SAFE PATIENT HANDLING GUIDEBOOK
For Facility Champions/Coordinators
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**Peer Leader/Facility Coordinator**

**CONTACT INFORMATION**

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<tr>
<th>Name</th>
<th>Unit</th>
<th>Extension/Pager</th>
<th>Nurse Manager Extension/Pager</th>
<th>Facility Coordinator</th>
<th>Bariatrics Resource Staff</th>
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PEER LEADER
ROLES & RESPONSIBILITIES

Act as SPHM Champion
- Act as unit expert and resource on patient care ergonomics, equipment use, and safe patient handling techniques for managers/supervisors, peers, patients, families
- Problem solve patient handing issues
- Motivate/coach peers – encourages co-workers in use of patient handling equipment and compliance with SPHM Program
- Bariatric SPHM resource/expert
- Assist in SPHM Program implementation

Train peers/mangers/patients/families
- Conduct staff in-services/training on SPHM issues, equipment, etc.
- On unit, orient new employees to SPHM & UPL role
- Facility-wide, participate in new employee orientation training
- Train, re-train co-workers on new & existing equipment
- Complete or assist in completion of equipment competency assessments
- Assist co-workers in patient/family training when needed

Facilitate SPHM Knowledge Transfer
- Maintain communication with other UPLs through
  - Face-to-face facility UPL meetings
  - UPL Email Group
  - Conference calls
- Share best practices learned during UPL meetings with co-workers/ management
- Communicate with Facility Champion
  - One-on-one as needed
  - UPL meetings
  - Ensure facility champion is aware of UPL personnel changes – resignation, transferring etc.
- Implement Safety Huddle (AAR) Program, Initially take lead in Safety Huddles
- Train staff on and ensure compliance with use of Algorithms

Monitor unit SPHM Program status/compliance
- Complete UPL Log to capture
  - UPL activity
  - SPHM Program status
  - SPHM Program acceptance
- Track equipment use
- Others
Equipment Super User

Equipment Use/Management
- Assist in conducting unit equipment needs evaluation
- Assist staff in selection of equipment through trials/equipment fairs
- Implement equipment introductions on unit
- Train staff on use of equipment (after initial manufacturer training)
- Track equipment locations, storage & ensure accessibility
- Track operational status and need for maintenance of equipment/batteries/slings
- Ensure annual/preventative maintenance is accomplished
- Track sling types, quantities, and condition
- Facilitate battery/sling/equipment orders when needed
- Notify appropriate staff when patient handling equipment problems/incidents arise
- Ensure facility & manufacturer infection control requirements are followed

Act as Unit liaison with
- Facility Champion/Coordinator
- equipment manufacturer/vendor
- purchasing
- Engineering/Facilities Management
- Infection control
- others

Conduct Ergonomic ongoing environmental/ergonomic evaluations, perform walk-throughs to assess equipment use and function

Maintain current knowledge of SPHM issues, technology, and best practices
- Attend facility UPL meetings, regional/national conference calls
- Participate in equipment manufacturer training
- Attend annual SPHM conferences

Follow unit injuries & close calls
- Assist in documentation and tracking of injuries and close calls
- Foster reporting of injuries, near misses, and safety concerns

Demonstrate Systems Thinking
- Participate in facility-wide SPHM initiatives and projects
- Foster supportive relationship with manager/supervisor
- Be knowledgeable of and provide input on facility policies/procedures
DEVELOPING A SAFE PATIENT HANDLING & MOVEMENT ACTION PLAN

A. What goals do you want to achieve for yourself, your co-workers, and your unit?

B. What specific Program Objectives do you want to attain?

C. Identify Social Marketing Target Group/s. Who do you want to target? Why?
**D. Identify potential barriers to implementation.** Remember, these can be at staff, resident, and organization level.

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<th>Barriers</th>
<th>Strategies to Overcome Barriers</th>
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E. **Identify facilitators to implementation.** Remember, these can be at staff, resident, and organization level.

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<th>Facilitators</th>
<th>Strategies to Aid Facilitators</th>
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F. Social Marketing Plan – Identify what angle will be most convincing to each target group, related to changing practice to prevent musculoskeletal injuries in nursing staff. The chart below is only an example. Develop your own.

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<th>Cost Savings</th>
<th>Decrease Injuries</th>
<th>Decrease Injury Severity</th>
<th>Decrease Nursing Turnover</th>
<th>Employer of Choice</th>
<th>Decrease Light Duty</th>
<th>Increase Resident Safety</th>
<th>Other?</th>
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G. Prioritize strategies you think will decrease the incidence/severity of nursing work-related injuries at your facility:

- Back Injury Resource Nurses
- Education/training
- Safety Huddles
- Resident Handling & Movement Policy
- Assessment, Care Plan & Algorithms
- Care Areas
- Equipment (specify)
- Providing feedback to staff
- Ergonomic Assessments of Resident Care Areas
- Others

<table>
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<tr>
<th>Strategy</th>
<th>Description</th>
<th>Target Audience</th>
<th>Plans and Target Dates</th>
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H. What strategies will you use to evaluate your success?

I. What strategies will you use to maintain the interventions over time?

J. Identify the first five tasks that you will undertake.

a. ____________________________

b. ____________________________

c. ____________________________

d. ____________________________

e. ____________________________
PEER LEADER MEETING NOTES/MINUTES
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COMMUNICATION STRATEGIES PRESENTATION

http://www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp
Meeting/Conference Call Agenda Template

- Welcome
- Roll Call (depending on size of group)
- Follow-up on previous issues
- New safe patient handling information to share (research findings, new equipment, conferences, training, etc.)
- Share Best Practices
- Share Issues of Concern
- Discuss Conference Call ‘Topic’ (decided upon previously)
- Determine if any follow-up needed for next call
- Selection of ‘Topic’ for next call
- Reminder of date/time for next call
Meeting/Conference Call Agenda Template

Welcome

Roll Call (depending on size of group)

Follow-up on previous issues

Share new safe patient handling information (research findings, new equipment, conferences, training, etc.)

Share Best Practices
  1) Describe the Best Practice
  2) How can others benefit from this?
  3) How was it implemented?
  4) Who implemented it?
  5) What were some implementation facilitators?
  6) What were some implementation barriers?
  7) Discuss how others can implement the Best Practice

Share Issues of Concern
  1) Use the safety huddle format to discuss the issue
     a. What happened or didn’t happen? What was the issue?
     b. What was supposed to happen?
     c. What accounts for the difference?
     d. How could the same outcome be avoided the next time?
     e. Develop a follow-up plan - What specific actions might other organizations institute as interventions for this issue in their own organization?
  2) Discuss how others can benefit from this information

Discuss Conference Call ‘Topic’ (decided upon previously)

Determine if any follow-up needed for next call

Selection of ‘Topic ‘for next call

Reminder of date/time for next call
II. EQUIPMENT INFORMATION
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<thead>
<tr>
<th>PATIENT CARE EQUIPMENT</th>
<th>Manufacturer/Style/Name (Ex: Arjo Maxi Move)</th>
<th>Inventory (Total # you have now)</th>
<th>In working order?</th>
<th>Use (% being used now)</th>
<th>Comment:</th>
<th># &amp; Date of introduction of new equip</th>
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<td>FULL BODY SLING LIFTS</td>
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<td>Floor-based, Powered Lifts</td>
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<td>Floor-based, Non-Powered Lifts</td>
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<td>Ceiling Mounted Lifts</td>
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<td>Friction Reducing Lateral Sliding Aids</td>
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UNIT PATIENT HANDLING EQUIPMENT VENDORS/MANUFACTURERS

CONTACT INFORMATION

Patient Handling Equipment: ________________________________

Company/Manufacturer: ________________________________

Website: ____________________________________________

Facility representative: ________________________________

Contact Information:
Cell Phone #: _______________________________________

Office Phone #: _____________________________________

Fax #: _____________________________________________

Other Information:

Patient Handling Equipment: ________________________________

Company/Manufacturer: ________________________________

Website: ____________________________________________

Facility representative: ________________________________

Contact Information:
Cell Phone #: _______________________________________

Office Phone #: _____________________________________

Fax #: _____________________________________________

Other Information
UNIT PATIENT HANDLING EQUIPMENT VENDORS/MANUFACTURERS
CONTACT INFORMATION

Patient Handling Equipment: ___________________________________________________

Company/Manufacturer: ______________________________________________________

Website: ___________________________________________________________________

Facility representative: ______________________________________________________

Contact Information:
Cell Phone #: _______________________________________________________________

Office Phone #: _____________________________________________________________

Fax #: _______________________________________________________________

Other Information:

Patient Handling Equipment: ___________________________________________________

Company/Manufacturer: ______________________________________________________

Website: ___________________________________________________________________

Facility representative: ______________________________________________________

Contact Information:
Cell Phone #: _______________________________________________________________

