Sample
Safe Patient Handling and Mobility Policy


The {Name of Health Care System} SPHM Policy provides procedures and responsibility for implementation and maintenance of a multifaceted SPHM Program. The SPHM Program integrates evidence-based practice and technology to minimize both the human and capital expenses associated with patient handling. The objectives of this program are to improve the safety and comfort of our Veterans, protect caregivers from musculoskeletal disorders (MSDs) and reduce the incidence of injuries from acute and/or cumulative trauma related to patient handling.

2. POLICY: {Name of Health Care System} is proactive in its efforts to ensure that patients are cared for safely, while maintaining a safe work environment for employees. To accomplish this, an SPHM Program will be implemented in order to ensure that required infrastructure is in place to comply with components of this SPHM policy. This infrastructure includes use of a patient care ergonomic workplace assessment or similar needs evaluation to determine SPHM technology requirements, SPHM technology, employee education and training, facility and clinical area/unit leadership, and knowledge transfer mechanisms such as Safety Huddles, SPHM Web site, e-mail groups, blogs, hand-off communication tools, mentors, preceptors, and others. SPHM patient assessment or SPHM screening tools are also knowledge transfer strategies that determine the appropriate method and technology prior to performing the task or movement and that ensure hand-off as needed. Finally, utilization of a culture of safety approach to safety in the work environment facilitates successful SPHM Programs. Caregivers will not manually lift more than 35 pounds of patient weight and will decrease that quantity when circumstances such as those in Section 3.B. are present. Manual patient handling must be avoided except when absolutely necessary, such as in a medical emergency.

3. PROCEDURES:

A. Compliance:

- It is the responsibility of employees to take care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities by following this policy.

- It is the duty of management and the organization to procure the necessary equipment and support SPHM initiatives to sustain the program.
B. Safe Patient Handling and Mobility Requirements:

- Avoid unsafe manual patient handling, movement, and mobilization tasks. If unavoidable, assess them carefully prior to completion. There is no safe way to manually lift, reposition, push, or pull a patient. Based upon the National Institute for Occupational Safety and Health (NIOSH) Revised Lifting Equation, Waters (2007) determined that the maximum amount of patient weight a health care worker may manually lift or handle should not exceed 35 pounds. However, the weight limit should be significantly lower based upon duration of the task or when anterior, posterior, and lateral shear forces are elevated due to awkward positioning. If a patient is combative, has tubes/lines, or other restrictive items, the maximum lifting weight allowed will decrease. For these reasons, and at all times other than in the exception below, caregivers should not lift more than 35 pounds of patient weight and will decrease that quantity when circumstances as those above are present.

- Use approved SPHM technology for all patient handling, movement, and mobilization tasks except when absolutely necessary, such as in a medical emergency.

- Use approved SPHM technology in accordance with manufacturer's instructions and training.

- Use SPHM patient assessment, scoring, or other systems to ensure that staff utilizes the appropriate patient handling and mobility techniques and equipment for each individual patient.

C. Training and Education:

- Leadership will support training and education initiatives for all clinical staff, unit peer leaders (UPLs), and facility coordinators (FCs).

- Health care system shall ensure UPLs, FCs, and caregivers who move, handle, and mobilize patients demonstrate competency regarding SPHM technology and techniques and SPHM patient assessment/screening.

- Clinical staff will complete initial and ongoing SPHM training as determined by unit supervisors. Additional training and support will be provided for employees showing non-compliance with SPHM policy.

D. SPHM Technology:

- SPHM technology shall be stored in a convenient, safe, and accessible location.

- SPHM technology shall be kept in proper working order and shall have regularly scheduled preventive maintenance per facility policy and as required by the manufacturer.
When any overhead (ceiling or wall-mounted) patient lift system is installed or maintenance is performed, Department of Veterans Affairs (VA) National Center for Patient Safety (NCPS) checklists will be completed in accordance with patient safety alerts.

