PATIENT MOBILITY ASSESSMENT GUIDELINES

1.0. WCB Regulation
WorkSafeBC regulations state that “when factors that may expose workers to a risk of musculoskeletal injury (MSI) have been identified, the employer must ensure that the risk to workers is assessed” [OHS Reg. Section 4.48].

The regulations further state that “the employer must eliminate or, if that is not practicable, minimize the risk of MSI to workers [OHS Reg. Section 4.50(1)].

The manager represents the employer in ensuring that there is a process for completing risk assessments and implementing controls.

2.0. Interior Health Policy
Interior Health is developing a Safe Patient Handling Policy to ensure a safe work environment for its employees while providing quality patient care. All transferring and repositioning tasks with a patient are considered high-risk activities for both staff and patients. Use of standardized patient risk assessment tools guides the staff to the safest way to complete the tasks. Results of the assessment, or re-assessment, must be documented and communicated to all staff who are subsequently required to assist the patient.

3.0. Background
The Patient Mobility Assessment form is a risk assessment which was developed primarily for use by nurses in acute care. However, the tool can be used by staff in all patient care areas, such as diagnostic imaging, as a guideline for safe patient handling. The Resident Transfer Assessment is used primarily in residential care. The Client Mobility Assessment is used primarily in Home and Community Care.

4.0. What You Need To Know
Mechanical lifts provide the greatest level of risk reduction for staff and patients and should be used in preference to manual techniques when the patient requires assistance for transfers or repositioning as indicated by the Patient Mobility Assessment. Ceiling track lifts (CTL) should be used in preference to total floor lifts when CTL’s are available.

The Sit-Stand lift provides a mechanical means of assisting a patient to standing and provides a safe way to pivot a patient, e.g. from the bed to a wheelchair, if the patient is unable to take a step themselves. The patient must meet specific criteria for the safe use of the Sit-Stand Lift.
5.0. What You Need To Do

Beginning at the top of the Patient Mobility Assessment form, instruct the patient to carry out the activity described in the left hand column; observe the patient’s ability. Proceed to the next question only if the patient is able to complete the action described. If the patient is unable to complete the action, refer to the corresponding box on the right hand side. This box describes the necessary activity limits and equipment required for safe patient handling.

The last assessment question requires the patient to march on the spot and turn with no/minimal physical assistance or with a walking aid. If the patient is able to complete this activity, the caregiver will need to assess the *quality of movement* to determine if the patient can be “independent” or requires “standby assist”.

The Patient Mobility Assessment should be completed formally when a patient initially arrives on the unit or in the department. Documentation on the kardex should include:

- mobility status – including level of assistance required for repositioning and type of transfer to be completed by nurses
- equipment required, e.g. ceiling track lift with universal sling.

Since patients’ status can change quickly in acute care, caregivers should complete the assessment on an informal basis every time they reposition/transfer each patient.

Please refer to e-Learning Module: [Patient Mobility Assessment](#).

6.0. Manager Responsibilities

The manager is responsible for ensuring that risk assessments are completed for high-risk work activities. With respect to patient handling, manager responsibilities include:

- Working with staff to establish a system in which the Patient Mobility Assessment is completed, and recommended safe practices followed, on a consistent basis.
- Ensuring the unit is equipped with the appropriate equipment and/or assistive devices to allow the staff to carry out repositioning and transferring tasks with minimal or no risk of musculoskeletal injuries.