Office Phone #: _____________________________________________________________

Fax #: _______________________________________________________________

Other Information
EQUIPMENT/SLINGS PHOTOS
### SLING SELECTION CHART

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sling Choices</th>
<th>Criteria</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical Transfers (to/from bed/wheelchair/commode/dependency chair/etc.)</td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning. Consider precautions of total hip replacement patients. Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td></td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, and is cooperative &amp; can follow simple commands</td>
<td></td>
</tr>
<tr>
<td>Lateral Transfers (to/from bed/stretcher/Shower trolley/gurney) Bathing</td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td></td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td></td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning. Consider precautions of total hip replacement patients. Consider wounds, comfort, circulation, neurovascular and joint conditions, if task is of long duration Consider presence of wounds for sling application and patient positioning. Consider precautions of total hip replacement patients. Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td></td>
<td>LIMB SUPPORT</td>
<td>Sustained holding of any extremity while bathing in bed</td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning. Consider precautions of total hip replacement patients. Consider presence of wounds for sling application and patient positioning. Consider precautions of total hip replacement patients. Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td></td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, and is cooperative &amp; can follow simple commands</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Sling Choices</td>
<td>Criteria</td>
<td>Special Considerations</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Repositioning in Chair</td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning.  Consider precautions of total hip replacement patients.</td>
</tr>
<tr>
<td>Repositioning UP in Bed</td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td></td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning.  Consider precautions of total hip replacement patients.</td>
</tr>
<tr>
<td>REPOSITION ING</td>
<td>Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
<td></td>
</tr>
<tr>
<td>Turning a patient in bed</td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td></td>
<td>REPOSITION ING</td>
<td>Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td>Making an Occupied Bed</td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td>Functional Sit-Stand training/support</td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, and is cooperative &amp; can follow simple commands</td>
<td>Consider presence of wounds for sling application and patient positioning.  Consider precautions of total hip replacement patients. Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td>Activity</td>
<td>Sling Choices</td>
<td>Criteria</td>
<td>Special Considerations</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dressing</td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, is cooperative &amp; can follow simple commands</td>
<td>Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td></td>
<td>LIMB SUPPORT</td>
<td>Sustained holding of any extremity while dressing in bed</td>
<td>Consider wounds, comfort, circulation, neurovascular and joints, if task is of long duration</td>
</tr>
<tr>
<td>Pericare</td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, and is cooperative &amp; can follow simple commands</td>
<td>Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td>Ambulation training</td>
<td>WALKING</td>
<td>Partial weight bearing, level of cooperation, consult Dr. &amp; therapist for readiness</td>
<td>Do NOT use if wounds present that affect transfers and positioning</td>
</tr>
<tr>
<td>and support</td>
<td>STANDING</td>
<td>Patient can grasp &amp; hold handle with at least one hand, has at least partial weight bearing capability, has upper body strength, and is cooperative &amp; can follow simple commands</td>
<td>Consider presence of wounds for sling application and patient positioning.</td>
</tr>
<tr>
<td>Wound Care/Dressing</td>
<td>LIMB SUPPORT</td>
<td>Sustained holding of any extremity while dressing/caring for wounds while patient in bed</td>
<td>Consider wounds, comfort, circulation, neurovascular and joints, if task is of long duration</td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>LIMB SUPPORT</td>
<td>Sustained holding of any extremity while performing surgical procedure in bed</td>
<td>Consider wounds, comfort, circulation, neurovascular and joints, if task is of long duration</td>
</tr>
<tr>
<td>Fall Rescue</td>
<td>SUPINE</td>
<td>Patient cannot tolerate sitting position and has restricted hip &amp; knee flexion. Need for patient to remain flat. Patient can tolerate supine position.</td>
<td>Do NOT use if patient has respiratory compromise or if wounds present may affect transfers/positioning</td>
</tr>
<tr>
<td></td>
<td>SEATED</td>
<td>Patient can tolerate sitting position and has adequate hip &amp; knee flexion</td>
<td>Consider presence of wounds for sling application and patient positioning.</td>
</tr>
</tbody>
</table>

Consider precautions of total hip replacement patients.
EQUIPMENT INSTRUCTIONS, BROCHURES, COMPETENCIES
OR LOCATION OF THESE

INSERT CLEAR PLASTIC SHEETS FOR INSERTING BROCHURES
FACILITY &/OR MANUFACTURER CLEANING, INFECTION CONTROL
PROTOCOLS/PROCEDURES

Develop SOP with facility infection control practitioner for cleaning all patient handling equipment and slings.
LINK TO PATIENT SAFETY CENTER WEBSITE FOR INFORMATION ON PATIENT HANDLING EQUIPMENT

Technology Resource Guide:

http://www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp
GENERATING EQUIPMENT RECOMMENDATIONS
Unit-based Hazard Evaluation/Patient Care Ergonomic Presentation (Matz)

http://www.visn8.va.gov/patientsafetycenter/safePtHandling/toolkitSlings.asp
Patient Care Ergonomic Evaluation Process Data Collection Tools/Templates/Sample Report
Unit Ergonomic Evaluation Data Collection Tool

Type of Unit: _____________________  Facility: ______________________

Part I – SPACE/MAINTENANCE/STORAGE

a. Describe Unit, including # beds, room configurations (private, semi-private, 4-bed, etc.), and bathrooms:

   # rooms w/ 2 beds:______  w/ 3 beds:_______  w/ 4 beds: _________  private:_______

   Bathrooms: In room?___  Community?___  Use Tub?___  Bathing Chair? ___Other?___

b. Describe current storage conditions and problems you have with storage. If new equipment were purchased, where would it be stored?

c. Identify anticipated changes in the physical layout of your unit, such as planned unit renovations in next 2 yrs.

d. Describe space constraints for patient care tasks & use of portable equipment; focus on patient rooms, bathrooms, shower/bathing areas. Are typical room doorways narrow or wide?? Is the threshold uneven?

e. Describe any routine equipment maintenance program or process for fixing broken equipment. What is the Reporting Mechanism/ procedure for identifying, marking, and getting broken equipment to shop for repair? Is equipment on a PM schedule?

f. If potential for installation of overhead lifting equipment exists, describe any structural factors that may influence this installation, such as structural load limits, lighting fixtures, AC vents, presence of asbestos, etc.
Part II - STAFFING

a. Peak Lift Load Times (Think about the time of day that’s the busiest. What is the # of staff that would be lifting at same time):

b. Discuss projected plans or upcoming changes in staffing, patient population, or bed closures in next two years.

Part III - PATIENTS/RESIDENTS

a. Describe the average patients/residents on your unit. (hospice, Alzheimer, TBI, etc.) and variability in this.

b. Discuss proposed changes in the average daily census over the next two years.

c. Identify typical distribution of patients by physical dependency level according to the definitions below. (Base on PHYSICAL LIMITATIONS not on clinical acuity)

Note: This is not the same as patient acuity. The total for the 5 categories should equal your average daily census.

- **Total Dependence** – Cannot help at all with transfers, full staff assistance for activity during entire seven-day period. Requires total transfer at all times.

- **Extensive Assistance** – Can perform part of activity, usually can follow simple directions, may require tactile cueing, can bear some weight, sit up with assistance, has some upper body strength, or may be able to pivot transfer. Over the last seven-day period, help provided three or more times for weight-bearing transfers or may have required a total transfer.

- **Limited Assistance** – Highly involved in activity, able to pivot transfer and has considerable upper body strength and bears some weight on legs. Can sit up well, but may need some assistance. Guided maneuvering of limbs or other non-weight bearing assistance three or more times, or help provided one or two times during the last seven days.

- **Supervision** – Oversight, encouragement, or cueing provided three or more times during the last seven days or physical assistance provided only one or two times during the last seven days.

- **Independent** – Can ambulate normally without assistance in unusual situations may need some limited assistance. Help or oversight may have been provided only one or two times in the last seven days.

e. Have ALL staff complete & collate by UNIT & SHIFT: Tool for Prioritizing High-Risk Patient Handling Tasks
Part IV - PATIENT HANDLING INJURIES

Please have each UNIT Complete: Patient Care Incident/Injury Profile

Part V - EQUIPMENT

a. Provide inventory of all patient care equipment; describe working condition and how frequently equipment is used. Complete: Unit Patient Handling Equipment Inventory

b. What percent of high-risk tasks are completed using proper equipment? Why?

c. Perception of Problem Areas – what do you think are your problem areas?

d. What equipment do you think you need?

Person Completing Report: _____________________________ Date: _______________
Title: ___________________________ Contact #: ____________________
**Tool for Prioritizing High-Risk Patient Handling Tasks**

**Directions:** Assign a rank (from 1 to 10) to the tasks you consider to be the highest risk tasks contributing to musculoskeletal injuries for persons providing direct patient care. A “10” should represent the highest risk, “9” for the second highest, etc. For each task, consider the frequency of the task (high, moderate, low) and musculoskeletal stress (high, moderate, low) of each task when assigning a rank. Delete tasks not typically performed on your unit. You can have each nursing staff member complete the form and summarize the data, or you can have staff work together by shift to develop the rank by consensus.

<table>
<thead>
<tr>
<th>TASK FREQUENCY</th>
<th>STRESS OF Task</th>
<th>RANK</th>
<th>PATIENT HANDLING TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>H= high</td>
<td>H= high</td>
<td>10= high-risk</td>
<td></td>
</tr>
<tr>
<td>M= moderate</td>
<td>M= moderate</td>
<td>1= low risk</td>
<td></td>
</tr>
<tr>
<td>L= low</td>
<td>L= low</td>
<td></td>
<td>Transferring patient from bathtub to chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring patient from wheelchair or shower/commode chair to bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring patient from wheelchair to toilet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring a patient from bed to stretcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lifting a patient up from the floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weighing a patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient in bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient in a shower chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient on a shower trolley or stretcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Undressing/dressing a patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Applying antiembolism stockings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lifting patient to the head of the bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repositioning patient in bed from side to side</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repositioning patient in geriatric chair or wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Making an occupied bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feeding bed-ridden patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Changing absorbent pad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transporting patient off unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other Tasks:</td>
</tr>
</tbody>
</table>

## PATIENT CARE INCIDENT/INJURY PROFILE

**FACILITY:** ________________________________  **UNIT:** ________________________________

**DATES INCLUDED:** ________________________________  **DATE COMPLETED:** _________________

<table>
<thead>
<tr>
<th>Patient Care Activity</th>
<th>Cause of Injury</th>
<th>Type of Injury</th>
<th>Body Part/s</th>
<th>Location</th>
<th>Lost Time (# days)</th>
<th>Modified Duty (# days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Repositioning (side to side)</td>
<td>Reaching, pulling residents all night – shoulder hurting</td>
<td>S/S</td>
<td>Shoulder</td>
<td>Pt Room</td>
<td>No</td>
<td>4 days</td>
</tr>
</tbody>
</table>

#1 Activity: _____________________  #1 Cause: ____________________  Modified Duty Trend? _________________

#2 Activity _________________  #2 Cause: ____________________  Lost Time Trend? _________________
# UNIT PATIENT CARE EQUIPMENT INVENTORY

