

Policy Title:	SAFE PATIENT HANDLING AND MOVEMENT PROGRAM		
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PURPOSE:

To ensure all patient care staff use safe patient handling and moving techniques to reduce the risk of injury to themselves and the patient.

DEFINITION(S):

Culture of Safety: Describes the collective attitude of workforce members taking shared responsibility for safety in their work environment, and by doing so, providing a safe environment of care for themselves and the patients.

Bariatric: Obese patients, with a body mass index of greater than 25, and who have medical conditions due to their obesity.

Designated Health Care Worker: Patient care staff who is responsible for performing or assisting in patient handling activities; and who is specifically trained to handle patient lifts, repositioning, and transfers using patient transfer, repositioning, and lifting devices as appropriate for the specific patient.

Designated Registered Nurse (DRN): A registered nurse (RN) who has the responsibility of: a designated health care worker, preparing a safe patient handling instruction, observing, directing, and participating as needed with patient lifts or mobilizations, or communicating patient handling information to patients or staff in accordance with the nurse's job description and professional judgement.

Emergency: An unanticipated circumstance that can be life-threatening or pose a risk of significant injury to the patient, staff or visitor, requiring immediate action.

Equipment: A powered or non-powered device that effectively reduces the forces exerted by or on employees while they perform patient handling activities, including all accessories necessary for the operation of the device. Devices and accessories include replaceable and disposable items.

High Risk Areas: Hospital inpatient units, and any other medical treatment area where patients are unable to assist with their own repositioning or moving due to strength, cognition, cooperation, medication, and/or physical disability.

Mobilizing: Putting into movement, or assisting in the putting into movement, of part or all of a patient's body.

Musculoskeletal Injury: An acute injury or cumulative trauma of the muscles, tendons, ligaments, bursa, peripheral nerves, joints, bone or blood vessels.

Patient Handling Devices and Aids: Equipment that is used to assist with the moving, lifting, transferring or repositioning of patients such as: slide boards/sheets, gait assistive devices, lateral air transfer systems, and various surface friction reducing devices.

Patient Handling – Manual: The act of moving, lifting, transferring or repositioning a patient using caregiver's body strength, without the use of lifts/handling aids or devices which reduce forces on a worker's musculoskeletal structure.

Patient Handling – Mechanical: The act of moving, lifting, transferring, or repositioning with the help of specialized patient lift/handling equipment such as: portable floor lifts, fixed ceiling lifts, slings, and mechanical lateral transfer aids.

Patient Handling Task: Tasks that pose a risk of musculoskeletal injury to the worker and/or risk to the patient. Risks might include the patient falling or being dropped, acquiring a skin tear or bruise, or pain from being manually touched. Examples of such tasks include, but are not limited to: transferring, repositioning, rolling/turning, bathing the patient, changing/cleaning the patient and their bed.

Patient Lift: The vertical and horizontal movement of a patient using mechanical or manual patient handling techniques.

Patient Lift Team: A coordinated team of designated health care workers that are trained in mechanical and manual patient lifting techniques. The purpose of the team is to facilitate the safe handling of a patient when high-risk patient handling tasks are performed.

Repositioning: Changing a patient's position on the bed, gurney, chair or other support surface.

Right to Refuse: Allows workforce members the 'right to refuse' to participate in the manual moving or lifting of a patient if they are concerned about their own safety and/or the safety of the patient.

Transferring: Moving a patient from one surface to another (e.g. from a gurney to a bed).

POLICY:

Olive View-UCLA Medical Center shall ensure that its patients are treated and cared for safely, while maintaining a safe work environment for patient care staff. To accomplish this, a Safe Patient Handling and Movement Program have been implemented to ensure the required infrastructure is in place to comply with the Hospital Patient and Health Care Worker Injury Protection Act (AB1136). This infrastructure includes patient handling equipment and

program elements to support the use of equipment, staff training and responsibilities, and a “Culture of Safety” approach to promote and provide a safe work environment.

Mechanical lifting equipment and/or other approved patient handling aids will be used, as available, to avoid the manual lifting and handling of patients.