E. SPHM Program Elements:

- Patient Care Ergonomic Workplace Assessments
- SPHM technology
- SPHM patient assessment, screening tool, or other method to identify SPHM technology and methods for each patient
- Facility and clinical unit/area leadership: SPHM FC, UPLs, and a designated facility committee responsible for the SPHM Program
- Knowledge transfer and change strategies, such as Safety Huddles, algorithms, hand-off communication, mentors, preceptors, SPHM Web site, e-mail groups, etc.

F. Reporting of Injuries/Incidents:

- Staff shall report all incidents/injuries resulting from patient handling, movement, and mobilization to their supervisor and to Employee Occupational Health Service.
- The SPHM FC shall be notified and participate in the injury investigation and review process.
- The SPHM FC shall track and trend all patient handling injuries, provide re-training as indicated, and recommend ergonomic risk control measures (SPHM technology) or changes to protocol as deemed necessary to ensure staff and patient safety.

4. DEFINITIONS:

A. High-Risk Manual Patient Handling Tasks: Those manual patient handling tasks that have a risk of musculoskeletal injury for staff performing the tasks and/or injury risk for patients. These include, but are not limited to, transferring, lifting, repositioning, bathing patients in bed, making occupied beds, ambulating patients, dressing patients, turning patients in bed, tasks with long durations, standing for long periods of time, handling bariatric patients, and other patient handling tasks. Specific SPHM criteria follow.

1) Tasks that require lifting more than 35 pounds (Waters, 2007) of a patient’s weight (body, head, limbs) are considered high-risk tasks under the best of circumstances. If a patient is combative or has tubes/lines or other restrictive items, the maximum lifting weight allowed will decrease.

2) Catching a falling patient requires greater forces than lifting.
3) Operations performed in low, high, or awkward positions require more force than operations performed at ideal heights and/or using good body posture.

4) Patients who resist or shift their weight while being moved or handled result in greater force for any task.

5) Pushing/pulling task acceptability depends on peak force, sustained force, and frequency/duration. Guidelines may be found in the ergonomic tool for wheeled equipment within the Association of Operating Room Nurses (AORN) Ergonomic Tools (Waters, Lloyd, Hernandez, & Nelson, 2011).

6) Wheeled equipment can require excessive force to push or steer based on design, equipment, patient weight, equipment condition, flooring surface, obstructions, or space in a room.

B. Manual Lifting: Lifting, transferring, repositioning, and moving patients (to include extremities) using a caregiver’s body strength without the use of SPHM technology that reduce forces on the worker’s musculoskeletal system.

C. SPHM Technology: Decreases the risk of injury related to patient handling activities and includes, but is not limited to, the following:

1) **Full-Body Patient Lifts**, including ceiling-mounted, wall-mounted, portable, and floor-based designs and their accompanying slings, function to assist in lifting and transferring patients, ambulating patients, repositioning patients, and other patient handling and mobilizing tasks. Overhead lifts are preferred for areas with substantial lifting requirements because their use requires less time and space, and spinal forces are greater on caregivers.

2) **Powered Standing Assistive Devices** help patients to stand using a sling and a motor, allowing them to retain and rebuild the ability to stand while providing dignity and allowing use of toilets with privacy. Some designs allow supported ambulation.

3) **Non-Powered Standing Aids** protect patients from falls and staff from injury while helping patients test their mobility or stand to transfer between seated positions, including exam tables, toilets, and vehicles.

4) **Lateral Transfer Devices** provide assistance in moving patients horizontally from one surface to another (e.g., transfers from bed to stretcher) and include air-assisted, mechanical, and friction-reducing types.

5) **Friction-Reducing Devices** provide a slippery surface to aid in repositioning, transfer, or application of slings when patients cannot help.

6) **Transfer Chairs** convert from chair to flat position, some of which have tools meant to move the patient to or from a second flat surface.
7) **Specific Beds** provide assistance with patient handling and mobilization tasks, such as: lateral rotation therapy, transportation, percussion, bringing patients to sitting or standing positions, repositioning toward the head of the bed, etc.