<table>
<thead>
<tr>
<th>PATIENT CARE EQUIPMENT</th>
<th>Manufacturer/Style/Name (Ex: Arjo Maxi Move)</th>
<th>Inventory (Total # you have now)</th>
<th>In working order?</th>
<th>Use (% being used now) Comment:</th>
<th># Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL BODY SLING LIFTS</td>
<td>Ex: Arjo Maxi Move</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor-based, Powered Lifts</td>
<td>Ex: Arjo Maxi Move</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor-based, Non-Powered Lifts</td>
<td>Ex: Hoyer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ceiling Mounted Lifts</td>
<td>Ex: BHM Voyager</td>
<td></td>
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<tr>
<td>Bathing Lifts</td>
<td></td>
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</tr>
<tr>
<td>LATERAL TRANSFER AIDS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mechanical Lateral Transfer Aids</td>
<td>Ex: Mobilizer, TotaLift II, On-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friction Reducing Lateral Sliding Aids</td>
<td>Ex: Sliding/Surf Boards, RTA, Phili slide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Assisted Lateral Transfer Aids</td>
<td>Ex: AirPal; Hovermat</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PATIENT CARE EQUIPMENT</td>
<td>Manufacturer/Style/Name (Ex: Arjo Maxi Move)</td>
<td>Inventory (Total # you have now)</td>
<td>In working order?</td>
<td>Use (% being used now)</td>
<td>Comment:</td>
</tr>
<tr>
<td>-------------------------</td>
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<tr>
<td>TRANSFER CHAIRS</td>
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<tr>
<td>Ex: Transitchair</td>
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<tr>
<td>DEPENDENCY CHAIRS</td>
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<td></td>
</tr>
<tr>
<td>Ex: Broad, Geri-chair</td>
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</tr>
<tr>
<td>POWERED STANDING ASSIST &amp; REPOSITIONING LIFTS</td>
<td></td>
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<td></td>
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<tr>
<td>Ex: Translift, Raisa Lift</td>
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</tr>
<tr>
<td>STANDING ASSIST &amp; REPOSITIONING AIDS (Non-Powered)</td>
<td></td>
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</tr>
<tr>
<td>Ex: Super/Pivot Pole, Bed-Bar</td>
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<tr>
<td>GAIT BELTS</td>
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<tr>
<td>With Handles</td>
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<tr>
<td>OTHER</td>
<td></td>
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</tr>
<tr>
<td>Unit/Description:</td>
<td>Patient Care Ergonomic Issues Existing/Ordered Unit Equipment</td>
<td>Patient Handling Equipment/Sling Recommendations</td>
<td></td>
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<tr>
<td></td>
<td>Vertical Transfers/Lifts (dependent/extensive assistance pts)</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vertical Transfers/Lifts (partial assistance pts)</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambulation Training</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Transportation</td>
<td>□</td>
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<tr>
<td></td>
<td>Lateral transfers</td>
<td>□</td>
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<tr>
<td></td>
<td>Repositioning Side to Side</td>
<td>□</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulling up to head of bed</td>
<td>□</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Repositioning in Chair</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wound care</td>
<td>□</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>TED Hose Application</td>
<td>□</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Toileting</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Showering/Bathing</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# beds: ____  Average Census:_____  % bariatric:_____  % total dependent/extensive assistance:_____  % total partial assistance:_____  
Room configurations:  Storage:  Notes:
**Template #2**  
**PATIENT CARE ERGONOMIC EVALUATION DATA COLLECTION TOOL**

Unit: _________________________ Facility: ____________________________ Date:

# Beds/Average Daily Census: ________ Bariatric population: ________ Storage:________

% Total Dependent/Extensive Assistance Pts: ________ % Partial Assistance Pts:________

Room Configurations (# private etc.):__________________________

<table>
<thead>
<tr>
<th>High Risk Patient Handling Tasks</th>
<th>Existing/Ordered Unit Equipment</th>
<th>Patient Handling Equipment/Sling Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertical Transfers (dependent/extensive assistance pts)</td>
<td>FBL</td>
<td>FBL</td>
</tr>
<tr>
<td></td>
<td>CL</td>
<td>CL</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Vertical Transfers (partial assistance pts)</td>
<td>SS</td>
<td>SS</td>
</tr>
<tr>
<td></td>
<td>TA</td>
<td>TA</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Ambulation Training</td>
<td>SS</td>
<td>SS</td>
</tr>
<tr>
<td></td>
<td>CL,</td>
<td>CL,</td>
</tr>
<tr>
<td></td>
<td>FBL</td>
<td>FBL</td>
</tr>
<tr>
<td>Lateral Transfers</td>
<td>FRD</td>
<td>FRD</td>
</tr>
<tr>
<td></td>
<td>AA</td>
<td>AA</td>
</tr>
<tr>
<td></td>
<td>MLD</td>
<td>MLD</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Repositioning Up in Bed</td>
<td>FRD</td>
<td>FRD</td>
</tr>
<tr>
<td></td>
<td>RA</td>
<td>RA</td>
</tr>
<tr>
<td></td>
<td>CL</td>
<td>CL</td>
</tr>
<tr>
<td></td>
<td>FBL</td>
<td>FBL</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Repositioning Side to Side</td>
<td>CL</td>
<td>CL</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>FBL</td>
<td>FBL</td>
<td></td>
</tr>
<tr>
<td>RA</td>
<td>RA</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repositioning in Chair</td>
<td>FRD</td>
<td>FRD</td>
</tr>
<tr>
<td>FBL</td>
<td>FBL</td>
<td></td>
</tr>
<tr>
<td>CL</td>
<td>CL</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound care</td>
<td>CL</td>
<td>CL</td>
</tr>
<tr>
<td>FBL</td>
<td>FBL</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation in Bed/Stretcher</td>
<td>Motorized Bed</td>
<td>Motorized Bed</td>
</tr>
<tr>
<td>Bed Mover</td>
<td>Bed Mover</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation in W/C</td>
<td>Motorized W/C</td>
<td>Motorized W/C</td>
</tr>
<tr>
<td>W/C Mover</td>
<td>W/C Mover</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing/Showering</td>
<td>Shower Chair</td>
<td>Ergonomic Shower Chair</td>
</tr>
<tr>
<td>Shower Trolley</td>
<td>Shower Trolley</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Key:
AA-Air Assisted Lateral Transfer Device  CL-Ceiling Lift  FBL-Full Body Sling Lift
FRD-Friction Reducing Device  SS-Sit to Stand Lift  TA-Transfer Aid
MLD-Mechanical Lateral Transfer Device  RA-Repositioning Aid
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EQUIPMENT SELECTION
Equipment Evaluation Process

Equipment evaluations are typically used to compare the usability of competitive equipment types for a specific application. As such, development of an equipment evaluation protocol is highly dependent on equipment type and application. The following details the process for ensuring equipment purchases are appropriate for the patient characteristics of a unit, easily used and safe for staff to operate, and cost-effective.

Initial Review and Screening Process

The process should typically be initiated by identifying all products that could be used to perform the desired application in a reasonable and safe manner. It will be useful to develop criteria for the desired product type. Local contracting staff can assist with this process. Literature for each of these product types should then be requested from each identified product manufacturer.

Following an initial review of the product literature to eliminate those products that would not be suitable for the intended application, the evaluation team should approach each manufacturer requesting information on any previously performed or ongoing clinical and laboratory-based equipment evaluations. Be aware that if the product manufacturer has performed the equipment evaluation, not an outside research facility, then the findings of such evaluations might be biased or incomplete. A literature search, both peer review and newspaper/industry magazine, should be conducted to determine if other information is available for each product.

Local contracting staff should be involved early in the process and may assist with performance or cost of operation measures pertaining to both the equipment and vendor. Performance measures considered by contracting staff include:

- Special features of the product not offered by comparable products.
- Trade-in considerations.
- Probable life of the product compared to comparable products.
- Warranty considerations.
- Maintenance requirements and availability.
- Past-performance.
- Environmental and energy efficient considerations.
Selection of Products for Clinical Evaluation

Before embarking upon a clinical evaluation, it will be necessary to reduce the number of products to be tested to ideally three and at most five competitive products. Often, due to the specialized nature of the equipment, this will be achieved by carrying out an effective initial review and screening process. If this preliminary process yields only one suitable product, and that product appears to reasonably satisfy the task requirements without imposing increased risk to either the patient or caregiver, then the evaluation is probably complete. If the preliminary process identifies more than three suitable products, it will be necessary to further select products for inclusion in a clinical assessment. There is no set rule as to how to identify a select few products for further evaluation, but a good rule of thumb is to identify the:

- Best choice based upon the preliminary evaluation (initial review/screening).
- Most popular based on sales information.
- Upper and lower functionality extremes – e.g., most basic and most comprehensive products on the market.
- Any product which presents an innovative approach to the task.
- Feedback from Equipment Fairs

Oftentimes, one particular product will satisfy two or more of the above criteria, thereby reducing the overall number of products for further evaluation.

Equipment Fairs

Equipment vendors might be invited to present their products on-site to the entire nursing staff and appropriate patient populations at an “Equipment Fair” exhibition. Product samples may be setup and demonstrated within the hospital auditorium or other large area. Staff, patients, biomedical engineering staff, housekeeping staff, and others should be encouraged to examine each product and to provide feedback via a structured evaluation questionnaire. Compilation of results from this rapid evaluation process can be useful in identifying the top three to five products for further evaluation.

To identify the key features across product types, ask each caregiver and patient to report their perceived findings on a structured scale. Key features might include: length, balance, texture, grip, aesthetics, safety, stability, durability, comfort and ease-of-use, etc. Response options for the rating scales may be formatted in a number of ways. The most common format is to provide a horizontal numerical scale, (1-5) often with anchor words to identify the meaning of the scale (Strongly Agree, Strongly Disagree, etc.). The subject circles the number that best represents their perception of acceptability of that feature. Another commonly used format referred to as visual analog scale provides a continuous line rather than a list of numbers where a mark is placed between the
two end-points indicating perception of acceptability. While the latter method may be more sensitive to differences among products, it may be misunderstood by the respondent and is more difficult to score and therefore requires vigilance by the evaluation team or local Peer Leader.

Examples of Product Rating Forms for both caregiver and patient are attached. These can be developed or modified to suit individual needs that better reflect pertinent factors or indicators of interest.