This policy is applicable in all locations where patient handling occurs and where there is sufficient patient handling equipment in place for attainment of a ‘safe patient handling’ or ‘minimal manual lift’ work environment.

PLAN: PATIENT PROTECTION AND HEALTH CARE WORKER BACK AND MUSCULOSKELETAL INJURY PREVENTION PLAN (hereafter Plan)

A. Responsibility:

The Safety Officer and Chief Nursing Officer are responsible for the implementation of the Plan.

B. Compliance:

It is the duty of all health care workers (supervisory and non-supervisory) to take reasonable care of their own health and safety, as well as that of their co-workers when performing specified patient handling procedures and using equipment to perform patient handling tasks. Non-compliance with this Plan will indicate a need for retraining.

C. Training:

1. Training will be provided by trained staff with expertise in Safe Patient Handling and Movement. The training shall consist of:
 - a. Manual patient handling techniques utilizing proper body mechanics when mechanical lift/transfer devices are not required;
 - b. Appropriate use of patient handling equipment, devices, and aids;
 - c. Five areas of body exposure: vertical, lateral, bariatric, repositioning, ambulation; and
 - d. Risk assessment of patient’s ability and willingness to cooperate, bariatric condition, clinical condition, etc., including vertical lifts, lateral transfer, repositioning, and ambulation.
2. Training shall be provided to all workforce members using the following training methods:
 - a. New Employee Orientation (all workforce members; initially)
 - b. Unit Based Competencies (all designated health care workers, lift team members, designated registered nurses, and their supervisors; annually)
 - c. Orientation/Reorientation Handbook (all workforce members; annually)
3. Additional training is provided when new equipment or work practices are introduced. Any additional training required may be limited to the implementation of new equipment or work practice.

D. Identifying and Evaluating Patient Handling Tasks:

1. The Safe Patient Handling Committee (comprised of designated health care workers and lift team members) is responsible for determining the types, quantities and locations for powered patient handling equipment required for each patient care area; and where permanent and portable equipment should be placed in order to ensure its availability and accessibility at all times.
2. The Designated Registered Nurse (DRN), as the coordinator of care, is responsible for assessing the mobility needs of each patient to determine the appropriate patient handling procedures based on the nurse's professional judgment using assessment tools, decision trees, algorithms or other effective means to develop safe patient handling instructions for the patient. Health care workers and supervisors who are licensed in other disciplines (e.g. Physical Therapist) can provide input to the DRN regarding the patient mobility assessment.
3. Evaluations are conducted to determine the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. These evaluations shall be conducted:
 - a. Initially, when patient care areas are first established;
 - b. Whenever the equipment or conditions change in a manner that may affect safe patient handling;
 - c. Whenever a new or previously unidentified patient handling hazard is discovered; and
 - d. At least annually for each patient care area.

E. Investigating Musculoskeletal Injuries:

The Safety Officer is responsible for investigating all musculoskeletal injuries related to patient handling. To the extent that relevant information is available, this shall include:

1. Review of any patient specific risk factors and the DRN's safe patient handling instruction;
2. Review of whether a specified procedure was effectively implemented, including the availability and correct use of equipment, the availability and use of sufficient staff, and whether the employee(s) involved have been appropriately trained.
3. Solicitation from the injured employee and other staff involved in the incident, and whether any type of measure would have prevented the injury.

F. Correcting Patient Handling Hazards:

The processes for correcting hazards related to patient handling, include:

1. Evaluation and selection of patient handling equipment;
2. Availability and accessibility of appropriate patient handling equipment;
3. Designation of a registered nurse (RN) to observe and direct patient lifts and mobilizations on each patient care unit;
4. Communication of the nurse's assessment regarding patient handling practices to the patient and patient's authorized representatives by the designated registered nurse (DRN).

5. Availability of designated health care workers and/or lift team members to perform lifts and other patient handling tasks in each patient care unit at all times, including:
 - a. under normal circumstances;
 - b. emergencies;
 - c. situations in which no DRN is present;
 - d. situations in which patient is not cooperative with the safe patient handling instruction; and
 - e. situations in which there is no applicable individual safe patient handling instruction.
6. Correcting problems found during the annual evaluation of the Plan.

