

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

SAFE PATIENT HANDLING AND MOVEMENT

Effective Date:	11/08	Policy No:	PC30
Cross Referenced:		Origin:	Patient Care
Reviewed Date:	09/09, 03/12, 3/13	Authority:	Chief Nurse Executive
Revised Date:	03/12, 3/13	Page:	1 of 10

PURPOSE

Hackettstown Regional Medical Center (HRMC) wants to ensure that its patients are cared for safely, while maintaining a safe work environment for employees.

A *Safe Patient Handling Practices Act* is a law requiring licensed health care facilities to establish comprehensive patient handling safety procedure to minimize risks when moving patients or restricting their movements. The program will include:

- A committee that meets at least quarterly. Fifty percent of the members of the committee shall be health care workers who are representative of the different disciplines at the facility. The committee members shall include supervisors, health care workers and other facility staff as appropriate who have experience, expertise or responsibility relevant to the operation of a safe patient handling program. The safe patient handling committee shall select a chairperson from among its members.
- An assessment of the assistive devices necessary to carry out the safe patient handling policy.
- Recommendations for a three-year capital plan to purchase patient handling equipment and aids.
- A plan for ensuring availability of and prompt access to mechanical patient handling equipment and aids on all units for all shifts.
- Training for health care workers.
- Protocols and procedures for assessing and updating appropriate patient handling requirements.
- Informational materials to educate patients and families.

The Safe Patient Handling and Movement Team is responsible for the development, implementation and periodic evaluation and revision for the safe patient handling program, including the evaluation and selection of patient handling equipment and aids and other appropriate engineering controls.

The Safety Officer is responsible for overseeing all aspects of the Safe Patient Handling Program.

POLICY

- A. High Risk Patient Handling Tasks: Those tasks that have a high risk of musculoskeletal injury for staff performing the task(s). These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patient in bed, making occupied beds, dressing patients, turning patients in bed and tasks with a long duration.
- B. The following designations will be used to identify the level of assistance for moving and/or handling a patient (see algorithms):

I = Independent: Caregiver assistance **not** required

A = Assistance: Caregiver assistance is required but patient is able to participate

D = Dependent: Patient totally dependent on caregiver

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- C. 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 caregiver's musculoskeletal structure
- D. Mechanical Patient Lifting Equipment: Equipment used to lift, transfer, reposition and move patients (e.g. Vanderlift).
- E. Patient Handling Aids: Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding boards and surface friction-reducing devices (SLIPP) and ambulation assist devices (walker).

PROCEDURE

A. Compliance

Employees will take reasonable care of their own health and safety, as well as that of their coworkers and their patients during patient handling activities by following this policy. If an incident occurs, re-training on safe patient handling and lifting will be mandatory. Noncompliance will result in possible disciplinary action.

B. Safe Patient Handling and Movement Requirements

- Use mechanical lifting devices and other approved patient handling aids according to instructions and training except in a medical emergency.
- The patient has the right to refuse the use of assisted patient handling
- A health care worker can refuse to perform a patient handling task due to a reasonable concern about worker or patient safety, or the lack of appropriate equipment or aids. The worker is required to notify his supervisor of the refusal and the reason for the refusal.

C. Training

- Initial training will be completed during orientation and annually through the Learning Suite. Hands on training will be completed during annual competency days.
- Training specific to a department will take place during unit orientation.
- Additional training will be provided anytime a new device or piece of equipment is acquired.
- Documentation will be recorded on the department skills list for initial training and on the Education transcript.

D. Mechanical Lifting Devices and Other Equipment/Aids

- Mechanical lifting devices and other equipment/aids will be accessible to staff.
- Mechanical lifting devices and other equipment/aids will be maintained regularly through Biomed and kept in proper working order. Notify Biomed of any mechanical equipment that is not in working order.