Criteria for Selection of Lifting and Transferring Devices

1. The devices should be appropriate for the task that is to be accomplished.

2. The device must be safe for both the patient and the caregiver. It must be stable, strong enough to secure and hold the patient. Use of the device should not subject the caregivers to excessive awkward postures or high exertion of forces when gripping or when operating equipment.

3. The device must be comfortable for the patient. It should not produce or intensify pain, contribute to bruising of the skin, or tear the skin.

4. The device should be understood and managed with relative ease.

5. The device must be efficient in the use of time.

6. Need for maintenance should be minimal.

7. Storage requirements should be reasonable.

8. The device must be maneuverable in a confined workspace.

9. The device should be versatile.

10. The device must be able to be kept clean easily and concur with infection control requirements. Refer to section on slings for further information on infection control regarding sling use.

11. The device must be adequate in number so that it is accessible.

EQUIPMENT FAIR LESSONS LEARNED

The success of the VA Safe Patient Handling and Movement Research Project’s Equipment Fair was due to the collective efforts of many individuals. Preplanning and coordination of multiple facilities, vendors, and staff was required to orchestrate such an event. The following is an outline of the steps utilized to prepare and conduct such an endeavor:

1. Selection of Equipment and Participating Vendors:
   a. A panel of experts in the field of safe patient handling and movement selected equipment for inclusion based upon literature reviewed and familiarity of the product. Vendors selected were mandated to bring only the requested product(s).
   b. Approximately 15 pieces of equipment were selected to participate in VISN 8’s equipment fair. Vendors were contacted individually, instructed as to what items to present, and given a point of contact for each facility. No participation fees were solicited from the vendors. Travel costs were at the expense of the vendor.

2. Site Coordination
   a. The event was held at seven sites within a two-week period. Dates were pre-determined, based on individual facility needs and were given to the vendors. All vendors chose to participate.
   b. One individual was selected in each facility to coordinate the logistics. This included communication with the vendors as to their set-up needs and intra-facility coordination to provide space, address safety issues, and promote the event.

3. Promotion of the Event
   a. Various modes of communication were employed to promote the event. This included e-mail, promotional posters, discussion at nurse staff meetings, and educating key personnel.
   b. Key personnel contacted included the nurse managers, safety personnel, occupational health, nurse educators, union representatives, back injury resource nurses, engineering, and administration.
   c. The event was promoted to all staff and emphasized in the high risk patient care units. A high-risk unit is defined as an inpatient hospital unit with a high proportion of dependent patients with frequent moves in and out of bed and includes Long Term (nursing home) and Spinal Cord Care Units.
   d. In an effort to entice participation, compensation time was offered to high risk nursing staff that did not work during the event hours. Nurse
managers were encouraged to offer nursing staff time away from the unit to participate.

e. In most facilities, one hour of patient safety training was awarded to participants and recorded in TEMPO. Education sign in sheets were made available at the site.

4. The Event

a. The majority of the sites held the event between the hours of 7 am to 4 pm. This afforded all three nursing shifts the opportunity to participate.

b. VA police were notified of the activity in advance. Vendor set-up time was pre-arranged with the site coordinator and averaged 1.5 hours. Five of the facilities held the event in a large auditorium. The other two facilities utilized vacant patient rooms.

c. The facility Site Coordinator or a designee was responsible for the coordination of events throughout the day.

d. A member of the research project’s core team was present to facilitate the evaluation process and to ensure that the vendors did not distract from the process.

5. Equipment Survey

a. Participants were requested to fill out an equipment rating survey for each individual piece of equipment. The survey, designed by the team members of the research project, sought to identify individual facility equipment preferences and needs through a rating system based on five questions related to patient care. A copy of the survey is attached.

b. All facility staff was allowed to complete the survey.

c. High-risk unit nursing staff members were directed to complete a color-coded survey packet and to place completed survey packet in a designated area.

6. Survey Results

a. Equipment-rating surveys were forwarded to the Patient Safety Center of Inquiry for analysis by the Research Project staff.

b. Equipment purchasing decisions are to be based on the survey data, specific facility needs identified through recent onsite ergonomic analysis, and cost considerations.
SITE COORDINATOR INSTRUCTIONS

The following simple questionnaire has been prepared to assist in decision-making with respect to safe patient handling technologies for your facility.

Please express to High-Risk Unit nurse managers and staff how important their cooperation is in completing these questionnaires. Purchasing decisions for your facility will be greatly influenced by staff preferences. Therefore, the more staff from the high-risk units who participate in the Equipment Day and complete these questionnaires, the more reliable will be the decision. Please encourage nurse managers from the high-risk units to offer comp time or allow their staff a thirty-minute break during the day to attend the equipment demonstrations.

These evaluation forms are for completion by staff members from the high-risk units ONLY. Other staff can be invited to the Equipment Day, but cannot complete a questionnaire.

Please ensure that there are adequate copies available for all staff on the high-risk units to evaluate each piece of equipment, probably 15-20 products in all. Completed forms should be handed back to the site coordinator or designee before staff leave the equipment demonstration hall.

You’ll probably be asked about the outcome of the survey. The survey will be analyzed by Research Project staff and selection will also include cost factors, so please let them know that the Research Project staff will tabulate the ratings at a later time and will relay the results as soon as we can.

At the conclusion, all data collection forms should be returned for analysis to:
EQUIPMENT RATING SURVEY

High Risk Unit Nurse Managers:

The Safe Patient Handling & Movement Research Project Equipment Day will be here soon! In preparation for this, we have developed a simple questionnaire to assist in decision-making with respect to safe patient handling technologies for your facility. (Please review, discuss with staff, and post so they will be aware of what they will be asked to comment on.)

This questionnaire is for completion by staff members from high-risk units ONLY. So, please express to your staff how important their cooperation is in completing these questionnaires. Purchasing decisions for your facility will be greatly influenced by staff preferences. Therefore, the more staff from the high-risk units who participate in the Equipment Day and complete these questionnaires, the more reliable will be the decision. On Equipment Day, please offer comp time or allow a thirty-minute break during the day for your staff to attend the equipment demonstrations.

Completed forms should be handed back to the Safe Patient Handling and Movement Site Coordinator or designee before staff leave the equipment hall.
# Sample #1

**EQUIPMENT RATING SURVEY**

<table>
<thead>
<tr>
<th>Product Name: __________________</th>
<th>Facility: __________</th>
<th>Unit: __________</th>
</tr>
</thead>
</table>

Examine the product very carefully and answer the following questions as they relate ONLY to this product.

Please answer each of the following questions on a scale from 0 to 10, by circling the number that matches your impression, where 0 indicates very poor and 10 indicates a very good.

We encourage you to express any comments you might have directly on this form and thank you for taking the time to help us make the right purchasing decisions for your facility.

1. **How would you rate your OVERALL COMFORT during use of this product?**
   - **Very Poor**
   - **Average**
   - **Very Good**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

2. **What is your impression of this product’s OVERALL EASE-OF-USE?**
   - **Very Poor**
   - **Average**
   - **Very Good**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

3. **How EFFECTIVE do you think this product will be in reducing INJURIES?**
   - **Very Poor**
   - **Average**
   - **Very Good**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

4. **How EFFICIENT do you feel this product will be in use of your TIME?**
   - **Very Poor**
   - **Average**
   - **Very Good**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

5. **How SAFE do you feel this product would be for the PATIENT?**
   - **Very Poor**
   - **Average**
   - **Very Good**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>
### Sample #2 - includes patient/resident & caregivers

**Product Feature Rating Survey (Caregiver)**

<table>
<thead>
<tr>
<th>Caregiver #: _________</th>
<th>Product #: Ceiling lift with sling</th>
<th>Date: ________</th>
</tr>
</thead>
</table>

Please examine the product very carefully and answer the following questions as they relate to this product ONLY. Please answer each question using a scale from 1 to 5, by circling the number that matches your impression, where 1 indicates a negative answer and 5 indicates a positive answer.

1. What is your impression of this product’s OVERALL EASE-OF-USE?
   - Difficult
   - Easy
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

2. How EFFECTIVE do you think this product will be in reducing CAREGIVER INJURIES?
   - Ineffective
   - Effective
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

3. How EFFECTIVE do you think this product will be in reducing PATIENT INJURIES?
   - Ineffective
   - Effective
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

4. How EFFICIENT do you feel this product will be in use of your TIME?
   - Inefficient
   - Efficient
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

5. How SAFE do you feel this product would be for the PATIENT?
   - Unsafe
   - Safe
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

6. How EFFECTIVE is this product in REPOSITIONING your patient UP in bed?
   - Ineffective
   - Effective
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
7. How EFFECTIVE is this product in TURNING your patient to the side (if applicable)?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Effective</th>
</tr>
</thead>
</table>

8. How EFFECTIVE is using a DRAW SHEET to REPOSITION your patient UP in bed?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Effective</th>
</tr>
</thead>
</table>

9. How EFFECTIVE is a DRAW SHEET in TURNING your patient to the side?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Effective</th>
</tr>
</thead>
</table>

10. How EFFECTIVE is using a BED RAIL for your patient to TURN to the side in bed?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Effective</th>
</tr>
</thead>
</table>

11. How EFFECTIVE is using a BED RAIL for your patient to REPOSITION UP in BED?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Effective</th>
</tr>
</thead>
</table>
Product Feature Rating Survey (Patient)

<table>
<thead>
<tr>
<th>Patient #:</th>
<th>Product #: Ceiling lift with sling</th>
<th>Date:</th>
</tr>
</thead>
</table>

Please examine the product very carefully and answer the following questions as they relate to this product ONLY. Please answer each question using a scale from 1 to 5, by circling the number that matches your impression, where 1 indicates a negative answer and 5 indicates a positive answer.

