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 BC Occupational Health and Safety Regulations, Ergonomic Requirements, Sections 4.46 – 4.53.

2.0 DEFINITIONS

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Staff</td>
<td>Includes individuals employed, privileged or contracted with Interior Health while engaged in delivering direct care to patients.</td>
</tr>
<tr>
<td>Exceptional Care Circumstances</td>
<td>The patient could be critically or fatally injured if not moved immediately, e.g. fire or sudden medical emergency.</td>
</tr>
<tr>
<td>Manual Lifting</td>
<td>Any patient handling task requiring the caregiver to support or lift a significant part, or all, of a patient’s body weight.</td>
</tr>
<tr>
<td>Minimal Assistance</td>
<td>Providing directing, 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.</td>
</tr>
<tr>
<td>Patient Handling</td>
<td>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.</td>
</tr>
<tr>
<td>Patient Handling Device</td>
<td>Any device designed to provide a direct mechanical force or a mechanical advantage to the user.</td>
</tr>
<tr>
<td>Patients</td>
<td>Includes all persons requiring care in Interior Health facilities and/or programs.</td>
</tr>
<tr>
<td>Point of Care Risk Assessment/Screen</td>
<td>A screen 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 handling recommendations on the patient care plan or patient chart are still safe. See Appendix C for sample point of care risk assessment tool.</td>
</tr>
</tbody>
</table>

Policy Sponsor: VP, Human Resources
Policy Steward: Leader, WH&S Partnerships in Prevention
Date Approved: January 2014
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# AV2800 – SAFE PATIENT HANDLING

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reposition</td>
<td>A task which requires relocation of the patient on a surface, e.g. moving up in bed, or straightening up in a chair.</td>
</tr>
<tr>
<td>Safe Patient Handling (SPH) Program</td>
<td>A multi-faceted program which, when fully implemented, ensures compliance with the OHS Regulations. Program elements include: SPH Policy and the related safe work practices; patient specific risk assessments; department risk identification; equipment selection, availability, tracking, inspection and maintenance; education and training; and, regular program evaluation. See Appendix A for program elements descriptions.</td>
</tr>
</tbody>
</table>

## 3.1 POLICY

### 3.2 Scope

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

### 3.3 Standard

- Where patient handling tasks are performed, a Safe Patient Handling (SPH) Program must be implemented, monitored and evaluated annually. See Appendix A for description of SPH Program elements.

- 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. See Appendix B for samples. Assessment outcomes must be documented and communicated to all staff who participate in patient handling (including those who provide ancillary service e.g. diagnostic 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 (see definition), 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. In acute or long term care, total floor lifts (TFL) 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. TFLs may be used on a short-term, interim basis only.
3.4 Responsibilities

**Senior Administration:**
- Ensure that directors, managers and supervisors promote and foster a safe patient handling environment.
- Provide reasonable operational and capital resources to support the implementation of a safe patient handling program.
- Ensure that the design, renovation and construction of care facilities meet the requirements of this policy.

**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 as per recommended safe patient handling equipment lists and ceiling track lift allocation guidelines posted on InsideNet.
- Ensure that education and training is provided/documented to new care staff and as needed including applicable patient handling devices and procedures, MSI risk factors and MSI signs and symptoms.
- Ensure an appropriate level of site/unit based SPH support is available to support implementation and sustainability of the safe patient handling program.
- Ensure that employees promote and foster a safe patient handling and healthy work environment.
- Monitor compliance with policy both formally (e.g. audits, job observations) and informally (e.g. regular walk-abouts, safety huddles, etc.)
- Complete incident investigations, implement corrective actions, and monitor trends as per Policy AV1100; include peer champions in patient handling incident investigations where appropriate.
- Consult with the Joint Occupational Health & Safety (JOHS) Committee on a regular basis regarding injury trends, corrective actions and annual program evaluation.
- Consult with workers who report signs and symptoms of MSI and a representative sample of workers 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.
- Ensure the SPH Program is evaluated annually and monitored regularly to ensure effectiveness.
- 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.
AV2800 – SAFE PATIENT HANDLING

Employees:
- Follow all safe patient handling policies, procedures, and/or guidelines related to this policy.
- Complete a point-of-care risk assessment/screen 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 and 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.

Workplace Health and Safety:
- Develop resources (educational tools, orientation checklists, decision support tools, etc.) which support and promote a safe patient handling environment.
- Communicate recommendations to administration and managers/ supervisors to promote and foster a safe patient handling environment in health authority facilities.
- Support the implementation of safe patient handling programs through consultation, development of educational frameworks, implementation guidelines, etc.
- Update and maintain current resources in a location accessible to all employees, (e.g. InsideNet, i-Learn).