8) **Motorized Stretchers, Beds, or Wheelchairs** provide assistance with patient-handling tasks, such as transporting patients over long distances, slopes, or bumps.

9) **Hydraulic or Electric Stretchers** lift patients from near the floor to high working position and allow easy positioning of patients on stretchers without manual exertion. Some ambulance stretchers also aid in loading and unloading.

10) **Air-Assisted Lifting Devices** use an air pump to lift patients from the floor in a flat or seated position.

11) **Repositioning Aids** provide assistance in turning patients and pulling patients up to the head of the bed and up in chairs.

12) **One-Way Slide Chair Cushions** and other devices prevent a patient from slipping down into chairs and beds.

13) **Transport Assistive Devices** assist caregivers in pushing heavy equipment and patients, including bed movers or wheelchair movers.

14) **Powered Height-Adjustable Exam Tables** assist in the transfer of patients onto exam tables, bringing patients to sitting positions and raising the table surface to a more ergonomically-safe working level.

15) **Ergonomic Shower Chairs** are electrically height-adjustable and have reclining and/or thigh-elevating features to more easily and safely clean patients.

16) **Ergonomic Shower Trolleys** adjust with powered controls to more easily and safely transfer, turn, and clean patients.

17) **Patient or Resident Transfer Aids** assist patients in moving and transferring independently.

D. **Culture of Safety:** The collective attitude of employees taking shared responsibility for safety in the work environment and as a result provides a safe environment of care for themselves, co-workers, and patients/residents.

E. **SPHM Patient Assessment and Screening Tools:** Assist staff in selecting and communicating the safest equipment, techniques, and number of staff required to complete specific high risk patient handling tasks with specific patients. These assessments are subject to clinical judgment.

F. **Patient Care Ergonomic Workplace Assessments:** Are conducted by trained staff in all clinical areas/units where patient handling occurs. They include risk identification; risk analysis; and generation of equipment, procedure, and policy recommendations.
G. Safety Huddle/After Action Review (AAR) Process: This is an optional but powerful program element. Use of Safety Huddles is an effective method of sharing knowledge between staff by incorporating staff into the problem-solving process. Safety Huddles are held after an injury, near-miss/close-call incident, or a safety concern to decrease the chance of recurrence.

H. Unit Peer Leaders (UPLs): Are staff members from all clinical units/areas where patient handling occurs, including nursing; therapy; radiology; the morgue; and other diagnostic, treatment, and procedure areas. They act as the SPHM clinical unit/area subject matter experts and resource personnel who have demonstrated proficiency in all SPHM technology.

I. Facility Coordinator (FC): Nursing, therapy, or safety/industrial hygiene/ergonomics staff with expertise in patient handling, movement, and mobilization techniques and knowledge of SPHM technology and program elements. They manage and lead all aspects of the facility SPHM Program (UPLs, equipment, leadership briefing, collaboration with other services/entities, bariatric care, purchasing, and others).

J. Facility Committee: A multi-disciplinary team, to be defined by the facility, is responsible for development, implementation, and monitoring of the program and tracking injuries and adverse events to staff and patients. The reporting structure for this committee will vary. The committee may be or report to the Environment of Care (EOC) Committee, Safety Committee, Quality Management, or Patient Safety, etc.

5. DELEGATION OF AUTHORITY AND RESPONSIBILITY:

A. Facility Director shall:

1) Support the maintenance of this policy and sustainability of this program.

2) Designate and support an SPHM FC position at a level adequate to fulfill FC responsibilities.

3) Facilitate and support the attainment of a culture of safety within the medical center.

4) Procure sufficient SPHM technology to allow staff to use them when required.

5) Ensure that adequate storage locations are available for SPHM technology.

6) Ensure that equipment receives routine and preventive maintenance.

7) Ensure that staffing levels are adequate and support a culture of safety for staff and patients.

8) Support SPHM Program leadership on the facility and clinical unit/area levels.