1. How would you rate your OVERALL COMFORT while using this product?

   Uncomfortable
   1 2 3 4 5
   Comfortable

2. How EFFECTIVE do you think this product will be in reducing STAFF INJURIES?

   Difficult
   1 2 3 4 5
   Easy

3. How EFFECTIVE do you think this product will be in reducing your (PATIENT) INJURIES?

   Ineffective
   1 2 3 4 5
   Effective

4. How SAFE did you feel when this product was used to RESPOSITION you to the head of the bed?

   Insecure
   1 2 3 4 5
   Secure

5. How EFFECTIVE is this product in REPOSITIONING you UP in bed?

   Ineffective
   1 2 3 4 5
   Effective

6. How EFFECTIVE is this product in helping you TURN to your side?

   Ineffective
   1 2 3 4 5
   Effective

7. How EFFECTIVE do you think a DRAW SHEET is in assisting you TURN to your side?

   Ineffective
   1 2 3 4 5
   Effective
8. How EFFECTIVE do you think a DRAW SHEET is in assisting you REPOSITION yourself to the head of the bed?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

9. How EFFECTIVE do you think a TRAPEZE BAR is in assisting you REPOSITION yourself to the head of the bed?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

10. How EFFECTIVE do you think a TRAPEZE BAR is in helping you TURN to your side?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

11. How EFFECTIVE do you think a BED RAIL is in REPOSITIONING you to the head of the bed?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

12. How EFFECTIVE do you think a BED RAIL is in helping you TURN to the head of the bed?

| Ineffective | 1 | 2 | 3 | 4 | 5 |
III. SPHM PROGRAM ELEMENTS
SPHM POLICY/PROCEDURES
FACILITY SAFE PATIENT HANDLING POLICY
(TEMPLATE)

1. PURPOSE: This SPH Policy provides procedures and responsibility for implementation and maintenance of a multi-faceted Safe Patient Handling (SPH) Program that integrates evidence-based practice and technology to minimize both the human and capital expenses associated with employee injuries caused by patient handling and movement within ___________________(facility name).

2. POLICY: ____________ (facility name) wants to ensure that its patients/residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, a Safe Patient Handling and Movement Program will be implemented in order to ensure required infrastructure is in place to comply with components of this safe patient handling and movement policy. This infrastructure includes patient handling and movement equipment, program elements to support use of equipment, employee training, and a “Culture of Safety” approach to safety in the work environment. Mechanical lifting equipment and/or other approved patient handling aids must be used to prevent the manual lifting and handling of patients/residents except when absolutely necessary, such as in a medical emergency. This policy is applicable in any location where patient handling occurs and where there is sufficient patient handling equipment in place for attainment of a ‘safe patient handling’ or ‘minimal manual lift’ work environment.

3. PROCEDURES:

A. Compliance: It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients/residents during patient handling activities. Non-compliance will indicate a need for retraining.

B. Safe Patient Handling and Movement Requirements:
1. Avoid hazardous manual patient handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to completion.
2. Use patient handling equipment and other approved patient handling aids for high-risk patient handling and movement tasks except when absolutely necessary, such as in a medical emergency.
3. Use patient handling equipment and other approved patient handling aids in accordance with instructions and training.

C. Training:
1. Training will be provided by staff with training and expertise in Safe Patient Handling and Movement.
2. Training will be incorporated into the
   a. current curriculum for new employees
   b. unit based competencies
3. Mandatory annual training updates will be completed by all staff who move and handle patients

D. Patient Handling Equipment:
1. Patient handling equipment will be accessible to staff.
2. Patient handling equipment will be maintained regularly and kept in proper working order.
3. Patient handling equipment shall be stored conveniently and safely.

E. Safe Patient Handling (SPH) Program Elements

1. Patient Care Ergonomic Evaluations
2. Patient Handling Equipment and Aids
3. Safe Patient Handling Assessment, Algorithms, and Care Plan
4. Unit Peer Leaders (UPL)
5. Safety Huddle/After Action Review (AAR) Process

F. Reporting of Injuries/Incidents:
1. Nursing staff shall report all incidents/injuries resulting from patient handling and movement.
2. Supervisors shall report patient handling injury information as required by the facility. They may also collect supplemental patient handling injury statistics as required by the facility and the Safe Patient Handling Program.
4. **DEFINITIONS:**

    A. **High Risk Patient Handling Tasks**: Patient handling tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, 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, bariatric, and other patient handling tasks.

    B. **High Risk Patient/Resident Care Areas**: Inpatient hospital wards with a high proportion of dependent patients, requiring full assistance with patient handling tasks and activities of daily living and who are frequently moved in and out of bed. Analysis of facility injury data and use of a tool for prioritization of high risk tasks may assist in designation of high risk areas. These units have the highest incidence and severity of injuries due to patient handling tasks and are priorities for patient handling equipment interventions.

    C. **Manual Lifting**: Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids that reduce forces on the worker’s musculoskeletal structure.

    D. **Patient Handling Equipment and Aids** – decrease the risk of injury from patient handling activities and includes, but is not limited to the following.

    1. **Lifting Equipment** includes both ceiling-mounted and portable/floor-based designs and their accompanying slings that function to assist in lifting and transferring patients, ambulating patients, repositioning patients, and other patient handling tasks.

    2. **Lateral Transfer Devices** provide assistance in moving patients horizontally from one surface to another (e.g., transfers from bed to stretcher).

    3. **Beds** that provide assistance with patient handling tasks such as lateral rotation therapy, transportation, percussion, bringing patients to sitting positions, etc.

    4. **Stretchers/Gurneys** that are motorized provide assistance with transporting patients.

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

    6. **Equipment/bed/wheelchair transport assistive devices** assist caregivers in pushing heavy equipment.

    7. **Patient Handling Aids**: Non-mechanical equipment used to assist in the lift or transfer process. Examples include stand assist aids, sliding boards, and surface friction-reducing devices.

    E. **Culture of Safety** describes the collective attitude of employees taking *shared* responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves, co-workers, and patients/residents.

    F. **Safe Patient Handling Assessment, Algorithms, and Care Plan** - Assists nurses in selecting the safest equipment, techniques, and number of staff required for completing high risk patient handling tasks based on specific patient. ([www.patientsafetycenter.com](http://www.patientsafetycenter.com))

    G. **Patient Care Ergonomic Evaluations** – As needed, these are conducted by trained staff in all clinical areas/units where patient/resident handling occurs. Includes risk identification, risk analysis, and generation of equipment, procedure, and policy recommendations.
H. 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 that incorporates staff into the problem-solving process. Safety Huddles are held as a result of an injury incident, near-miss/close-call incident, or a safety concern to decrease the chance of the recurrence. (See Attachment A)

I. Unit Peer Leaders (UPLs) – are staff members from clinical units/areas where patient handling occurs, including nursing, therapy, radiology, the morgue, and other diagnostic, treatment, and procedure areas. They act as the patient handling and movement unit/area champion and resource person. (Attachment B)

J. Facility Champions/Coordinators are nursing or therapy staff with expertise in patient handling and movement techniques and knowledge of patient handling equipment/aids and *Safe Patient Handling Program* elements. (Attachment C)

K. Facility Safe Patient Handling Team/Task Force consists of a multidisciplinary group of clinical staff, facilities management staff, infection control staff, union representative, safety, and others responsible for assisting in implementation of the SPH Program. (Attachment D)

5. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:**

   A. **FACILITY DIRECTOR** shall:

   1. Support the implementation of this policy and the associated *Safe Patient Handling Program*.
   2. Support a “Culture of Safety” within this medical center.
   3. Furnish sufficient patient handling equipment/aids to ensure safe patient handling and movement.
   4. Furnish acceptable storage locations for patient handling equipment/aids.
   5. Ensure patient handling equipment/aids are well maintained and repaired in a timely fashion when necessary.
   6. Provide staffing levels sufficient to support safe patient handling and movement.

   B. **NURSE MANAGERS** shall:

   1. Support the implementation of this policy and the associated *Safe Patient Handling Program*.
   2. Ensure high-risk patient handling tasks are assessed prior to completion and are completed safely, using patient handling equipment and other approved patient handling aids and appropriate techniques.
   3. Ensure patient handling equipment and other equipment/aids are available, maintained regularly, in proper working order, and stored conveniently and safely.
   4. Ensure employees complete safe patient handling awareness training on program elements and rationale for program. Ensure employees complete initial, annual, and additional equipment use training as required if employees show non-compliance with safe patient handling and movement or equipment use. Maintain training records for a period of three (3) years.
   5. Refer all staff reporting injuries due to patient handling tasks to
Occupational Health.

6. Maintain Accident Reports and supplemental injury statistics as required by the facility.
7. Support a “Culture of Safety”.

C. EMPLOYEES shall:
1. Comply with all parameters of this policy.
2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of high-risk patient handling tasks.
3. Notify supervisor of any injury sustained while performing patient handling tasks.
4. Use appropriate procedures for reporting patient handling equipment in need of repair.
5. Notify supervisor of need for re-training in use of patient handling equipment and aids and program elements.
6. Complete and document Safe Patient Handling and Movement training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement.
7. Complete and document safe patient handling and movement equipment training initially and as required to correct improper use/understanding of safe patient handling and movement.
8. Support a “Culture of Safety”.

D. PEER LEADERS (UPLs) are responsible for the implementation and maintenance of the Safe Patient Handling Program in their unit/area, providing expertise in the safe patient handling and moving of patients and residents, assisting in Program monitoring & evaluation, training co-workers in Program elements, acting as staff resources, coaches, and team leaders, and sharing other applicable knowledge. (Attachment B.)

E. FACILITY CHAMPIONS/COORDINATORS are responsible for implementing and maintaining the facility Safe Patient Handling Program, providing leadership for the Unit Peer Leaders, and maintaining communication with administration and management regarding the status of the Program. (Attachment C.)

F. FACILITY SAFE PATIENT HANDLING TEAM/TASK FORCE consists of a multidisciplinary group of clinical staff, facilities management staff, infection control staff, union representative, safety, and others responsible for assisting in implementation of the SPH Program. (Attachment D)

G. FACILITIES MANAGEMENT shall
1. Maintain patient care equipment in proper working order
2. Consult with equipment manufacturers in order to provide safe equipment installations.
3. Provide guidance, assistance, and support to the safe patient handling and movement team.
H. **INFECTION CONTROL** shall provide expertise in determining appropriate cleaning/disinfecting procedures for patient handling equipment and aids.

