1.0 PURPOSE

To promote safe patient handling procedures to minimize the risk of injury to staff and ensure safe quality of care for the patients.

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>Patients</td>
<td>Includes all patients/residents/clients requiring care in Interior Health facilities and/or programs.</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>Peer Resource Team</td>
<td>A multidisciplinary, collaborative, non-hierarchical group with representatives from the care team including resident care aides, licensed practical nurses, registered nurses, clinical nurse leaders, registered psychiatric nurses, clinical nurse educators, occupational therapists, physiotherapists, and/or rehabilitation assistants. Team members have a common purpose to promote a safety culture, have an equal voice, and are provided with additional training regarding safe patient handling, communication and coaching.</td>
</tr>
</tbody>
</table>
**TERM** | **DEFINITION**
---|---
Point of Care Risk Assessment/Screen | Before performing any care task (including transfers, repositioning, personal care, etc.) the care worker should 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 for sample point of care risk assessment tool.
Reposition | A task that requires relocation of the patient on a surface, e.g. moving up in bed, or straightening up in a chair.

### 3.0 POLICY

#### 3.1 Scope

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

#### 3.2 Standard

- All patients must be formally assessed using a mobility 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 for samples.
- There will be no manual lifting of patients by staff except when a formal patient mobility 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 when the patient mobility assessment indicates that full mechanical assistance is required. In acute or residential 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.

#### 3.3 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.
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- 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.
- Ensure that adequate patient handling equipment/devices are maintained and accessible to staff; recommended safe patient handling equipment lists and ceiling track lift allocation guidelines are posted on the IH InsideNet.
- Ensure that education and training is provided/documentated regarding all patient handling devices and procedures to new care staff and as needed.
- Ensure that employees promote and foster a safe patient handling and healthy work environment.
- Monitor compliance with policy both formally (e.g. audits) 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 resource team members in patient handling incident investigations where appropriate.
- Consult with the Joint Occupational Health & Safety (JOHS) Committee on a regular basis regarding injury trends and corrective actions.

**Employees:**
- Follow all safe patient handling policies, procedures, and/or guidelines related to this policy.
- Complete a [point-of-care risk assessment/screen](#) 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,
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e.g. implementation of Safe Resident Handling Standards for MSIP in B.C., peer resource team framework, etc.

- 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, i.e. the health authority intranet (IH InsideNet, IH 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 resource teams to identify/direct educational requests with respect to safe patient handling.

Peer resource team members (where established):

- Participate in developing, implementing, evaluating and supporting systems, to ensure safe work practices in alignment 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.
- Use a variety of methods, such as task-based peer coaching, to support knowledge transfer at the point of care for patient and equipment-specific situations.
- Participate in training new, existing and returning employees, using formal and informal training methods.
- Ensure communication systems are in place to support safe patient care.
- Participate in ongoing education to enhance their own knowledge and skills in musculoskeletal injury prevention (MSIP).
- Actively participate in promoting and fostering a safe and healthy work environment.

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.

5.0 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
Patient Mobility Assessment

**Observation:** 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 if complex.

1. **Can the patient roll onto either side and/or boost up in the bed with no/minimal physical assistance?**
   - Yes
   - No

2. **Can the patient follow instructions to get to sitting and then maintain or correct his position with no/minimal physical assistance?**
   - Yes
   - No

3. **In sitting, can the patient lift each foot and straighten the knee, one at a time?**
   - Yes
   - No

4. **In standing, can the patient maintain his position without leaning, sagging or pushing to the side?**
   - Yes
   - No

5. **Can the patient now take one step to either side or forwards with no/minimal physical assistance or a walking aid?**
   - Yes
   - No

6. **Can the patient march on the spot and turn with no/minimal physical assistance or with a walking aid?**
   - Independent
   - Standby Assist

**Activity Caution:**
- Use required equipment

**Do not reposition without assistive devices**
- Ceiling track lift (CTL)
- Total floor lift
- Slider sheet system

**Do not sit or manually transfer**
- Ceiling track lift
- Total floor lift

**Do not manually transfer**
- Ceiling track lift
- Total floor lift

**Do not manually transfer**
- Ceiling track lift
- Total floor lift

**Do not transfer or walk**
- Sit-Stand lift (SSL) to chair
- Use CTL if patient cannot hold SSL with both hands
- Wheelchair to bathroom

**Do not walk**
- One person step-around transfer
- Wheelchair to bathroom

**May need aids to keep patient safe and promote independence**
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 cuesing
   - 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
     - Transfer - use full Mechanical Lift

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

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

- 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)

- Transfer - use full Mechanical Lift
- Reposition - use full Mechanical Lift
- (or assistive devices if resident has some abilities or if lift is not available)
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Resident Transfer Assessment Form (Ceiling Lift or Floor Lift)

**Observation**

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

**Sit / Stand Lift Assessment**

<table>
<thead>
<tr>
<th>Observation</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- While sitting, can the resident actively lean forward?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Can resident hold onto both handles of the sit / stand lift?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Can the resident keep his/her feet flat on the footplate of the lift throughout the transfer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Can resident actively straighten his/her hips to assist the lift?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use Ceiling Track Transfer and Consider need for adaptive clothing**

If no to any observations:

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

**Use repositioning sling in bed**

**Universal or Hammock**

Size ______

**Hygiene or Universal**

Size ______

**Sit / Stand Lift**

<table>
<thead>
<tr>
<th>Observation</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Can the resident stand erect and step with both feet?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent</th>
<th>One Person Assist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand and Step</td>
<td></td>
</tr>
</tbody>
</table>

**Signature(s)**

**Date**
## Client Mobility Assistance Plan

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

### OBSERVED PATIENT ABILITIES
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>Patient can</th>
<th>Patient can</th>
<th>Patient can</th>
<th>Patient can</th>
<th>Patient can</th>
<th>Patient can</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed</td>
<td>Move in bed with moderate assistance to turn</td>
<td>Move in bed but needs assistant to position limbs or complete turns</td>
<td></td>
</tr>
<tr>
<td>Sit</td>
<td>Sit</td>
<td>Sit</td>
<td>Maintain sitting with moderate assistance to balance</td>
<td>Sit safely</td>
<td></td>
</tr>
<tr>
<td>Stand</td>
<td>Stand</td>
<td>Stand</td>
<td>Stand with moderate assistance up from chair</td>
<td>Stand</td>
<td></td>
</tr>
<tr>
<td>Step + Turn</td>
<td>Step + Turn</td>
<td>Step + Turn</td>
<td>Step and turn with assistance to position leg</td>
<td>Pivot</td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td>Walk</td>
<td>Walk</td>
<td>Walk with light to moderate assistance</td>
<td>Sit</td>
<td></td>
</tr>
<tr>
<td>Sit down on their own</td>
<td>Sit down</td>
<td>Sit down</td>
<td>Sit down safely with moderate assistance to position body into chair</td>
<td>Sit down but needs positioning into chair or needs maximum assistance</td>
<td></td>
</tr>
</tbody>
</table>

### INDEPENDENT | SUPERVISION | LIGHT ASSISTANCE | MODERATE ASSISTANCE | MAXIMUM ASSISTANCE | DEPENDENT

- 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)

### ASSISTANCE AND EQUIPMENT RECOMMENDED OR REQUIRED

- 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: 

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Policy Sponsor: VP, Human Resources

Policy Steward: Leader, WH&S Partnerships in Prevention

Date Approved: January 27, 2014

Date(s) Reviewed-Revised: February 2019
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?

![Diagram showing level of risk assessment]

- **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?

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."