Joint Occupational Health and Safety Committees:
- 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.
- Where available, liaise with peer champion(s) to identify/direct educational requests with respect to safe patient handling.
- Review and/or participate in the SPH Program evaluation process.

Peer Champions (where established):
- Participate in developing, implementing, evaluating and supporting systems, to ensure safe work practices align with this policy.
- Be an on-unit resource, facilitate problem solving, model safe work practice, provide and gather feedback to and from peers, unit teams, and JOHS committees, and participate in the incident investigation process when appropriate.
- Participate in training new, existing and returning employees, using formal and informal training methods.
- Participate in ongoing education to enhance own knowledge and skills in musculoskeletal injury prevention (MSIP).
- Actively participate in promoting and fostering a safe and healthy work environment.
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4.0 PROCEDURES

Will be developed and implemented at the site level. Safe work procedures and related resource documents will be made available on the InsideNet.

5.1 REFERENCES

2. Interior Health Authority Policy: AV0100 Occupational Health and Safety Program
3. Fraser Health Authority: Safe Handling of Patient/Residents/Clients Policy – April 2004
5. Northern Health Authority: Safe Patient Moving and Assisting Policy – March 27, 2006
APPENDIX A

Safe Patient Handling Program Elements:

The Safe Patient Handling Program Evaluation Annual Review and the Safe Patient Handling Program Gap Analysis identify all the elements of a safe patient handling program. The following provides a brief description of each element:

<table>
<thead>
<tr>
<th>SPH Policy and Procedures</th>
<th>The SPH policy is implemented, communicated and monitored regularly for effectiveness. This includes all safe work procedures and related equipment operation procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Specific Risk Assessments</td>
<td>Formal patient assessment processes (i.e. mobility assessments; repositioning assessments) are in place and informal point of care risk assessments (i.e. patient screens, equipment check etc.) are completed prior to providing all care tasks.</td>
</tr>
<tr>
<td>Site/Program Risk Identification</td>
<td>MSI risks are identified through a combination of incident report reviews, work practice observations, a site/department walk-through, chart review information, and worker survey/ interview responses.</td>
</tr>
<tr>
<td>Equipment Selection, availability Tracking and Maintenance</td>
<td>The appropriate amount and type of equipment is available and accessible and a process is in place to regularly maintain, inspect and replace equipment.</td>
</tr>
<tr>
<td>Education and Training</td>
<td>A SPH education plan is in place including site specific orientation, ongoing education and department safe patient handling practice support.</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>The site/department evaluates the SPH Program Annually and monitors regularly to ensure all elements are in place and effective in managing risks to workers.</td>
</tr>
</tbody>
</table>
APPENDIX B – Patient Assessment Tools

Patient Mobility Assessment

<table>
<thead>
<tr>
<th>Observeability: Only proceed to next question if the patient is able to complete the action described. If “No,” restrict to sidebar activity and equipment. Refer to rehab as complex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the patient roll onto either side and/or boost up in the bed with no/minimal physical assistance?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Can the patient follow instructions to get to sitting and then maintain or correct his position with no/minimal physical assistance?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>In sitting, can the patient lift each foot and straighten the knee, one at a time?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>In standing, can the patient maintain his position without leaning, staggering or pushing to the side?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Can the patient now take one step to either side or forwards with minimal physical assistance or a walking aid?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Can the patient march on the spot and turn with no/minimal physical assistance or with a walking aid?</td>
</tr>
<tr>
<td>Independent or Standby Assist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity Caution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use required equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not reposition without assistive devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling track lift (CTL)</td>
</tr>
<tr>
<td>Total floor lift</td>
</tr>
<tr>
<td>Slider sheet system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not sit or manually transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling track lift</td>
</tr>
<tr>
<td>Total floor lift</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not manually transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling track lift</td>
</tr>
<tr>
<td>Total floor lift</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not manually transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceiling track lift</td>
</tr>
<tr>
<td>Total floor lift</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not transfer or walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit-Stand lift (SSL) to chair</td>
</tr>
<tr>
<td>Use CTL if patient cannot hold SSL with both hands</td>
</tr>
<tr>
<td>Wheelchair to bathroom</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not walk</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person step-around transfer</td>
</tr>
<tr>
<td>Wheelchair to bathroom</td>
</tr>
</tbody>
</table>

