

LAC+USC MEDICAL CENTER POLICY

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Policy # 933	
Effective Date: 4/17/20	

Subject: SAFE PATIENT HANDLING	Original Issue Date: 4/14/15
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Departments Consulted: Department of Nursing Department of Physical Therapy Patient Safety Office Safety Office	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council
Approved by: (Signature on File) Chief Medical Officer	
(Signature on File) Chief Executive Officer	

PURPOSE

To provide safe care for patients and a safe working environment for employees through safe patient handling guidelines.

POLICY

The LAC+USC Medical Center trains its workforce members who perform or supervise lifting of patients on safe lifting techniques. The trained workforce members shall utilize proper techniques, methods, and aids to reposition, turn, transfer or ambulate patients who need assistance or are unable to move independently. Patient handling devices may be used whenever appropriate, to ensure patient and employee safety during handling, moving, transferring, repositioning, or lifting of the patient in the course of care delivery.

DEFINITIONS

➤ Patient Handling Devices

Mechanical equipment designed specifically to lift, move, or reposition patients; as well as equipment used in lifting, moving, or repositioning the patient to reduce stress, strain, and shear on both the patient and the caregiver. These may include, but is not limited to:

- gait/transfer belts
- sliding boards
- lateral transfer devices
- friction-reducing devices.
- turn assist feature and upright cardiac chair option in the specialized ICU beds.

➤ Patient Handling Activities

Patient handling activities include:

- repositioning in bed
- bed to chair/wheelchair and return
- bed to gurney and return
- gurney to treatment table and return
- bed to toilet and return
- floor to bed
- any other lift where total body movement of the non-ambulatory patient is required

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“Emergency” means an unanticipated circumstance that can be life-threatening or cause significant injuries to the patient, staff or public, requiring immediate action.

PROCEDURE

Except in an emergency, staff will perform lifts or transfers on patients with the use of assistive devices as appropriate for the specific patient and consistent with the professional judgment and clinical assessment of the registered nurse, as the coordinator of care.

1. All direct patient care staff have the responsibility to exercise reasonable care for their own safety and for the safety of their patients and co-workers.
2. Teams of at least 2 staff members who have been trained may perform the patient handling activities using the equipment described above.
3. Each patient situation should be assessed by a registered nurse prior to handling, moving, or lifting the patient for need for additional assistance or use of a lifting/transfer device.
 - A. Patient handling devices and/or use of additional trained staff may be used in the delivery of care to ensure patient and staff safety and to reduce unnecessary manual/unassisted lifting and handling of the patient.
 - B. Clearly communicate the procedure and technique for moving the patient with the patient, family member involved, and the staff team members.
4. Education and Training (Direct Care Provider Training)
 - A. Patient care staff is oriented and trained in the use of safe patient handling, turning/lifting techniques, the bed features to facilitate safe patient movement, and other patient handling devices and equipment, including but not limited to gait / transfer belts, friction reducing devices, sliding boards, and mechanical patient lifts as appropriate to their work area.
 - B. Patient care staff are also trained on how to evaluate the patient and the situation to help determine safest practice as well as the five areas of body exposure: vertical, lateral, bariatric, repositioning, and ambulation.
 - C. Managers/supervisors are responsible for ensuring that staff complete the necessary training and orientation to the use of the bed, mechanical devices to aid in turning, lifting, or ambulating patients and safe patient handling techniques.
 - D. Physical Therapy and Occupational Therapy work with patients with mobility, ambulation/ activity goals and provide gait training and instructions on the use of assistive walking devices, lifting equipment, and transfer techniques in the inpatient and outpatient settings.
 - E. Staff Education and training on safe patient handling is mandatory and compliance with safe patient handling policy is required.

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F. Patients and family members are also educated, by a registered nurse or trained hospital personnel on the safe transfer/ambulation techniques and the use of mechanical devices as prescribed for the patient to aid ambulation and mobility of the patient as part of the patient's plan of care.

G. Communication to direct care staff regarding the inpatient's needs for use of a patient handling device is accomplished through documentation in the care plan, verbal report, and a visual cue placed in proximity to patient. Patient's mobility limitations and needs are also communicated to diagnostic/procedural areas through a handoff report in order to prevent any injury to patients and staff.

6. Education and Training (Non-direct Care Training)

A. Awareness training is required for all staff who work in patient care areas but do not provide direct patient care (e.g. Dietary, Environmental Services). Training includes:

- Recognition of patient interactions that require nursing or medical involvement,
- How to obtain necessary involvement, and
- Procedures to follow for emergencies relating to safe patient handling.

B. Non-direct patient care departments will consult with Safety Office regarding training.

7. The Nursing department, Rehabilitation Services, and the Safety Office work with the patient care areas and units to identify and assess potential hazards relating to patient handling within the Medical Center during environmental rounds in patient care areas.

The Medical Center Administration is responsible for taking actions in a timely manner to correct hazards, such as environmental factors and planning for lifting equipment needs for patient care as part of the Illness and Injury Prevention program and Patient Safety goals.

8. As part of the employee injuries and illnesses procedures, supervisor is responsible for completing the Supervisor Investigation Report for each injury/illness. The Safety Office and/or the Department of Health Services Risk Management Division will follow up on the investigation as needed.

9. The Safety Office will collaborate with the Risk management Office to track and provide a report on staff injuries resulting from patient handling. Patient injuries will be reported according to the established patient event reporting. These data will be reported to the respective departmental quality councils and the Patient Safety Committee. Corrective actions and performance improvement activities will be taken as directed by the departmental quality councils and the Patient Safety Committee.

REFERENCE

California Labor Code Section 6403.5

Los Angeles County Department of Health Services Policies and Procedures, 311.003, "Safe Patient Handling"

California Code of Regulations Title 8 5120

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REVISION DATES

April 14, 2015; April 17, 2020