

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SAFE PATIENT HANDLING

POLICY NO. 433B

PURPOSE:

To establish procedures for the safe handling of patients, for the protection of patients and health care workers.

DEFINITIONS:

Culture of safety: Describes the collective behavior of employees taking shared responsibility for safety in the work environment and by doing so, providing a safe environment of care for themselves as well as their patients.

High-Risk Patient Handling Tasks: Patient handling tasks that have a high-risk of musculoskeletal injury for staff performing the tasks include, but are not limited to:

1. Repositioning and turning patients
2. Lifting and transferring patients
3. Manual lifting

Manual Lifting: Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids to reduce forces on the worker's musculoskeletal structure.

The National Institute for Occupational Safety and Health (NIOSH) recommends "a weight limit for patient lifting tasks of 35 pounds under ideal conditions." The weight limit is decreased if the lifting is performed in an awkward position, such as lifting a patient in a limited space (e.g., bathroom) or lifting a patient from the floor (Waters, 2007). When the weight to be lifted is greater than 35 pounds, assistive devices (safe patient handling equipment) should be used.

Mechanical Patient Lifting Equipment: Equipment used to lift, transfer, reposition and move patients are designed to reduce stress, strain and shear on both the patient and the staff. Examples include stand assist lifts and mechanical lateral transfer aids.

Patient Handling Aids: Equipment used to assist in the lift or transfer process. Examples include gait belts, sliding boards and surface friction-reducing devices.

EFFECTIVE DATE: 1/13

SUPERSEDES:

REVISED: 3/16, 4/16, 2/20

REVIEWED: 2/13, 4/16, 2/20

REVIEWED COMMITTEE: Environment of Care Committee


APPROVED BY:



 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer



 Anish Mahajan, MD
 Chief Medical Officer



 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

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POLICY:

At Harbor-UCLA Medical Center all health care workers shall use safe patient handling and movement techniques to promote a safer work environment, prevent employee/patient injury and safely maximize patient independence. During planned patient handling activities in patient care units, trained staff will utilize mechanical assistive devices during transfers/complex lifts.

As coordinator of care, the registered nurse shall be responsible for the observation and direction of patient lifts and mobilization and shall participate, as needed, in patient handling in accordance with the nurse's job description and professional judgment.

A health care worker who refuses to lift, reposition, or transfer a patient due to concerns about patient or worker safety or the lack of trained lift team personnel or equipment shall not, based upon the refusal, be the subject of disciplinary action by the hospital or any of its managers or employees. A workforce member has the right to refuse to lift, reposition, or transfer a patient due to concerns about patient and/or worker safety, or lack of equipment or trained workers.

PROCEDURE:

All direct patient care staff have the responsibility to exercise reasonable care for their own safety and that of their patients and co-workers for safe patient handling by following these procedures:

1. Assess the patient handling task, including but not limited to:
 - a. Patient's cognitive and physical readiness/abilities
 - b. Current vital signs
 - c. Availability of staff and equipment

Patients require reassessment of their ability on an ongoing basis as their status has the potential to change due to; medications, physiological function, fatigue, pain or other factors.

2. Training

Training on safe patient handling and safe lifting techniques shall be provided to direct care providers. The content of the training will include, but will not be limited to:

- a. Appropriate lifting techniques and safe patient handling
- b. Appropriate use of lifting devices and equipment

3. Performance:

Managers/supervisors are responsible for working with staff to determine safe and appropriate lifting options. The following table can be utilized to determine the appropriate strategies to assist with the mobility/movement task.

REFERENCES

California Labor Code Section 6403.5

Cal/OSHA AB 1136 Interim Implementation Guidelines January 25, 2012

A Back-Injury Prevention Guide for Health Care Providers, Cal/OSHA

The National Institute for Occupational Safety and Health (NIOSH): Safe Patient Handling and Mobility

Strategies to Assist with Mobility/Movement

I.	<u>Definition</u>	<u>Task / Technique</u>			<u>Comments</u>
Level of Assist (assess each transfer)		<ul style="list-style-type: none"> • Bed to Chair or Commode (stand pivot or sliding board for non-ambulatory patients); use assistive devices if ordered by LIP, recommended by therapy or used pre-morbidly 	<ul style="list-style-type: none"> • Lateral Transfer (e.g. bed to stretcher); if pressure ulcers care must be taken to avoid shear forces 	<ul style="list-style-type: none"> • Patient Mobility (ambulation or wheelchair); use assistive device or orthotic if ordered by LIP, recommended by therapy or used pre-morbidly 	
Independent	Patient is able to perform 100% of the task.	<ul style="list-style-type: none"> • Hands on assist (gait belt) first time up • If wheelchair user, place assistive devices within reach (slide board) 	Ensure all equipment is locked, level, and lines/tubes are out of the way for patient to transfer	<ul style="list-style-type: none"> • Hands on assist (gait belt) first time up • If wheelchair user, place assistive devices within reach (sliding board) 	Monitor pain levels, endurance, status changes. Provide rest break and/or increase level of assist as appropriate.
Minimal Assistance	Patient is able to perform 75% of task or more	<ul style="list-style-type: none"> • Hands on assist every time up (gait belt) • Transfer to/from level surfaces • Consider use of friction reducing equipment 	<ul style="list-style-type: none"> • Ensure all equipment is locked, level and lines/tubes are out of the way. • Use friction reducing equipment • Consider use of at least 2 staff. 	<ul style="list-style-type: none"> • Hands on assist (gait belt) every time out of bed 	Monitor pain levels, endurance, status changes. Provide rest break and/or increase level of assist as appropriate.