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E. Back Injury Prevention Program

The *Safe Patient Handling Program* will be implemented in all clinical departments including the following key program elements:

- Addressed in orientation
- Addressed in annual Learning Suite education
- Patient assessment criteria and care planning for safe patient handling and movement – see attached algorithms
- Will be reinforced by department managers biannually
- A consult with Rehab Services Department can be requested when necessary

F. Level of Assistance Evaluation:

- The nurse will assess patients to determine level of assistance needed. Reassessment will be done if there is a change in patient’s condition.
- Transporters will ask health care worker level of assistance needed for individual patient.
- Level of assistance will be documented on Ticket to Ride and/or Inpatient Transfer sheet.
- Outpatients will be assessed by caregiver to determine level of assistance and devices needed.

G. Reporting of Injuries/Incidents

- Employees will report all incidents/injuries resulting from patient handling and movement to Employee Health and to their manager/supervisor
- An incident report must be completed and sent to Employee Health.
- When an injury occurs, the employee must report to Employee Health or ED for evaluation and follow up

Cleaning Equipment will be cleaned with hospital-approved wipes between patient use. If SLIPP becomes soiled send in clear plastic bag to Environmental Services for in-house cleaning. **Do not put in regular laundry.**

Patient/Family Education Educational materials for patients and their families will be provided to help orient the patient to the Safe Patient Handling Program.

Information about the program will be posted in visible locations throughout the facility.

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- REFERENCES** Nelson, A. (1996). Identification of patient handling tasks that contribute to musculoskeletal injuries in SCI nursing practice. JAHVAH Study.
- Nelson, A., Gross, C. & Lloyd, J. (1997) Preventing musculoskeletal injuries in nurses: Directions for future research. SCI Journal, 14 (2), 45-52.
- Royal Wolverhampton Hospitals NHS Trust (1996). Health and Safety: Manual handling. Policy ref: HS 11.
- United Kingdom Health and Safety Executive (1992). Manual handling operations regulations.
- Safe Patient Handling Practices Act (S-1758/A-3028).
- Patient Ergonomics Resource Guide. Dept of Veterans Affairs.