G. Communicating with Patients and Employees:

The processes for communicating safe patient handling matters with patients and employees, include:

1. The DRN's safe patient handling instruction for each patient will be documented and communicated to all designated health care workers and lift team members providing care to the patient;
2. Employees may communicate without fear of reprisal their concerns regarding performing a patient handling activity as instructed in accordance with the employee's "right to refuse".
3. Designated health care workers, lift team members, designated registered nurses, and their supervisors are encouraged to participate in implementing the Safe Patient Handling and Movement Program in their units or departments.

H. Ergonomic Evaluations:

Ergonomic evaluations are conducted on an as needed basis by Rehabilitation Therapy Services staff in all clinical areas/units where patient handling occurs. These evaluations include risk identification, risk analysis, procedure, proper use of equipment, and policy recommendations.

I. Patient Handling Equipment:

1. Patient handling equipment shall be maintained regularly and kept in proper working order.
2. Patient handling equipment shall be conveniently and safely stored.

J. Patient Lift Team:

1. When a patient lift team is needed to assist with the lift or move of a patient, the Designated Registered Nurse (DRN) assigned to the patient is responsible for coordinating and overseeing the patient lift team, and shall participate as needed with patient handling in accordance with the nurse's job description and professional judgement.
2. Lift teams are assembled using available trained patient care staff (designated health care workers) in the affected unit/area. If additional staff is needed to assist with the move or lift of a patient, based on the DRN's assessment for

mobility status level, DRN will place an order for the “Safe Patient Handling Team” in ORCHID following established guidelines.

K. Patient Handling Requirements:

1. High-risk manual patient handling and movement tasks shall be avoided whenever possible. If unavoidable, assess them carefully prior to initiating.
2. Approved patient handling equipment and aids for high-risk patient handling and movement tasks shall be used, except when it may cause a delay in emergent medical care.
3. Appropriate patient handling equipment and aids shall be used in accordance with manufacturer instructions, recommendations, and training guidelines.

L. Reporting Injuries and Near-miss Incidents:

In the event that a patient or health care worker is injured or could have been injured as a result of an unsafe patient handling task, the DRN or immediate supervisor shall:

1. Report all employee injuries and near-misses resulting from an unsafe patient handling event to the Safety Office at x73405.
2. Complete a Treat Referral Packet as required by the Return to Work Program.
3. Report all patient handling injuries via the UHC Safety Intelligence (SI) reporting system.

M. Right to Refuse:

In the event that a workforce member does refuse in good faith to participate in a patient handling task, he/she must do the following:

1. Immediately notify the DRN or immediate supervisor of the refusal and the reason for doing so.
2. Stay on the job and make him/herself available to the DRN or supervisor for other patient care tasks or work assignments.
3. If called to assist with a patient who is in distress, the employee shall remain with the patient as necessary, providing assistance as able until the necessary resources arrive or become available to the patient.

N. Records:

1. Records for the purposes of procurement, installation, assessment, inspection, selection, evaluation, and training related to safe patient handling shall be maintained for a minimum period of three (3) years.
2. Training records shall include the following information:
 - a. Training date
 - b. Name and title of person conducting the training
 - c. Contents, description, or summary of training session
 - d. Types and models of equipment practiced upon during training
 - e. Names and titles of persons attending the training session
3. Records required by this Plan shall be made available upon request to employees and their representatives.
4. Records of injury investigation shall not include any “medical information”.

O. Plan Evaluation:

The Safe Patient Handling Committee shall review, at least annually, the effectiveness of the Plan as it relates to each patient care unit. The review shall include injury data and trends, employee solicitation, any known deficiencies or identified hazards, and corrective actions taken.

PROCEDURE:

STAFF RESPONSIBILITY:

A. All workforce members shall:

1. Complete Safe Patient Handling and Movement Program training initially, annually, and as required to properly understand all elements of the program.
2. Support a "Culture of Safety" in the work environment.