I. **SUPPLY/PROCESSING/DISTRIBUTION (SPD)** shall assist in the purchase, maintenance, tracking, and provision of patient handling equipment and slings to units/areas where appropriate.

5. **REFERENCES:**


Attachment A

Safety Huddle/AAR Brochure
Points to Remember

- Hold Safety Huddles regularly—either at a regularly scheduled time or at the end of a defined part of work, e.g. after morning care is completed. Schedule them at a time that is best for your particular unit and staff.

- Keep meetings brief. Safety Huddles may be accomplished in as little as 15 minutes.

- During the meeting the group asks:
  1. What happened to threaten patient or staff safety?
  2. What should have happened?
  3. What accounted for the difference?
  4. How could the same outcome be avoided the next time?
  5. What is the follow up plan?
Assign one person to take responsibility for making sure that follow up is done.
What is a Safety Huddle?

Safety Huddles are based on After Action Review (AAR), a highly successful method of knowledge transfer that is used in high performing organizations, such as the United States Army. AAR is a method for transferring knowledge a team has learned from doing a task in one setting to the next time that team does the task in different setting (Dixon, 2000). This process moves unique knowledge that an individual holds into a group setting so that the knowledge can be integrated, understood by the whole team and used when individuals face similar circumstances.

Often, knowledge generated in work settings is not shared and therefore not usable. Safety Huddles provide a structured method for making tacit knowledge explicit among team members, thus usable next time a similar situation is faced.

Safety Huddles offer an effective means for learning from both safety mishaps and near misses. It is an informal process in which there are no recriminations, reports are not forwarded to supervisors, and meetings are facilitated locally. In Safety Huddles staff should feel free to share knowledge without fear of embarrassment or recrimination.


Safety Huddles are compatible with established mechanisms for dealing with errors and near misses such as incident-reporting and root cause analysis. The advantage to a Safety Huddle is that it becomes part of the routine way that a work team goes about its business to maximize patient safety.

When should Safety Huddles be conducted?

Safety Huddles are most successful when held on a regular basis. Either schedule them at the same time every day or after some defined unit of work, e.g. after morning care is completed. The more frequently you conduct them the more comfortable you will become with learning from experience without placing blame. Routine meetings held frequently may be easier to keep brief and highly focused.

Who should attend Safety Huddles?

Everyone involved in direct care should be involved in Safety Huddle meetings. Each person’s information and ideas are necessary to get a full picture of what happened and to generate ideas about how to incorporate the learning into future actions. Not attending will suggest that the Safety Huddle results are not a product of everyone involved, and that some members cannot contribute to learning from experience.

How long should Safety Huddles last?

Keep the meetings brief. They may be accomplished in as little as 15 minutes. The group asks:
1) What happened to threaten patient or staff safety,
2) What should have happened,
3) What accounted for the difference,
4) How could the same outcome be avoided the next time, and
5) What is the follow-up plan?
Engage in open discussion based on objective facts without blaming individuals.

Should minutes be recorded?

Keep only informal notes, and make them available to other staff if it will help them to avoid patient errors and staff injuries. Do not formalize notes, nor send them to supervisors. Keep in mind that the focus of Safety Huddles is to help the team itself learn from its own experiences. One person should be responsible for making sure that corrective actions were taken.
Attachment B

Peer Leaders
SELECTION
ROLES/RESPONSIBILITIES
SPH Peer Leaders
SUGGESTED Selection Criteria

Eligibility
- Any direct patient care staff (i.e., RN, LPN, CNA, PT, OT, diagnostic tech, etc.) with at least 6 months experience with handling patients
- Employed on unit for at least six months or a UPL in another area previously
- Anticipates working on unit at least one year or more

Qualities
- Satisfactory performance evaluation
- Respected by colleagues & management
- Responsible and reliable
- Flexible
- Takes initiative/proactive
- Good time management qualities
- Outgoing
- Resourceful
- Assertive (appropriately)
- Maintains good relationships w/ management

Skills
- Patient handling experience
- Effective oral/written communication skills
- Physically able to perform job duties
- Critical thinking skills (appropriate for duties)
- Ability to teach peers using established training programs
- Informal Leader – credible with & respected by peers
- Computer skills
- Ability to learn, apply, and transfer new knowledge
SPH Peer Leaders
SUGGESTED Roles/Responsibilities

Act as Unit SPH Champion
- Act as unit expert and resource on patient care ergonomics, equipment use, and safe patient handling techniques for managers/supervisors, peers, patients, families
- Problem solve patient handing issues
- Motivate/coach peers – encourages co-workers in use of patient handling equipment and compliance with SPH Program
- Bariatric SPH resource/expert
- Assist in SPH Program implementation

Train peers/managers/patients/families
- Conduct staff in-services/training on SPH issues, equipment, etc.
- On unit, orient new employees to SPH & UPL role
- Facility-wide, participate in new employee orientation training
- Train, re-train co-workers on new & existing equipment
- Complete or assist in completion of equipment competency assessments
- Assist co-workers in patient/family training when needed

Facilitate SPH Knowledge Transfer
- Maintain communication with other UPLs through
  - Face-to-face facility UPL meetings
  - UPL Email Group
  - Conference calls
- Share best practices learned during UPL meetings with co-workers/management
- Communicate with Facility Champion
  - One-on-one as needed
  - UPL meetings
  - Ensure facility champion is aware of UPL personnel changes – resignation, transferring etc.
- Implement After Action Review (AAR) Program, Initially take lead in AARs
- Train staff on and ensure compliance with use of Algorithms

Monitor unit SPH Program status/compliance
- Complete UPL Log to capture
  - UPL activity
  - SPH Program status
  - SPH Program acceptance
- Track equipment use
- Others

Equipment Super User
Equipment Use/Management
- Assist in conducting unit equipment needs evaluation
- Assist staff in selection of equipment through trials/equipment fairs
- Implement equipment introductions on unit
- Train staff on use of equipment (after initial manufacturer training)
- Track equipment locations, storage & ensure accessibility
- Track operational status and need for maintenance of equipment/batteries/slings
- Ensure annual/preventative maintenance is accomplished
- Track sling types, quantities, and condition
- Facilitate battery/sling/equipment orders when needed
- Notify appropriate staff when patient handling equipment problems/incidents arise
- Ensure facility & manufacturer infection control requirements are followed

Act as Unit liaison with
- Facility Champion/Coordinator
- equipment manufacturer/vendor
- purchasing
- Engineering/Facilities Management
- Infection control
- others

Conduct Ergonomic ongoing environmental/ergonomic evaluations, perform walk-throughs to assess equipment use and function

Maintain current knowledge of SPH issues, technology, and best practices
- Attend facility UPL meetings, regional/national conference calls
- Participate in equipment manufacturer training
- Attend annual SPH conferences

Follow unit injuries & close calls
- Assist in documentation and tracking of injuries and close calls
- Foster reporting of injuries, near misses, and safety concerns

Demonstrate Systems Thinking
- Participate in facility-wide SPH initiatives and projects
- Foster supportive relationship with manager/supervisor
- Be knowledgeable of and provide input on facility policies/procedures
Attachment C

Facility Safe Patient Handling
Champion/Coordinator

SAMPLE FUNCTIONAL STATEMENT
Facility Safe Patient Handling Coordinator
Sample Functional Statement
DRAFT

**Position Summary**
The Safe Patient Handling Coordinator (SPH Coordinator) provides leadership and assumes continuing responsibility for the development, implementation, coordination, maintenance, and evaluation of the Safe Patient Handling program at the facility level. This includes integrated programs that cross service and/or discipline lines and influence organizational mission, vision, values, and strategic priorities.

**Principle Duties and Responsibilities**
The Safe Patient Handling Coordinator is responsible for:

- Implementation and maintenance of the facility’s Safe Patient Handling (SPH) Program
- Continuous evaluation of the facility’s Safe Patient Handling (SPH) Program; collection and submission of facility and national SPH performance measures and data call requests
- Development, leadership, coordination, expansion, and maintenance of the patient handling Unit Peer Leader (UPL) program
- UPL SPH education, training, and competency assessment in use of equipment and program elements
- Staff SPH education, training, and competency assessment in use of equipment and program elements
- Evaluation of compliance with JCAHO standards and planning and implementation of programs
- Identification, proposal, and oversight of equipment to meet current and future facility needs for safe patient handling
- Development and implementation of facility equipment and sling tracking programs
- Collaboration with facility infection control practitioners to develop and implement facility infection control program for patient handling equipment
- Communication of SPH goals and objectives and SPH Program status to facility administrators/Environment of Care Committee
- Leadership and coordination of facility multidisciplinary SPH committee
- Provision of expertise and oversight of SPH in all relevant clinical areas
- Provision of expertise and oversight of facility SPH bariatric issues
- Communication and coordination of equipment selection, installation, and maintenance with facility contracting, facilities management, and other applicable services
- Communication and coordination of remediation of equipment issues with manufacturers and facility contracting, facilities management, and other applicable service
FACTORS

Knowledge Required by the SPH Coordinator Position

Incumbent is a graduate of an accredited PT, OT, or RN program and holds a current and unrestricted license to practice their respective profession.

A Master’s Degree or Ph.D. (may be in a variety of related fields including Nursing, Ergonomics, Physical Therapy, Occupational Therapy, or other relevant areas) is desirable.

Proficiency in English is required.

At least three (3) years of exemplary clinical experience with demonstrated leadership skills is required.

The SPH Coordinator must possess solid interpersonal and collaboration skills. The SPH Coordinator must also demonstrate well honed communication abilities. As such the SPH Coordinator must be a team player that clearly illustrates how the Safe Patient Handling program segues with and complements existing programs.

Scope and Complexity

The Safe Patient Handling Coordinator must collaborate, elicit support, and network with interdisciplinary personnel, SPH experts/resources outside the facility and the VA Safety Center and equipment vendors.

Practice: Uses an analytical framework to create, develop and maintain the SPH program; as such the following practice components will be effectuated:

- Ongoing data collection and use of research to demonstrate progress/success of the SPH program
- Development of the peer leader program to facilitate facility-wide implementation of the SPH program. Education, supervision and support of the peer leaders
- Collaborate with managers to develop a strategy for dissemination of information, education, and justification of SPH program to nursing unit staff and other disciplines
- Develop and implement a plan to “sell” or market SPH program and educate interdisciplinary staff
- Collaborate with nursing and other related clinical professional management/staff in equipment selection and implementation.