B. Supervisors shall:

1) Support the maintenance of this policy and sustainability of this program.
a) Ensure that staff completes initial and ongoing SPHM assessments, screenings, or other similar evaluations prior to engaging in movement, handling, and mobilization tasks. Patient-specific handling techniques should be conveyed to all caregivers via the care plan, hand-off communication, or any other methods of transferring information identified by the nursing unit or facility.

b) Ensure that patient handling tasks are completed safely using appropriate techniques, and, when required, using SPHM technology.

c) Ensure that SPHM technology is available, easily accessible, maintained regularly, in proper working order, and stored conveniently.

d) Ensure that employees complete and document SPHM training/competencies, initially and ongoing, as required to correct improper use/understanding of safe patient handling, movement, and mobilization techniques, and as required if employees show non-compliance with equipment use.

e) Report all patient handling injuries to Employee Occupational Health Service immediately or as soon as possible after the injury occurs.

f) Maintain accident reports and supplemental injury statistics as required by the facility.

g) Active participation of UPLs with the goal of one per clinical unit/area per shift.

2) Facilitate and support the attainment of a culture of safety within the facility through demonstrative support of the SPHM Program.

C. Employees and/or Direct Care Providers shall:

1) Take reasonable care of their own health and safety, as well as that of their co-workers and their health care recipients during patient handling activities by complying with this policy.

2) Avoid performing high-risk manual patient handling tasks.

3) Complete initial and ongoing SPH assessments, screenings, or other similar evaluations prior to engaging in movement, handling, and mobilization tasks. Patient-specific handling techniques should be conveyed to all caregivers via the care plan, hand-off communication, or any other methods of transferring information identified by the nursing unit or facility.

4) Use proper techniques and SPHM technology during performance of patient handling, movement, and mobilization tasks when required.

5) Notify supervisor of any injury sustained while performing patient handling tasks.

6) Notify supervisor of need for re-training in use of mechanical lifting devices, other SPHM technology, and lifting/moving techniques.
7) Notify supervisor of SPHM technology, especially mechanical lifting devices in need of repair and take them out of service until repaired.

8) Facilitate and support the attainment of a culture of safety within the facility by taking a proactive approach in modeling proper use of the SPHM technology.

D. Engineering Service shall:

1) Maintain SPHM equipment in proper working order. Engineering/Biomedical Service will be responsible for maintaining SPHM equipment in proper working order and ensuring that repaired SPHM equipment is returned to service in a timely manner.

2) Perform regularly scheduled preventive maintenance per facility policy and as required by the manufacturer.

3) Complete VA NCPS checklists when any overhead (ceiling or wall-mounted) patient lift system is installed or maintenance is performed in accordance with patient safety alerts.

4) Incorporate safe ergonomic design principles, including adequate space for safe transfers, appropriate size entrances into health care recipient care areas, following the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Outpatient Facilities and Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, and subsequent revisions.

5) Collaborate with the SPHM FC for new construction and/or renovations during all phases of planning, design, and construction where patient handling activities may occur. This includes patient care areas as well as public spaces where patients travel into and through the facility and grounds.

E. Facility Coordinators shall:

1) Provide expertise and be responsible for implementing, maintaining, and evaluating the facility Safe Patient Handling and Mobility Program.

2) Be responsible for development, implementation, and coordination of the SPHM UPL Program by mentoring and providing leadership, education, training, and competency assessment for UPLs.

3) Offer SPHM education for all staff during new employee orientation.

4) Maintain open lines of communication with leadership regarding the status of the program.

5) Investigate, review, and track patient handling injuries to staff and patients in order to make suitable recommendations to decrease risk of injury.
6) Report on SPHM injury trends, action plans, and program metrics to the committee(s) overseeing SPHM.

7) Generate SPHM technology recommendations based on patient care ergonomic evaluations and facilitate the purchase of recommended items.

8) Collaborate with infection control to ensure that infection control measures are in place for safe patient handling equipment.