B. Patient Care Staff (designated health care workers) shall:

1. Comply with all elements of this program.
2. Have the responsibility to exercise reasonable care for their own safety and for the safety of their patients and co-workers.
3. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of high-risk patient handling tasks.
4. Notify DRN or supervisor of any injury sustained while performing patient handling tasks.
5. Use appropriate procedures for reporting malfunctioning patient handling equipment.
6. Notify supervisor when patient handling equipment, aids, program elements or training is needed.
7. Complete Safe Patient Handling and Movement training and Unit Based Competencies initially, annually, and as required to properly use/understand safe patient handling techniques and equipment.
8. Support a "Culture of Safety" in the work environment.

C. Designated Registered Nurses/Supervisors/Area Managers shall:

1. Ensure patient handling tasks are assessed prior to initiation and are completed safely.
2. Ensure appropriate use of patient handling equipment, aids, and techniques.
3. Ensure patient handling equipment and aids are available, maintained regularly, in proper working order, and stored conveniently and safely.
4. Ensure staff members receive initial, annual, and as needed Safe Patient Handling Training.
5. Ensure designated health care workers or lift team members are available at all times to perform lifts and other patient handling tasks in patient care areas. If additional staff are needed to assist with the move or lift of a patient based on mobility status level, place an order for the "Safe Patient Handling Team" in ORCHID by referring to established guidelines. Coordinate and oversee the patient lift team, and participate as needed with patient handling in accordance with the nurse's job description and professional judgement.
6. Ensure training records are maintained for a minimum period of three (3) years.

7. Ensure injuries resulting from an unsafe patient handling event are reported via the UHC Safety Intelligence (SI) reporting system.
8. Ensure accident investigation reports are completed as required.
9. Promote and support a “Culture of Safety” in the work environment.

D. Environmental Health & Safety shall:

1. Implement and maintain a Safe Patient Handling and Movement Program that integrates evidence-based practice and technology to minimize both human and capital expenses associated with employee injuries caused by patient handling and movement.
2. Conduct risk assessments and inspections in patient care areas to identify and assess potential hazards relating to safe patient handling.
3. Collaborate with DHS Risk Management to track and provide reports on staff injuries resulting from patient handling.
4. Provide incident reports, injury statistics, corrective action plans, and performance improvement activities to the Safe Patient Handling and Environment of Care Committees.

E. Rehabilitation Services shall:

1. Assist with Safe Patient Handling training, as needed on a consultative basis by providing expert instruction in key elements of safe patient handling such as: movement, reposition, transfer, lift, equipment, devices and aids.
2. Conduct ergonomic evaluations upon request.
3. Assess and evaluate the use of patient handling/movement techniques, equipment, devices and aids.
4. Store, manage, and maintain all reusable sling supplies utilized by the department.

F. Nursing Education shall:

1. Coordinate orientation and refresher training classes to patient care staff on safe patient handling and movement techniques.
2. Maintain training records for a minimum period of three (3) years.

G. Facilities Management/Bio-Medical Engineering shall:

1. Maintain AirPal patient transfer and air supply equipment to ensure proper working condition.
2. Consult with equipment manufacturers to ensure proper equipment installations, operations, and maintenance requirements.
3. Remove unsafe/malfunctioning equipment from service.

H. Hill-Rom Lift Equipment Technician shall:

1. Maintain patient lift equipment to ensure proper working condition.
2. Remove unsafe/malfunctioning equipment from service.

I. Lift/Transport Unit Manager/Supervisor shall:

1. Order and manage all disposable sling supplies.
2. Designate lift team members to:

- a. inventory and re-stock supply rooms as needed;
- b. inventory and monitor lift equipment (daily) for proper working condition and report any malfunctions immediately.
3. Work in collaboration with Bio-med and Hill-Rom to maintain lift equipment in proper working condition by reporting any malfunctions and ensuring that annual maintenance checks are completed.
4. Maintain an updated list of lift equipment location sites, serial number, and Bio-med control #. Notify Bio-med and Hill-Rom of any relocated equipment.

J. Infection Control and Environmental Services shall:

Determine appropriate cleaning and disinfecting procedures for patient handling equipment, devices and aids.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

California Labor Code Section 6403.5
Hospital Patient and Health Care Worker Injury Protection Act (AB1136)

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