Quality of Care: Provides leadership in improving and sustaining the quality and effectiveness of care in SPH program.
Performance: Implements standards of professional practice consistent with applicable accrediting bodies’ regulations.

Education/Career Development: Develops peer leaders for progression of responsibility. Anticipates new knowledge needs for changing practice environment/population groups. Plans, implements and evaluates strategies to meet those needs.

Collegiality: Contributes to the professional growth and development of colleagues and other health care providers at the local, regional, state, and national level including VA counterparts.

Ethics: Provides leadership in addressing ethical issues that impact the clients or staff involved with the SPH program.

Collaboration: Demonstrates leadership in developing productive working relationships with groups in other programs, services, academic settings and community settings.

Research: Collaborates with staff, other disciplines, faculty and peers in developing, conducting and evaluating SPH research activities and programs.

Resource Utilization: Designs, modifies, and implements systems compatible with professional standards and with the mission and the goals of the organization to improve cost-effective use of resources.

Guidelines

Guidelines consist of relevant clinical practice and administrative policies as they relate to Safe Patient Handling. This will require the SPH Coordinator to exercise considerable adaptation and interpretation for relevant SPH issues and applications. Existing precedents provide a basic outline of results desired, but do not go into sufficient detail as to the specific implementation of the SPH program. Within the context of broad regulatory guidelines the SPH Coordinator may refine or develop more specific guidelines such as implementing standards of practice and other related methods. Incumbent must have the ability to follow guidelines within the parameters of the overall SPH program.

Supervisory Controls

The Safe Patient Handling Coordinator is directly accountable to the Nurse Executive/Associate Director for Patient Care Services for their professional practice and administrative performance.

The supervisor and SPH Coordinator will develop a mutually acceptable project plan which typically includes identification of the task to be accomplished, the scope of the project, and deadlines for its completion. Within the parameters of the SPH program, the incumbent is responsible for planning and organizing the work, estimating costs and
requirements, coordinating with staff and line supervisors potentially controversial findings, issues, or problems with widespread impact. Completed projects, evaluations, reports, or recommendations are reviewed by the supervisor for compatibility with overall organizational goals, guidelines, and effectiveness in achieving intended objectives. Incumbent will work independently without daily close supervision; and as such will maintain SPH programs on an ongoing basis.

**Personal Contacts**

Personal contacts are extensive and include patients, clinical staff, facility leadership and others directly affected by the Safe Patient Handling program. Ongoing interaction will be maintained with respective program officials in VACO.

**Purpose of Contacts**

The purpose of the contacts outlined above, is to educate patients and related staff on the components of Safe Patient Handling and to fully implement/integrate the SPH program.

The SPH Coordinator also collects information from these contacts and provides ongoing qualitative analysis of the program’s effectiveness. This comprises a continuous quality improvement process for the SPH program.

**Work Environment**

Work is performed in a clinical setting within the medical center.

**IT Security Statement**

In the performance of their official duties, the SPH Coordinator has regular access to print and electronic files containing sensitive information which must be protected under the provision of the Privacy Act of 1974, HIPAA, and other applicable laws and regulations. The incumbent is responsible for (1) protecting all relevant information against unauthorized release or deletion and, (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in their computer access agreement which the employee signs for IT access.
Facility Safe Patient Handling Committee

Membership

- SPH Facility Champion
- Peer Leader Representative
- Nursing Administrator
- Nursing Staff (CNA, LPN, RN)
- Nursing Service Safety Rep
- Risk Manager
- Union
- Nurse Educator
- Therapy Staff (OT, PT, ST)
- Purchasing
- Engineering
- Employee Health/Safety
- Patient
- Others

Roles/Responsibilities

- Implements and maintains SPH Program
- Identifies SPH Program Goals and Objectives, utilizes them to drive Program
- Develops Policy and Procedures
- Reviews/trends Data
- Ensures incidents/injuries are investigated and remediated, if feasible
- Facilitates Equipment Purchases
- Others
SAFETY HUDDLE
After Action Review (AAR)
Points to Remember

- Hold Safety Huddles regularly—either at a regularly scheduled time or at the end of a defined part of work, e.g., after morning care is completed. Schedule them at a time that is best for your particular unit and staff.

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  1. What happened to threaten patient or staff safety?
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Assign one person to take responsibility for making sure that follow up is done.

VHA Patient Safety Center (118M)
11605 N. Nebraska Avenue
Tampa, FL 33612-5738

Phone: 813-558-3911
Fax: 813-558-3990
www.visn8.med.va.gov/patientsafetycenter/
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Department of Veterans Affairs

VA Patient Safety Center (118W)
11605 N. Nebraska Avenue
Tampa, FL 33612-5738

Phone: 813-558-3911
Fax: 813-558-3990
www.va.gov/patientsafetycenter/
SAFETY HUDDLE QUESTIONS

(1) What happened?

(2) What was supposed to happen?

(3) What accounts for the difference?

(4) How could the same outcome be avoided the next time?

(5) What is the follow-up plan?

For More Information: Safe Patient Handling & Movement: A Practical Guide for Health Care Professionals, Ch. 7 (M. Matz, author; A. Nelson, editor)
SAFETY HUDDLE
RECOMMENDATIONS TEMPLATE

Date of Safety Huddle:____________________________

RECOMMENDATION #1:

STAFF RESPONSIBLE FOR FOLLOW-UP:

Contact Information:

FOLLOW-UP DATE/S:

RECOMMENDATION #2:

STAFF RESPONSIBLE FOR FOLLOW-UP:

Contact Information:

FOLLOW-UP DATE/S:

RECOMMENDATION #3:

STAFF RESPONSIBLE FOR FOLLOW-UP:

Contact Information:

FOLLOW-UP DATE/S:
### SAFETY HUDDE
#### UNIT RECOMMENDATIONS LOG

<table>
<thead>
<tr>
<th>Date of initial Safety Huddle/AAR</th>
<th>Recommendation</th>
<th>Progress Notes</th>
<th>Follow-up Date/s</th>
<th>Recommendation Completion Date</th>
<th>Date Staff Informed of Status</th>
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SAFE PATIENT HANDLING ASSESSMENT, ALGORITHMS, & CARE PLAN
Assessment Criteria and Care Plan for Safe Patient Handling and Movement

I. Patient’s Level of Assistance:
   _____ Independent—Patient performs task safely, with or without staff assistance, with or without assistive devices.
   _____ Partial Assist—Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of a patient’s weight.
   _____ Dependent—Patient requires nurse to lift more than 35 lbs. of the patient’s weight, or is unpredictable in the amount of assistance offered. In this case assistive devices should be used.

   An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.

II. Weight Bearing Capability

   III. Bi-Lateral Upper Extremity Strength
   _____ Full
   _____ Partial
   _____ None

IV. Patient’s level of cooperation and comprehension:
   _____ Cooperative — may need prompting; able to follow simple commands.
   _____ Unpredictable or varies (patient whose behavior changes frequently should be considered as “unpredictable”), not cooperative, or unable to follow simple commands.

V. Weight: ___________ Height: ___________

   Body Mass Index (BMI) [needed if patient’s weight is over 300]: ___________

   If BMI exceeds 50, institute Bariatric Algorithms

   The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and technique needed to move the patient.

VI. Check applicable conditions likely to affect transfer/repositioning techniques.

   _____ Hip/Knee/Shoulder Replacements
   _____ History of Falls
   _____ Paralysis/Paresis
   _____ Unstable Spine
   _____ Severe Edema
   _____ Very Fragile Skin
   _____ Respiratory/Cardiac Compromise
   _____ Wounds Affecting Transfer/Positioning
   _____ Amputation
   _____ Urinary/Fecal Stoma
   _____ Contractures/Spasms
   _____ Tubes (IV, Chest, etc.)

   Fractures
   _____ Splints/Traction
   _____ Severe Osteoporosis
   _____ Severe Pain/Discomfort
   _____ Postural Hypotension

Comments:_____________________________________________________________________________________________________________________________
   ___________________________________________________________________________________________________________________________________
   ___________________________________________________________________________________

VII. Appropriate Lift/Transfer Devices Needed:

   Vertical Lift: ___________________________________________________________________________________________________________________________________

   Horizontal Lift: ___________________________________________________________________________________________________________________________________

   Other Patient Handling Devices Needed: ___________________________________________________________________________________________________________________________________

   Sling Type: Seated _____ Seated (Head Support) _____ Seated (Amputee) _____ Hygiene _____ Supine _____ Ambulation _____ Limb Support _____

   Sling Size: _______________

   Signature: ____________________________ Date: ______________________

¹ For Online BMI table and calculator see: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm
**Algorithm 1: Transfer to and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair**

**Start Here**

**Can patient bear weight?**

- **Fully**
  - Caregiver assistance not needed; Stand by for safety as needed.

- **Partially**
  
  **Is the patient cooperative?**
  - **Yes**
    - Stand and pivot technique using a gait/transfer belt (1 caregiver) or powered standing assist lift (1 caregiver).
  - **No**
    - **Use full body sling lift and 2 caregivers.**

- **No**
  
  **Is the patient cooperative?**
  - **Yes**
    - Use full body sling lift and 2 caregivers.
  - **No**
    - **Does the patient have upper extremity strength?**
      - **Yes**
        - Seated transfer aid; may use gait/transfer belt until the patient is proficient in completing transfer independently.
      - **No**

- **Partially**
  
  **Does the patient have upper extremity strength?**
  - **Yes**
    - Seated transfer aid; may use gait/transfer belt until the patient is proficient in completing transfer independently.
  - **No**

**Notes:**

- For seated transfer aid, must have chair with arms that recess or are removable.
- For full body sling lift, select a lift that was specifically designed to access a patient from the car (if the car is the starting or ending destination).
- If patient has partial weight bearing capacity, transfer toward stronger side.
- Toileting slings are available for toileting.
- Mesh slings are available for bathing.
- During any patient transterring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. [Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing, 107*(8), 53-59.]
Algorithm 2: Lateral Transfer To and From: Bed to Stretcher, Trolley

Start Here

- Partially Able or Not At All Able
  - Can patient assist?
    - Yes
      - Destination surface should be 1/2" lower for all lateral patient moves.
      - For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.
      - During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
    - No
      - < 200 Pounds: Use a friction reducing device.
      - > 200 Pounds: Use a ceiling lift with supine sling, a mechanical lateral transfer device or air-assisted device and 3 caregivers.