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I.	Definition	Task / Technique		Comments
<p>Moderate Assist under 175 lbs.</p>	<p>Patient completes 50% of task or more and weighs 175 lbs. or less (80kg).</p>	<ul style="list-style-type: none"> Hands on assist every transfer (gait belt) Transfer to/from level surfaces Consider 2 person assist If unilateral weakness and/or restriction transfer to strong side only Consider use of friction reducing devices or standing equip. 	<ul style="list-style-type: none"> Ensure all equipment is locked, level and lines/tubes are out of the way. Use friction reducing equipment Use at least 2 staff. 	<p>Moderate assist requires therapy for gait training and recommendations (not a recommended nursing task). If w/c user, requires assist of another for propulsion.</p> <p>Initiate therapy referral if improvement is expected or mobility recommendations are needed.</p>
<p>Moderate Assist over 175 lbs.</p>	<p>Patient completes 50% of task or more and weighs greater than 175 lbs. (80 kg) and less than 250 lbs.</p>	<ul style="list-style-type: none"> Hands on assist every transfer (gait belt) with minimum of two staff If unilateral weakness and/or restrictions defer to therapy for recommendations Strongly consider use of friction reducing devices, standing equipment or mechanical lift or direct lateral transfer to stretch chair. 	<ul style="list-style-type: none"> Use friction reducing devices or mechanical lift Use of multiple personnel in exclusion of equipment for transfers is prohibited if patient is > 175lbs. 	<p>Moderate assist requires therapy for gait training and recommendations (not a recommended nursing task). If w/c user, requires assist of another for propulsion.</p> <p>Initiate therapy referral if improvement is expected or mobility recommendations are needed.</p>

I.	Definition	Task / Technique		Comments
Dependent/Max Assist	Patient completes 50% of task or less	Use mechanical lift or lateral transfer chairs/devices (stretch chairs) at all times unless within context of therapy	<ul style="list-style-type: none"> Use friction reducing devices or mechanical lift with multiple care providers Use of multiple personnel in exclusion of equipment for transfers is prohibited if patient is > 175lbs. 	Initiate therapy referral if improvement is expected or mobility recommendations are needed.
Instructions for managing patients who are morbidly obese	BMI greater than 39 or 100 lbs. over ideal body weight	<ul style="list-style-type: none"> Refer to above for techniques but verify weight limits on all assistive devices/equip. Obtain rental equipment from appropriate vendor if necessary. Refer to therapy for specific recommendations if moderate assist or greater is required or if specific mobility concern. Always defer to dependent strategies/equipment for lateral transfers if patient is not fully independent. Use of multiple personnel in exclusion of equipment for transfers is prohibited. 		
Instructions for retrieval of patients from floor post fall	Patient on floor and determined to be medically stable and requires assist	<ul style="list-style-type: none"> If under 175 lbs. and/or is minimal assist or less, assist to patient to knees then standing and/or support surface such as bed or chair. Use of a mechanical device is preferred if the patient requires greater than minimal assist. If patient is a w/c user/has a long-term mobility issue such as Spinal Cord Injury ask patient/caregiver their preferred strategy for retrieval from floor as they are the experts in determining their mobility needs. If patient weighs greater than 175 lbs, use of mechanical device (See addendum) is required. 		

	<u>Definition</u>	<u>Task / Technique</u>
<p>I. Transfers to clinic tables in non-sedated patients (if sedated utilize dependent lateral transfer techniques)</p>	<p>Patients with mobility assist needs in clinic outpatient situations or inpatient procedures (ex = cardiac echo)</p>	<ul style="list-style-type: none"> • As with all patients, assess level of independence including ability to follow instructions, risk of syncopal episodes, BMI, and ask patient/caregivers for their recommendations re preferred techniques (out patients/caregivers with long-term mobility issues are the experts in their own needs for assistance). • Ideally, challenges should be anticipated at the time the appointment is made via pre-screening questions such as are you a w/c user?; Do you have any special mobility needs we will need to accommodate?; noting the patient's weight/BMI and height. • If the patient's weight is greater than 175 lbs. and a mobility issue has been identified obtain the dependent lift equipment needed (preferably before the patient arrives). • High/low treatment tables are strongly preferred for transfers with the minimum low = 20" (16" would be ideal). If not available a large step 30"x30" is preferred vs. step stool, and the weight limit on any step should be clearly labeled. • The weight limit on all treatment tables should be clearly marked for staff and patients. • Consider consulting plant design and/or ergonomic specialist if available to assess the clinic's ability to accommodate special mobility needs including ADA needs/bariatric patients.