9) Collaborate with contracting, engineering, end users, and other applicable services regarding equipment selection, installation, maintenance, and remediation of equipment issues.

10) Provide facility SPHM Program information/data to and collaborate with the Office of Public Health (OPH) as requested.

F. Unit Peer Leaders shall:

1) Facilitate program implementation and sustainment. Act as clinical unit/area SPHM resource for patient care ergonomics, equipment use, and SPHM techniques for managers/supervisors, peers, patients, and families. Problem-solve patient handling issues and motivate/coach peers, encouraging co-workers to use SPHM equipment and comply with all aspects of the SPHM Program.

2) Train peers/managers/patients/families by conducting staff in-services/training on SPHM issues, equipment, etc. Orient new employees to SPHM Program and UPL role on their designated units. Assist the SPHM coordinator in new employee orientation training. Train/re-train co-workers on new and existing equipment, and complete or assist in completion of equipment competency assessments. Assist co-workers in patient/family training when needed.

3) Facilitate SPHM knowledge transfer by maintaining communication with other UPLs through face-to-face facility UPL meetings, UPL e-mail group, and/or conference calls. Share best practices learned during UPL meetings with co-workers/management. Communicate with the SPHM FC personally and through UPL meetings. When included in SPHM Program, lead Safety Huddles. Train staff on and ensure compliance with use of patient-specific assessment or screening tools. Ensure that the unit SPHM reference material is kept up-to-date.

4) Monitor unit SPHM Program status/compliance by completing UPL log to capture UPL activity.

5) Oversee unit equipment by assisting with conducting unit equipment needs evaluations; assisting staff in selection of equipment through trials/equipment fairs; implementing equipment on unit; training staff on use of equipment; tracking equipment locations, storage, and accessibility; facilitating battery/sling/equipment orders when needed; notifying appropriate staff when patient handling equipment
problems/incidents arise; and ensuring that facility and manufacturer infection control requirements are followed.

6) Represent SPHM concerns of the unit or clinical area during redesign/construction and equipment selection.

7) Assist in ergonomic and environmental evaluations and perform walk-throughs to assess equipment use and function.

8) Maintain current knowledge of SPHM initiatives, technology, and best practices by attending facility training events, regional/national conference calls, equipment manufacturer training, and annual SPHM conferences as allowed.

9) Demonstrate systems thinking by participating in facility-wide SPHM initiatives and projects, fostering supportive relationships with manager/supervisor, and being knowledgeable of and providing input on facility policies/procedures.

G. Union Officials shall: Support policy and monitor program effectiveness in partnership with administration.

H. Safety Office shall: Provide employee injury data to SPHM FCs and assist in tracking, investigating and trending patient handling injuries.

I. Patient Safety Officer shall: Provide patient injury data to SPHM FCs and assist in tracking, investigating, and trending patient handling injuries.

J. Laundry and Logistics Staff shall: Work with SPHM FCs to maintain adequate numbers of clean SPHM supplies at the unit level.

K. Infection Control shall: Ensure that infection control measures are in place for SPHM technology.

L. Wound Care Nurses or Bariatric Care Coordinators shall: Arrange for appropriate equipment for bariatric inpatients and for patients with special wound care or skin care needs. They work with staff and the FC to determine how to mobilize the patients and what equipment is needed without risking injury to the caregiver or injury to the patient, notably protecting patient skin integrity.

M. Physical Medicine and Rehabilitation Service Therapists shall: Complete consultations and make recommendations for the way patients are mobilized.

N. Environmental Management Service (EMS) shall: Clean patient handling equipment as required by facility infection control and/or manufacturer instructions.

O. Logistics shall: Assist in the purchase, maintenance, tracking, and provision of SPHM equipment and supplies to units/areas where appropriate. They shall utilize the expertise of FCs when making purchase decisions.
P. Fall Program and Injury Prevention Programs shall: Collaborate with the SPHM Program, since some SPHM-related injuries are directly related to falling patients.

6. References


