



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

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**SUBJECT: MUSCULOSKELETAL INJURY  
PREVENTION PROGRAM (MIPP)**

Policy No.: A421.1  
New: November 9, 2017  
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### **PURPOSE**

This document establishes Rancho Los Amigos National Rehabilitation Center's (RLANRC) Musculoskeletal Injury Prevention Program (MIPP). It serves as an adjunct to the DHS Injury and Illness Prevention Program (IIPP). The MIPP covers all patient care areas including inpatient units, outpatient clinics, therapy treatment areas, diagnostic services, etc. This policy describes the elements of the Program to be implemented as required by Labor Code Section 6403.5 "California Safe Patient Handling Statute".

### **DEFINITION:**

A musculoskeletal disorder is an injury of the muscles, tendons, ligaments, nerves, joints, cartilage, bones, or blood vessels in the arms, legs, head, neck, or back that is caused or aggravated by tasks such as lifting, pushing, and pulling.

### **A. POLICY**

1. RLANRC has established a Safe Patient Handling Committee consisting of multi-disciplinary work force members (WFM).
2. RLANRC has developed Administrative Policy 8873 "Safe Patient Handling"
3. RLANRC will coordinate with employers of WFM's with direct and indirect patient care assignments in patient areas (e.g., contractors, agencies, vendors, etc.). Training will be developed as a partnership between RLANRC and these employers. Any patient handling injuries that may occur will be recorded and handled under existing procedures.
4. This program establishes a system to support compliance with safe and effective work practices, training and retraining programs, disciplinary actions, and other means that support safe practices.
  - a. The work force member has the right to refuse to lift, reposition, or transfer a patient due to concerns about patient or worker safety or lack of trained personnel or equipment.
  - b. The work force member shall communicate concerns and provide feedback to the area supervisor.
  - c. The work force member and supervisor shall work together to address concerns.

### **B. PROCESURES**

1. This program establishes a framework to support SPH practices
  - a. Permanent and portable equipment placed in various patient care areas and available for use.
  - b. Evaluation of patient handling equipment and procedures.
  - c. Evaluation of the need for, use, availability, accessibility, and effectiveness of equipment and procedures. Such evaluations are conducted:
    - 1) At least annually for each patient care unit

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EFFECTIVE DATE:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

- 2) When the equipment or conditions change in a manner that may affect patient handling
  - 3) When the WFM is made aware of new or previously unrecognized patient handling hazard
2. A registered nurse (RN) is identified as the coordinator of care. In this role, the RN shall
    - a. Observe and direct the patient lifts and mobilization
    - b. Participate in patient handling activity, as needed
    - c. Assess the patient's mobility needs
    - d. Determine the appropriate procedures based on professional judgment using assessment tools
    - e. Communicate and document relevant information to patient, caregivers, WFM, and other stakeholders
    - f. Obtain input from work force members licensed in other disciplines regarding the patient mobility assessment
    - g. Delegate to other work force members skilled in this role and responsibility
    - h. If the designed RN is not present, another employee skilled in this role and responsibility shall direct the process.
  3. Delegation of Authority and Responsibility for MIPP
    - a. All WFM's shall support implementation of this policy and the Safe Patient Handling Program
    - b. Executive leadership shall
      - 1) Provide resources
      - 2) Support a just and safe culture
      - 3) Establish policies, procedures, and programs
    - c. Area managers/supervisors (or designee) shall
      - 1) Ensure work force members have the necessary resources to comply with the SPH Program (e.g., training, equipment, policies, procedures, etc.)
      - 2) Collaborate with the work force members to problem solve together
      - 3) If an injury does occur, provide support and referrals as needed
      - 4) Maintain reports and statistics as required by the facility
      - 5) Monitor to ensure that work force members are using protocols and equipment appropriately
      - 6) Identify and correct potential ergonomic risks that may affect patient handling
    - d. Work force member shall
      - 1) Comply with SPH policies and procedures
      - 2) Participate in SPH program: training, provide feedback, work with other team members to ensure safe environment, etc.
      - 3) Perform patient handling tasks in accordance with the SPH policy
      - 4) Use professional judgment and common sense
      - 5) Use reasonable and responsible care to move and handle patients
      - 6) Integrate patient perspective, functional status, rehab goals, staff safety, equipment resources, and other pertinent considerations.
      - 7) Collaborate with patient and others involved with patient care to assess the situation
      - 8) Use proper techniques and equipment during performance of patient handling tasks.
      - 9) Use relevant resources for clinical decision-making.
      - 10) Notify supervisor of need for re-training, equipment repairs, additional resources, and other elements to improve program.
      - 11) Notify supervisor of injury and follow standard documentation/reporting procedures and follow-up.