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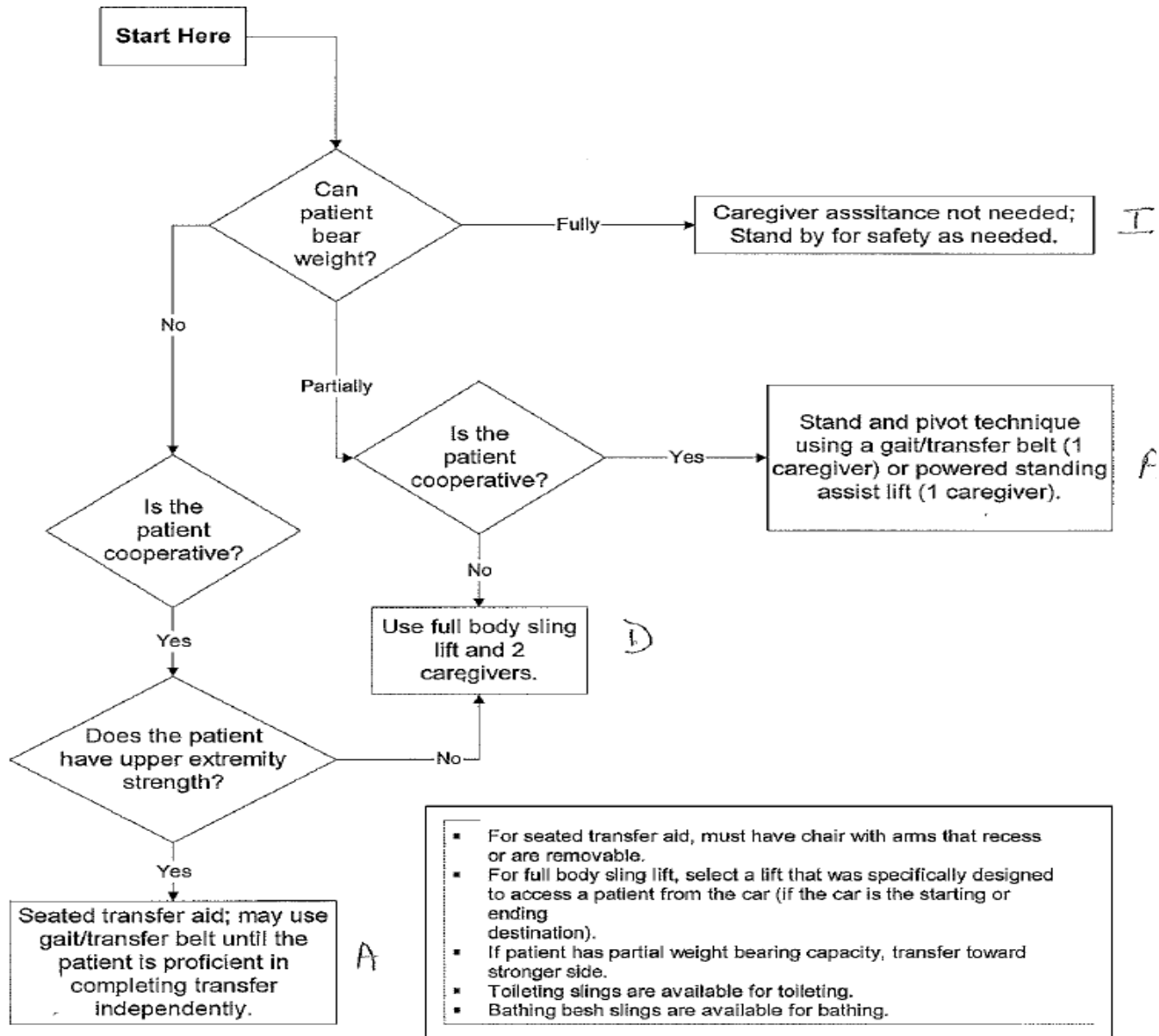
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Patient Assessment, Care Planning & Algorithms

Department of Veterans Affairs

Algorithm 1: Transfer to and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
 Last rev. 4/1/05



