

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.

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.

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

EFFECTIVE DATE: 01/13

SUPERSEDES:

REVISED: 03/16, 04/16

REVIEWED: 02/13, 04/16

REVIEWED COMMITTEE: Environment of Care Committee

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
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Acting Chief Nursing Officer

Signature(s) on File.

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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.

Mechanical Patient Lifting Equipment: Equipment used to lift, transfer, reposition and move patients 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.

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:

- A. To achieve safe patient handling, staff shall:
 - a. Assess high-risk patient handling tasks
 - b. Use mechanical lift or other approved aids when performing high-risk patient handling tasks
 - c. Appropriately utilize additional staff to safely assist with high-risk patient handling tasks
 - d. Utilize the appropriate chain-of-command to facilitate acquiring assistance and/or equipment if not readily available.

- B. Assessment/Reassessment: Prior patient's activity: Assessment should include, but not limited to:
 - a. Patient's cognitive and physical readiness/abilities
 - b. Current vital signs
 - a. Available staff and equipment

- C. Reassessment Requirements:

A patient's level of required assistance is dynamic. Reassess patient's ability to transfer on an ongoing basis and prior to transfer. Increased level of assistance may be required if the patient has a change in status or prior to transfer because of the potential to change in status due to:

 - a. Sedation
 - b. Medications
 - c. Physiological function
 - d. Fatigue
 - e. Pain
 - f. Mental status change

- D. 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

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4. 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

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Strategies to Assist with Mobility/Movement

I.	<u>Definition</u>	<u>Task / Technique</u>			<u>Comments</u>
Level of Assist (assess each transfer)		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	Lateral Transfer (e.g. bed to stretcher): if pressure ulcers care must be taken to avoid sheer forces	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
Moderate Assist under 175 lbs.	Patient completes 50% of task or more and weighs 175 lbs. or less (80kg).	<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. 	<ul style="list-style-type: none"> • Moderate assist requires therapy for gait training and recommendations (not a recommended nursing task). • If w/c user, requires assist of another for propulsion. 	Initiate therapy referral if improvement is expected or mobility recommendations are needed.
Moderate Assist over 175 lbs.	Patient completes 50% of task or more and weighs greater than 175 lbs. (80 kg) and less than 250 lbs.	<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. 	<ul style="list-style-type: none"> • Moderate assist requires therapy for gait training and recommendations (not a recommended nursing task). • If w/c user, requires assist of another for propulsion 	Initiate therapy referral if improvement is expected or mobility recommendations are needed.

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I.	<u>Definition</u>	<u>Task / Technique</u>		<u>Comments</u>	
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. 	<ul style="list-style-type: none"> • Defer to therapy if improved level of function/ambulation is a goal (not recommended nursing task) • If w/c user, use mechanical lift to get in/out of w/c 	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. 			

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I.	<u>Definition</u>	<u>Task / Technique</u>
<p>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 (outpatients/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.