational Health and Safety Regulations. Available <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation>
2. Fraser Health Authority: Safe Handling of Patient/Residents/Clients Policy – July 2016 Version
3. Vancouver Coastal Health: Patient Handling Standard – September 2022
4. Northern Health Authority: Safe Patient Handling Policy 5-1-6-030 – August 10, 2018
5. Providence Health Care: CPT1200 Force Reduction and No Lift Policy – April 2, 2008
6. Waters, T.R. (2007). When is it safe to manually lift a patient? *Am. J. Nurs.*, 107(8), 53-58.
7. Campo, M., Shiyko, M., Margulis, H., Darragh, A., The effect of a Safe Patient Handling program on Rehabilitation Outcomes. *Archives of Physical Medicine and Rehabilitation* (2012), doi: 10.1016/j.apmr.2012.08.213.

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