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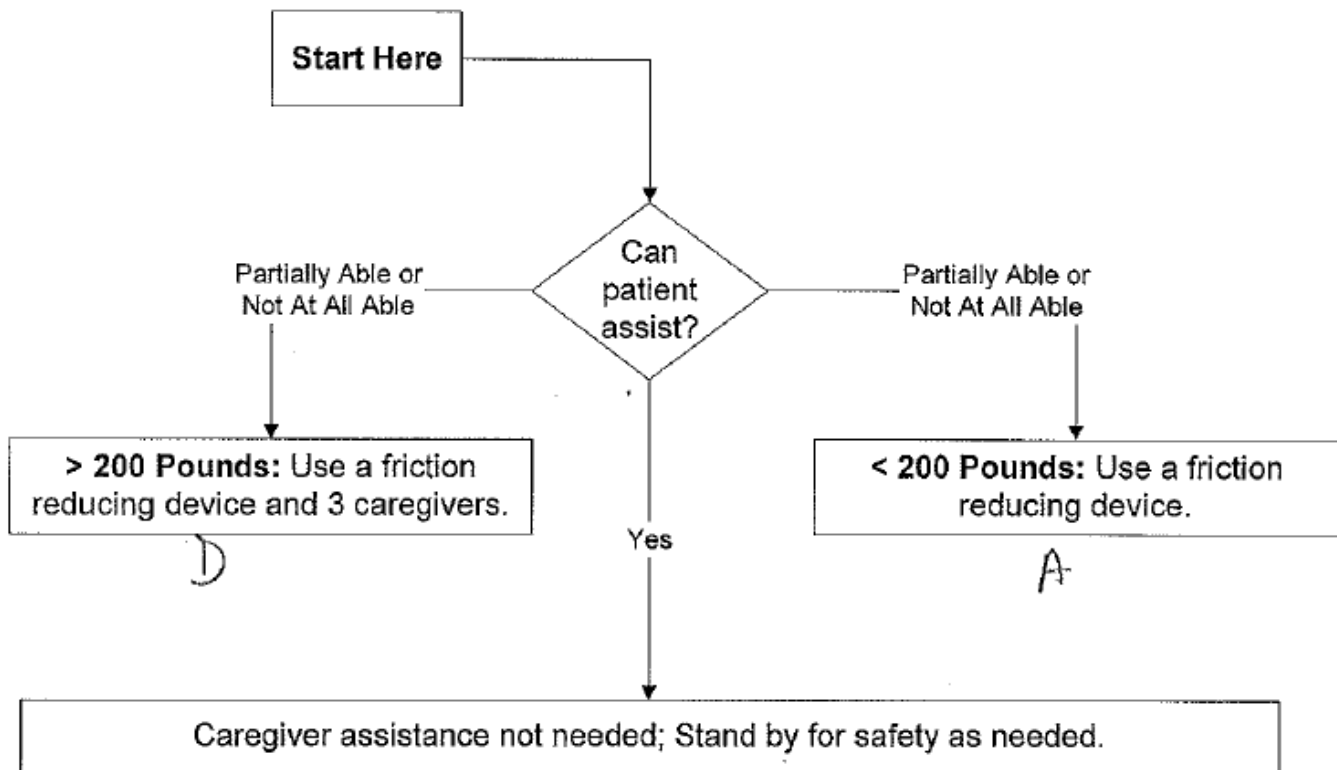
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Patient Assessment, Care Planning & Algorithms

Department of Veterans Affairs

Algorithm 2: Lateral Transfer To and From: Bed to Stretcher, Trolley
Last rev. 4/1/05



- Surfaces should be even for all lateral patient moves.
- For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.