May need aids to keep patient safe and promote independence

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Policy Steward:  Leader, WH&S Partnerships in Prevention
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AV2800 – SAFE PATIENT HANDLING

NAME ____________________________

Long-term Care Mobility Assessment Form (Ceiling Lift or Floor Lift)

Observation

<table>
<thead>
<tr>
<th>Strength</th>
<th>Observation</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In bed does the person lift his/her hips clear of the bed to get onto a bedpan or assist with dressing / incontinence pads?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In bed does the person roll onto his/her side without assistance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In sitting can the person lift each foot off the ground and straighten each knee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>Can the person sit upright on the side of the bed without help?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow direction</td>
<td>Does the person follow transfer instructions appropriately?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the person’s ability remain the same throughout the day and with different caregivers?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No to any of the observations

Use Ceiling Track Transfer and Consider need for adaptive clothing

Can the person sit forwards and push down on the arm rests with both hands?

No | Yes

Use repositioning sling in bed

Signature(s) ____________________________ Date ____________________________

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Mobility Decision Support Tool

This tool is intended to guide decisions on transfers and ambulation related to daily activities of providing care. It is not intended to restrict activities for rehabilitation therapy purposes, or to override clinical judgment and resident-specific needs, as determined by the care team.

Screen the resident for safe mobilization: confirm abilities and proceed as indicated.

1. Is cooperative and able to follow directions and/or physical cuing
   - Yes
   - No

2. Can boost up in the bed with minimal physical assistance
   - Yes
   - No
   - Can roll onto at least one side and maintain side lying

3. Can move from lying to sit and then maintain or correct his/her position with no/minimal physical assistance
   - Yes
   - No

4. With feet on floor, can lean forward and lift buttocks off surface and sit back down
   - Yes
   - No

5. Can lean forward, lift buttocks off surface and stand up
   - Yes
   - No

6. Can step from one foot to another to side or forward with no/minimal assist (may use walking aide)
   - Yes
   - No

7. Once standing, can actively walk on the spot with no/minimal assist or with walking aide
   - Yes
   - No
   - Can walk independently or with supervision (may use walking aide)

Do not proceed, or
- Transfer – use full Mechanical Lift
- Reposition – use full Mechanical Lift (or assistive devices if resident has some abilities or if lift is not available)

Document the outcome, and refer to OT/PT if complex.

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## Client Mobility Assistance Plan

<table>
<thead>
<tr>
<th>HCC Patient Name:</th>
<th>PHN #</th>
</tr>
</thead>
</table>

### OBSERVED PATIENT ABILITIES

In all categories the patient may, or may not use an aid or need cues to perform the action.  
Place a check mark in the ONE column that most closely matches the patient’s usual abilities with most staff.

Ensure that patient abilities and assistance / equipment needs match the level of service authorized.

### FUNCTIONAL MOBILITY ASSESSMENT

<table>
<thead>
<tr>
<th>Independent</th>
<th>Supervision</th>
<th>Light Assistance</th>
<th>Moderate Assistance</th>
<th>Maximum Assistance</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient can</td>
<td>Patient can</td>
<td>Patient can</td>
<td>Patient can</td>
<td>Patient can</td>
<td>Patient can</td>
</tr>
<tr>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed</td>
</tr>
<tr>
<td>Sit</td>
<td>Sit</td>
<td>Sit</td>
<td>Sit</td>
<td>Sit</td>
<td>Sit</td>
</tr>
<tr>
<td>Stand</td>
<td>Stand</td>
<td>Stand</td>
<td>Stand</td>
<td>Stand</td>
<td>Stand</td>
</tr>
<tr>
<td>Step + Turn</td>
<td>Step + Turn</td>
<td>Step + Turn</td>
<td>Step + turn</td>
<td>Step + turn</td>
<td>Step + turn</td>
</tr>
<tr>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
</tr>
<tr>
<td>Sit down</td>
<td>Sit down</td>
<td>Sit down</td>
<td>Sit down</td>
<td>Sit down</td>
<td>Sit down</td>
</tr>
<tr>
<td>on their own</td>
<td>on their own</td>
<td>on their own</td>
<td>on their own</td>
<td>on their own</td>
<td>on their own</td>
</tr>
</tbody>
</table>

### ASSISTANCE AND EQUIPMENT RECOMMENDED OR REQUIRED

Indicate action(s) taken by circling bullets below:

- Bed and room layout as patient prefers unless needs help to edge of bed—space required for assistant at top or side of bed
- Use of a transfer belt is advised with patients requiring light assistance
- The patient may benefit from a Slider tube to assist turning self in bed
- Bath bench or stool may be helpful to patient—see Bathing assessment
- Referral to Rehab probably not necessary unless advice to the patient on devices or strategies to decrease any problem transfers or positioning needed
- No action required

- Transfer belt should be used when assisting transfers or walking
- Consider Slider sheets / tubes to help with turns in bed or swivel cushion for transfers
- Furniture may need to be moved to allow safe assistance to patient
- Referral to Rehab only required if advice to the staff and patient on devices or strategies to decrease any problem transfers or positioning needed

- Referral to Rehab recommended for safety of patient and staff during transfers at home
- Two person transfer and floor lift equipment to be put in place as interim measures only. Notify Rehab
- Single / hospital bed recommended
- Would benefit from slider sheets or tubes for turns
- Before sending CHW complete Patient Bathing Assistance form

- Refer to Rehab as mechanical lift and/or repositioning equipment required
- Limit to bed care activities until fully assessed and equipment in place at home
- May only require one CHW if ceiling lift in place (depends on patient condition)

### Aid...

Assistive equipment such as a bed rail, floor-to-ceiling pole, cane, 4-wheeled walker

### Cues...

Verbal instruction or reminders to position body or aids for improved safety and support

### Supervision...

Direction, encouragement or infrequent assistance to patient to e.g. regain balance or perform transfer safely

### Assistance...

Physical assistance from another person is required to complete the action safely for the patient and the staff

---

**Assessor:**

**Date:**
Repositioning Decision Support Tool

Step 1
Assess the patient’s condition—mark a point on each of the indicators below (the centre intersecting point would be assessed as moderate on each indicator)

- Frequency of repositioning for care needs e.g. to prevent skin breakdown
- Patient size
- Level of dependence e.g. patient’s ability to roll to each side, or bridge in bed

Step 2
- Only consider slider sheets if 2 or more points fall below the dotted line.
- In all other cases, use a ceiling track mechanical lift.

Use the CEILING TRACK LIFT with a REPOSITIONING SLING

- Frequent Repositioning
- Bariatric
- Dependent
- Independent
- Light
- Infrequent Repositioning

Use the SLIDER SHEET SYSTEM

Step 3
If the slider sheet system is assessed as a safe (or only) choice, determine the best option based on the patient’s condition

Options

- Slider sheet system = Fitted slider bottom sheet and slider draw sheet
  - The recommended manual reposition choice:
    - Not ideal for use with restless or agitated patients

- Slider draw sheet + fitted jersey sheet
  - Useful with very light-weight patients only

- Slider bottom sheet + soaker pad
  - Useful with agitated or restless patients only

- Slider bottom sheet only
  - For pts nearly independent with bed mobility

Injury Alert: Do not use soaker pads on a regular jersey bottom sheet to reposition pts in bed
APPENDIX C

Point-of-Care Risk Assessment/Screen

Why is this important?

Before and during patient care, the care provider should check patient’s current physical and mental function to ensure it matches their present care plan. Care providers are checking to confirm that care is safe to do at that point in time, for the patient and the worker. This is referred to as a “point-of-care risk assessment.”

What should care providers check for at the point of care?

- Environment
  - Do I have the proper equipment?
  - Proper set-up?
  - Is the area safe for doing the task?

- Worker
  - Am I in a positive frame of mind?
  - Am I using safe body movements to do the task?
  - Do I have the skill?

- Patient
  - For all care
    - Is the patient ready and able to receive care at this time?
    - Have their care needs changed?
  - For transfers and mobility
    - Is the transfer safe to do?
    - Following the patient mobility assessment...Can the patient:
      1. Follow direction? (cognition)
      2. Lean forward in sitting? (sit balance)
      3. Lift buttock & clear surface? (strength)
      4. Step or shuffle feet? (stand balance)

- Care Plan
  - Has the patient’s bedside care plan / ADL / Kardex / report changed?
  - Do I know how care is provided for this patient?

LEVEL OF RISK

What can care providers do if they think the task is unsafe?

Report patient changes by following your facility reporting process.

If care CANNOT be provided safely:

- Can something be done to provide safe care right now? e.g. use a ceiling lift.
- If not, ensure the patient is safe and talk to your supervisor about an alternative safe care plan.
- Follow the reporting process to communicate changes and update care plans.
- A re-assessment may be required.
- Resources:
  - Visit WorkSafeBC.com (Publications) to view the video “Assess Every Time.”