4. Investigation of injuries includes
  - a. Patient-specific risk factors
  - b. Staff feedback
  - c. Effectiveness of MIPP implementation, including: availability and correct-use of equipment, availability and use of staff, and training
  - d. Investigation of injuries maybe conducted in conjunction with existing hospital channels
5. The Safe Patient Handling Committee (and its delegates or sub-groups) shall work with existing work teams and communication channels to support the MIPP. This program identifies potential hazards, evaluates patient handling practices and potential hazards, and reviews the program effectiveness.

Review of the MIPP and correction of hazards includes:

- a. Evaluation and selection of equipment
  - b. Procedures for how equipment will be made available in each area
  - c. Procedures for RN observation and directing pt handling
  - d. How RN communicates pt handling practices to pt and caregiver
  - e. How lift teams and all other staff will perform lifts and other tasks
  - f. Patient handling procedures
  - g. Review of injury data and trends
  - h. Plan for correcting problems
6. Communications
    - a. RN's instructions are documented and communicated
    - b. Employees may communicate concerns to supervisor and report hazards without retaliation
    - c. Bi-directional communication is facilitated by the SPH Committee, area managers, and WFM's.
  7. Training
    - a. Audience
      - 1) Designated health care workers, lift team members, and designated RN's and their supervisors receive SPH training include the elements as applicable to the assignment
      - 2) Other employees whose work assignments include being present on units but are not reasonably expected to perform pt handling must receive "awareness" training
      - 3) Volunteers and student education takes place as awareness training during new work force member orientation.
    - b. Training elements depend on WFM roles and responsibilities :
      - 1) Designated health care workers, lift team members, and supervisors (as applicable to the work assignment):
        - a) Initial training
          1. New employees
          2. New assignments
        - b) Annual refresher
          1. May be presented at Annual Competency
      - 2) WFM's present on units but not designed workers who handle patients
        - a) Receive Awareness Training but not required to receive annual refresher training

- b) Target audience may include WFM's from these areas: Pharmacy, Lab, EVS, Dietary, PFS, etc.
- c) Awareness Training is presented at New Employee Orientation
- 3) Additional training as needed for new equipment or practices

## 8. Recordkeeping

### a. Inspection records

- 1) May be incorporated into existing reports or other forms of communication (e.g., Environment of Care documentation, Safety Office documentation, Bio-Med records, etc.)
- 2) Hazard identification and evaluation
- 3) Equipment evaluation, selection, placement, installation, availability
- 4) Initial and periodic inspection of patient handling procedures
- 5) Investigation of injuries/illnesses related to SPH

### b. Training Records must comply with Cai/OSHA and CDPH documentation requirements, including:

- 1) Course title
- 2) Training dates
- 3) Length of course
- 4) Objectives
- 5) Contents/summary of training sessions
- 6) Types and models of equipment used during training
- 7) Trainer name, title, and qualifications
- 8) Attendee names and job titles
- 9) Attendee evaluations

### c. Records retention

- 1) Orientation and competency validation shall be documented in the training file
- 2) Other SPH records must be maintained per regulatory standards

### d. Access to records required are available upon request by:

- 1) Regulatory agencies
- 2) WFM's and their representatives

## REFERENCES:

- DHS 901 "Injury and Illness Prevention Program"
- RLANRC 8873 "Safe Patient Handling and Mobility"
- California Hospital Association "Cai/OSHA Safe Patient Handling Regulation", 2014