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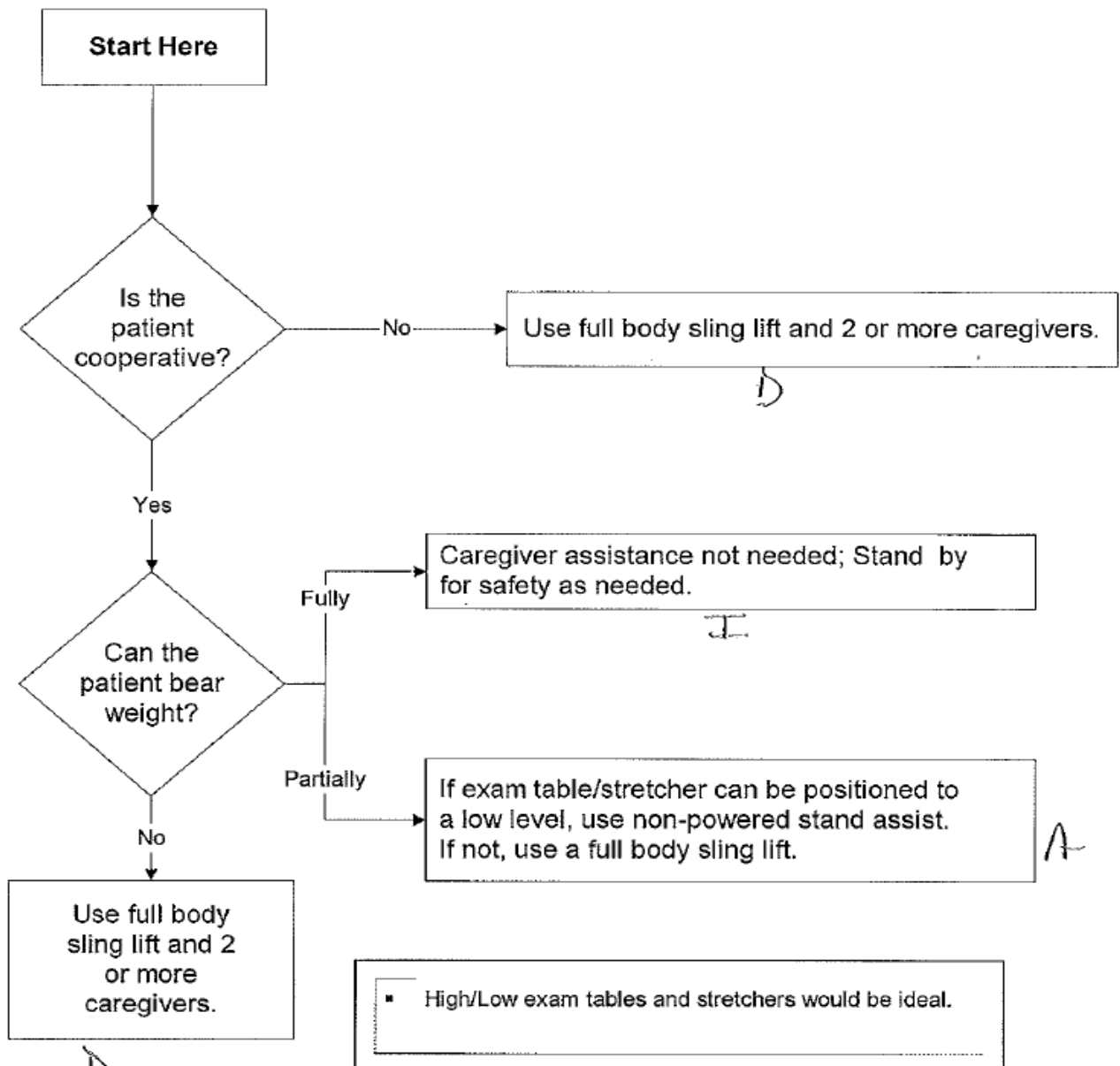
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Patient Assessment, Care Planning & Algorithms

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Algorithm 3: Transfer To and From: Chair to Stretcher or Chair to Exam Table

