

Repositioning Decision Support Tool

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](#)) and 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

IH has a Safe Patient Handling Policy as it places a high priority on maintaining a safe work environment for workers while providing quality client care. All transferring and repositioning tasks with a client are considered high-risk activities for both workers and clients. Use of standardized risk assessment tools guide workers to the safest way to complete patient handling activities. Assessment results must be documented and communicated to all care staff.

3.0. What You Need To Know

Mechanical lifts provide the greatest level of risk reduction for workers and clients and should be used in preference to manual techniques if boosting and/or turning heavy, dependent clients who require frequent repositioning. However, when clients have varying degrees of size, dependence with respect to bed mobility, and frequency of repositioning needs, this decision support tool can help identify the appropriate tool(s).

4.0. What You Need To Do

The Repositioning Decision Support Tool requires workers to use clinical assessment skills and make clinical judgements based on their training and past experience. Specific numbers are not attached to the 3 indicators:

Frequency of repositioning needs – Frequent to Infrequent

Patient size – Bariatric to Light

Level of dependence on assistance to reposition in bed – Dependent to Independent

Complete Steps 1 to 3 on the Repositioning Decision Support Tool as follows:

Step 1: Assess the client’s status and mark a point on each of the 3 indicators. The center intersecting point would be assessed as moderate on each indicator.

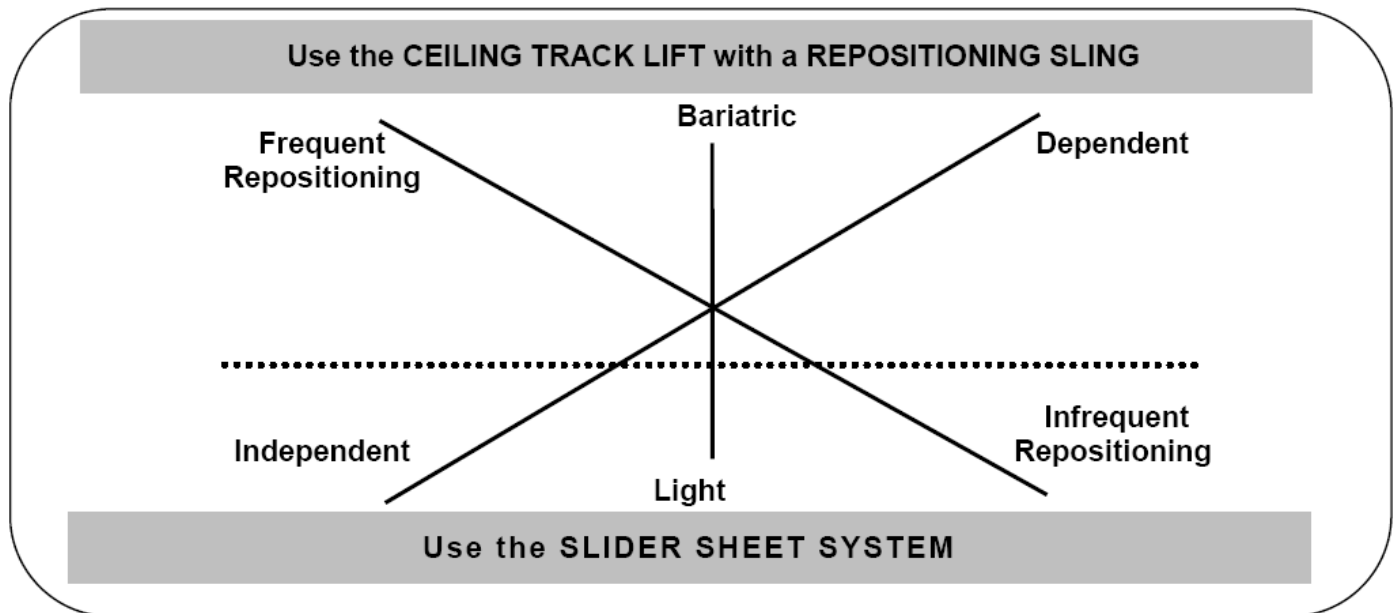
Step 2: If two or more points fall above the dotted line, the ceiling track lift with repositioning sling should be used, if available, as the highest level of risk reduction.

If two or more points fall below the line, slider sheets can safely be used.

Step 3: If slider sheets are identified as a safe (or only) choice, determine which of the 4 slider sheet options is most appropriate for the client based on his/her condition.

Repositioning Decision Support Tool

Step 1	<p>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)</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Only consider slider sheets if 2 or more points fall below the dotted line. • In all other cases, use a ceiling track <i>mechanical</i> lift.



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
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OPTIONS

<p>Slider sheet system = Fitted slider bottom sheet and slider draw sheet</p> <p>The recommended <i>manual</i> reposition choice:</p> <ul style="list-style-type: none"> • Not ideal for use with restless or agitated patients 	<p>Slider draw sheet + fitted jersey sheet</p> <p>Useful with very light-weight patients only</p>	<p>Slider bottom sheet + soaker pad</p> <p>Useful with agitated or restless patients only</p>	<p>Slider bottom sheet only</p> <p>For pts nearly independent with bed mobility</p>
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Injury Alert: Do not use soaker pads on a regular jersey bottom sheet to reposition pts in bed