Last rev. 4/1/05



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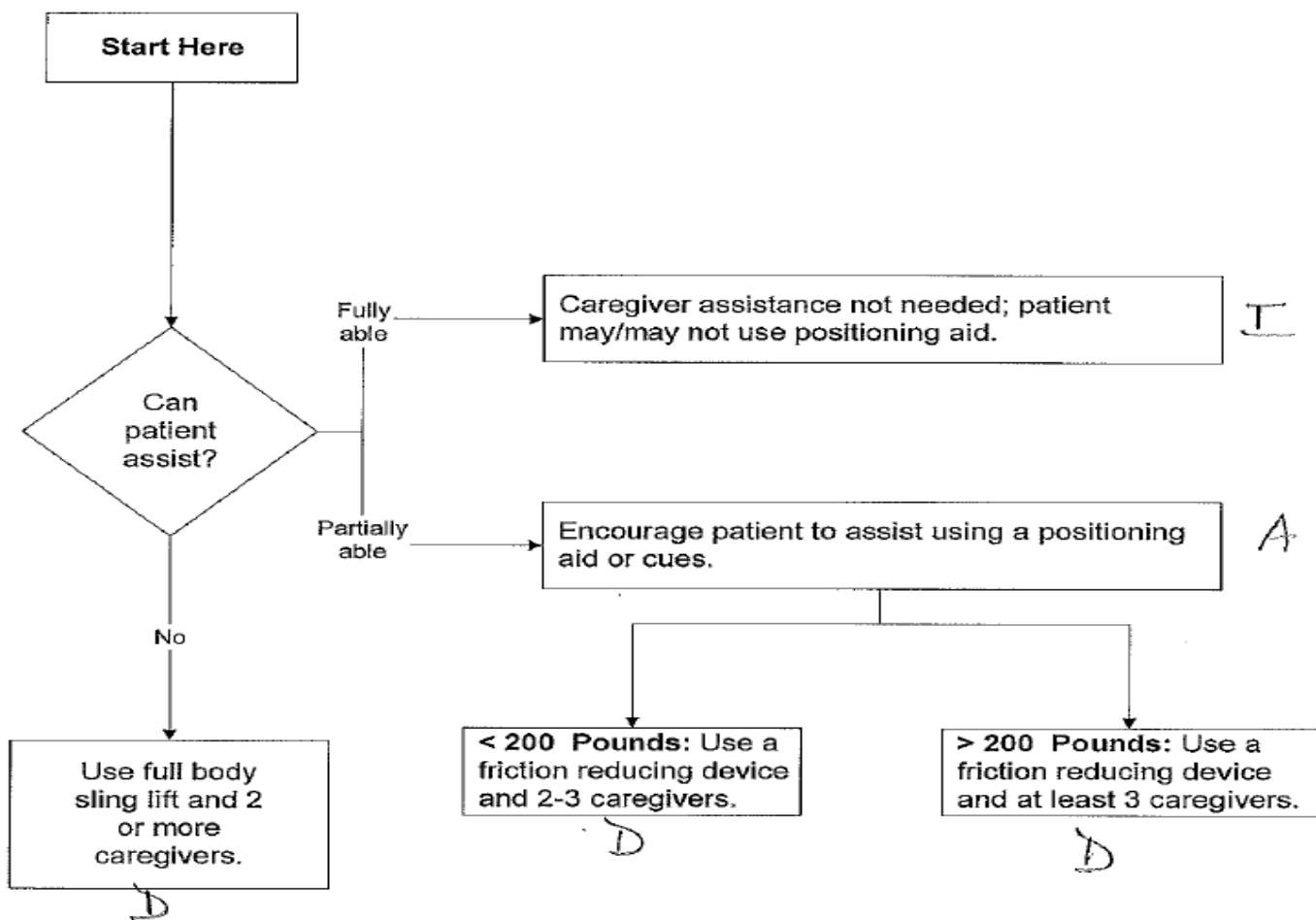
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Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed
Last rev. 4/1/05



- This is not a one person task: DO NOT PULL FROM HEAD OF BED.
- When pulling a patient up in bed, the bed should be flat or in a Trendelenburg position to aid in gravity, with the side rail down.
- For patients with Stage III or IV pressure ulcers, care should be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning "up in bed," ask the patient to flex the knees and push on the count of three.

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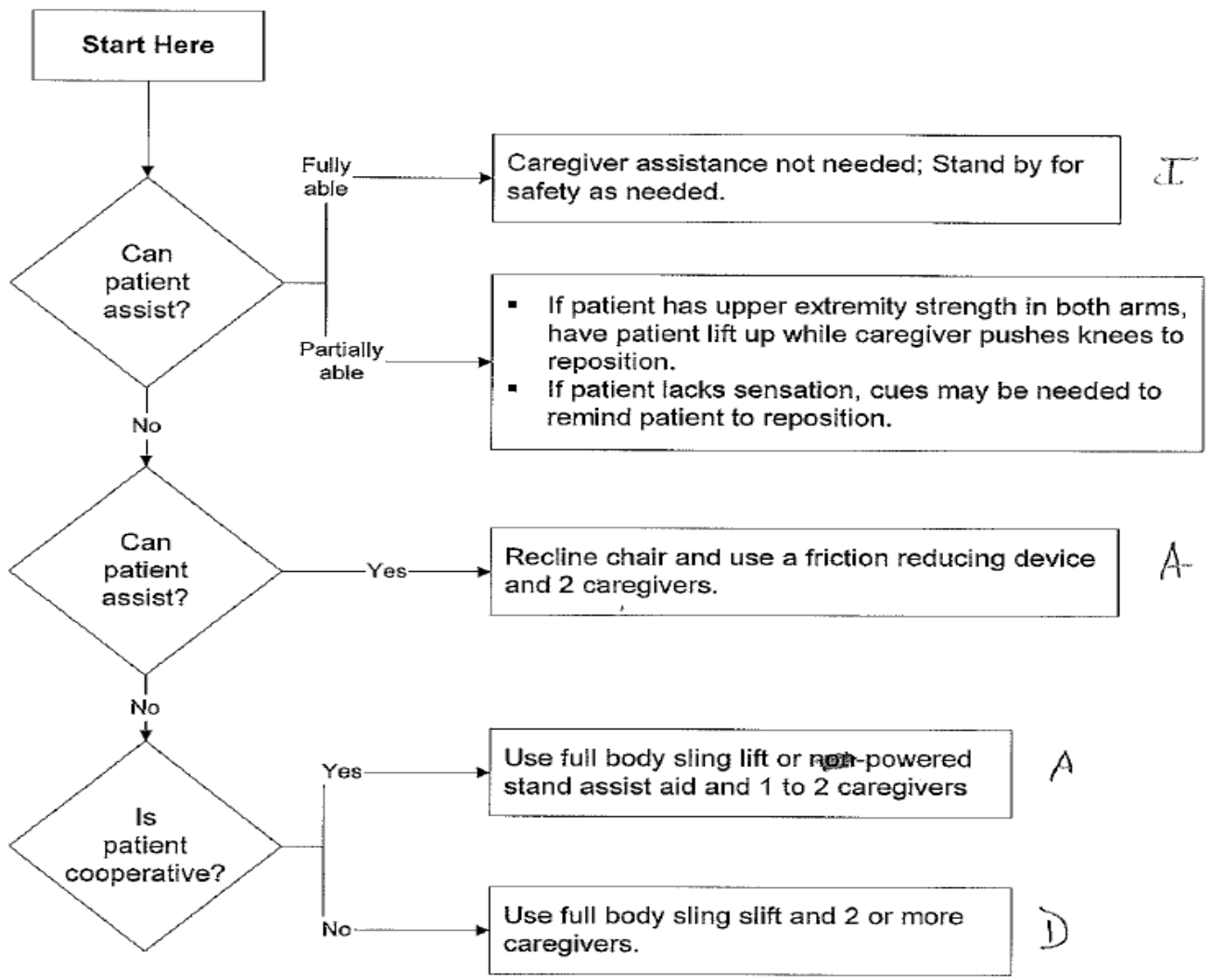
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Algorithm 5: Reposition in Chair: Wheelchair and Dependency Chair
 Last rev. 4/1/05



- Take full advantage of chair functions, e.g., chair that reclines, or use arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.

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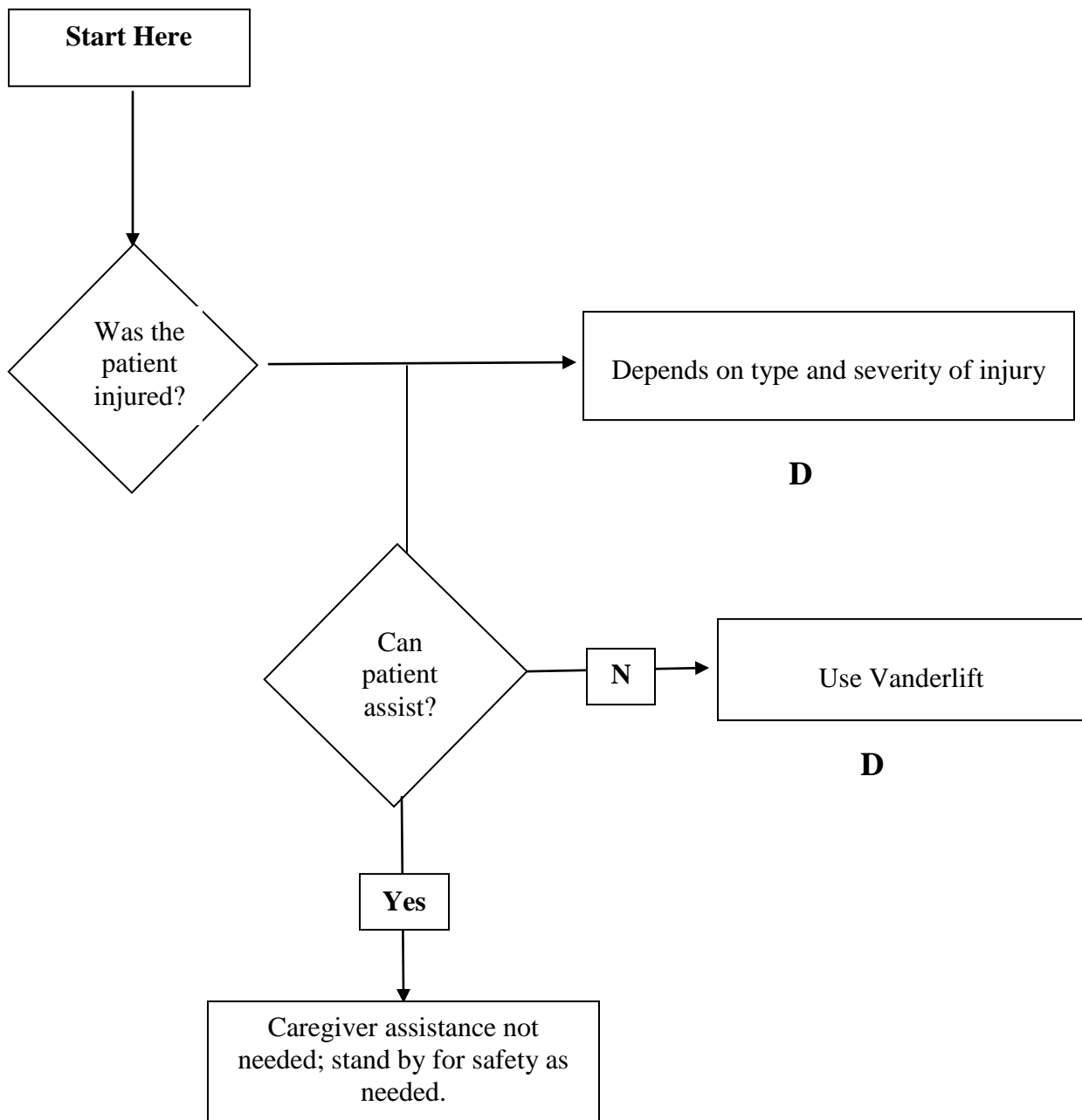
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Algorithm 6: Transfer a Patient Up From the Floor



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Equipment available for lifting by location:

Location:	Devise:
Infusion Center	1 – Regular SLIPP
Cancer Center	1 – Regular SLIPP
	1 - Sliding Board
Wound Care Center	1 – Regular SLIPP
	1 – Bariatric SLIPP
Vascular Lab	1 – Regular SLIPP
OR	1 – Regular SLIPP
PACU	1 – Regular SLIPP
Same Day Surgery/Minor Procedures	1 – Regular SLIPP
Emergency Department	
3 North/3 South	2 – Regular SLIPP
	2 – Bariatric SLIPP
	2 - Vanderlift
ICU/PCU	2 – Regular SLIPP
	1 – Bariatric SLIPP
	1 - Vanderlift
OB	2 – Regular SLIPP
Radiology	
Nuclear Medicine	1 – Regular SLIPP
x-ray Room 1 & 2	1 – Regular SLIPP
CT	1 – Regular SLIPP
x-ray Room 3	1 – Regular SLIPP
Physical Therapy	Encore sit to stand mechanical lift
	1 – Sliding Board