- Caregiver assistance not needed; Stand by for safety as needed.

Can patient assist?

- Yes
  - Destination surface should be 1/2" lower for all lateral patient moves.
  - For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.
  - During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]

- No
  - < 200 Pounds: Use a friction reducing device.
  - > 200 Pounds: Use a ceiling lift with supine sling, a mechanical lateral transfer device or air-assisted device and 3 caregivers.
**Algorithm 3: Transfer To and From: Chair to Stretcher or Chair to Exam Table**

**Start Here**

- Is the patient cooperative?
  - No: Use floor-based lift and 2 or more caregivers.
  - Yes:
    - Can the patient bear weight?
      - Fully: Caregiver assistance not needed; Stand by for safety as needed.
      - Partially:
        - Use floor-based lift and 2 or more caregivers.
        - If exam table/stretcher can be positioned to a low level, use non-powered stand assist. If not, use a full body sling lift.

- High/Low exam tables and stretchers would be ideal.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. [Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing, 107*(8), 53-59.]
**Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed**

- 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 (when tolerated) 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.
- During any patient handling task, if the caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.
Algorithm 5: Reposition in Chair: Wheelchair and Dependency Chair

Start Here

- Caregiver assistance not needed; Stand by for safety as needed.
  - If patient has upper extremity strength in both arms, have patient lift up while caregiver pushes knees to reposition.
  - If patient lacks sensation, cues may be needed to remind patient to reposition.

Can patient assist?

- Fully able
- Partially able

Can the patient bear weight?

- Yes
- No

Recline chair and use a seated repositioning device and 2 caregivers.

If patient has upper extremity strength in both arms, have patient lift up while caregiver pushes knees to reposition.

If patient lacks sensation, cues may be needed to remind patient to reposition.

Is patient cooperative?

- Yes
- No

Use floor-based lift or stand assist aid and 1 to 2 caregivers

Use floor-based lift and 2 or more caregivers.

- 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.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient’s weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Algorithm 6: Transfer a Patient Up From the Floor

Start Here

Was the patient injured?  
Yes  
Was the injury minor?  
No  

 Depends on type and severity of injury (follow Standard Operating Procedures).

Can patient assist?  
No  

Floor-based lift needed with 2 or more caregivers.

Yes

Caregiver assistance not needed; Stand by for safety as needed.

- Use floor-based lift that goes all the way down to the floor (most of the newer models are capable of this).
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 1: Bariatric Transfer To and From: Bed/Chair, Chair/Toilet, or Chair/Chair

Start Here

Can patient bear weight?

Fully

Stand-by for safety as needed*

Partially or No

Is the patient cooperative?

Partially or No

Bariatric floor-based or ceiling lift (minimum of 3 caregivers)

Fully

Bariatric stand assist lift (minimum of 2 caregivers)

OR

Bariatric floor-based or ceiling lift (minimum of 2 caregivers)

Does the patient have upper extremity strength?

Fully

Use seated bariatric transfer aid; may use sliding board until the patient is proficient in completing transfer independently (minimum of 2 caregivers)

Partially or No

For seated transfer aid, must have chair with arms that recess or are removable.

Bariatric toileting slings are available for toileting.

Bariatric bathing mesh slings are available for bathing.

Note that a standard porcelain toilet typically has a weight limit of 350 pounds; the patient may need a bariatric commode chair or steel toilet.

In older lifts, more effort is need to place the sling under the patient, which may require a minimum of 3 caregivers.

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 2: Bariatric Lateral Transfer To and From: Bed/Stretcher/Trolley

**Start Here**

- Can patient assist?
  - Partially Able or No
  - Fully

**Stand by-for safety as needed**
(minimum of 2 caregivers)

- Mechanical lateral transfer device, bariatric ceiling lift with supine sling or air assisted friction-reducing device
  (minimum of 3 caregivers)**

- The destination surface should be about 1/2" lower for all lateral patient moves.
- Avoid shearing force.
- Make sure bed is the right width, so excessive reaching by caregiver is not required.
- Lateral transfers should not be used with specialty beds that interfere with the transfer.
  In this case, use a bariatric ceiling lift with supine sling.
- Ensure bed or stretcher doesn't move with the weight of the patient transferring.
- Use a bariatric stretcher or trolley if patient exceeds weight capacity of traditional equipment.

* "Stand by-for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
* Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
* If patient has partial weight-bearing capability, transfer toward stronger side.
* Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
* Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
* During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed

**Start Here**

- **Can patient assist?**
  - **Fully**
    - Caregiver assistance not needed; patient may/may not use weight-specific positioning aid
  - **Partially or No**

- **Is patient cooperative?**
  - **Fully**
    - Bariatric ceiling lift with supine sling, air-assisted device or friction-reducing aid (minimum of 2-3 caregivers)
  - **Partially or No**

**Bariatric ceiling lift with supine sling, air-assisted device or friction-reducing aid (minimum of 3 caregivers)**

- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with drawsheet, under patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
  - Dycem (TM)
  - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
  - Posey-Grip (TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 4: Bariatric Reposition in Chair: Wheelchair, Chair, or Dependency Chair

Start Here

- Can patient assist?

  - Partially or No

  - Is patient cooperative?

    - Fully

      - Bariatric ceiling lift, floor based lift, repositioning device or seated friction reducing device (minimum of 2 caregivers)

    - Partially or No

      - Bariatric ceiling lift, floor based lift, repositioning device or seated friction reducing device (minimum of 3 caregivers)

- Fully

  - Stand-by for safety as needed*

---

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 5: Patient Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)

Start Here

Can patient sustain limb position to assist in making body part accessible?

Fully

Proceed with patient handling task

Partially or No

Assemble multidisciplinary team to develop creative solutions that are safe for patient and caregiver.

Examples:
- Modify use of a full body sling lift to elevate limbs for bathing or wound care (i.e. bariatric limb sling).
- Use draw sheet with handles for 2 caregivers (one per side) to elevate abdominal mass to access the perineal area (e.g., catheterization, wound care).
- To facilitate drying a patient between skin folds, use the air assisted lateral transfer aid to blow air or use a hair dryer on a cool setting.
- Use sealed high-density foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
  - Dycem(TM)
  - Scoot-Guard(TM): antimicrobial; clean with soap and water, air dry.
  - Posey-Grip(TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.

- Newer equipment often is easier to propel.
- If patient is uncooperative, secure patient in stretcher.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. [Waters, T. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59.]
Bariatric Algorithm 7: Toileting Tasks for the Bariatric Patient

Start Here

Is patient cooperative?

Can patient bear weight and ambulate?

Can toilet accommodate patient's weight?

Does patient have upper extremity strength?

Stand by for safety to escort to toilet or bedside commode. (minimum of 1-2 caregivers).

Use stand assist lift and transfer patient onto bedside commode. (minimum of 2 caregivers)

Use full body sling lift with a toileting sling to transfer to bedside commode (minimum of 3 caregivers)

Considerations:
- Is bathroom doorway wide enough to accommodate entry of mechanical lift device and patient?
- Assure equipment used meets weight requirements and is appropriately sized for patient.
- Typically, standard toilets are rated to 350 lbs. maximum capacity.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.
**Bariatric Algorithm 8: Transfer a Bariatric Patient Up From the Floor**

**Start Here**

Was the patient injured?  

---

**Assess for fracture or spinal cord injury. Does patient need immobilization technique?**

*Yes* →  

---

**Can patient assist?**

*No* →  

---

**Total lift device needed using two or more caregivers.**  
**Hover Jack with friction-reducing sheets and 2 caregivers.**

*Yes* →  

---

**Caregiver is to secure chair beside patient.**  
**Using the chair, have patient use own strength to raise self.**  
**Do not tug on patient or lift patient.**

---

**Do not lift patient off floor.**  
**Do not allow patient to lean on caregiver for base of support.**  
**Immobilization Technique** definition: use spinal precautions if can't use lift due to suspect hip, pelvic, or vertebral fractures.  
**Use floor-based lift that goes all the way down to the floor (most of the newer models are capable of this).**  
**During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight then the patient should be considered to be fully dependent and assistive devices should be used.** [Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing, 107*(8), 53-59.]
Orthopaedic Algorithm #1: Turning Patient in Bed (Side-to-Side) Patient with Orthopaedic Impairments

START

Is the patient cooperative?

No

Use a mechanical device\(^1,2,3\) or bed-assisted technology (min. 2 caregivers)

Caregiver assistance not needed; patient may/may not use a bed-mounted repositioning aid

Yes

Can patient assist?

Fully

Encourage patient to assist using a position aid (repositioning pole or side rail) (see recommendations by weight (next 3 boxes)

Partially

START

Can patient assist?

Fully

Encourage patient to assist using a position aid (repositioning pole or side rail) (see recommendations by weight (next 3 boxes)

Partially

FOOTNOTES:
1. Maintain orthopaedic precautions as prescribed while performing this activity such as total hip, knee, shoulder, or spine precautions.
2. Select sling to meet and maintain the patient’s pre-op or post-op positioning guideline/precautions for the affected limb/body part(s).
3. Examples of repositioning mechanical devices are: Turning clips: these simple slips attach to a bed sheet and can be used with a floor-based lift or ceiling-based lift to facilitate turning a patient. Turning straps/slings: one end of these straps or slings is connected to the bed and the other end is attached to either a ceiling or floor based lift to facilitate turning the patient. Powered mechanical devices: a ceiling lift is a powered overhead lift that can be used with a repositioning sling to turn a patient in bed. Friction reducing devices: either tubular in design, or two separate pieces of material are placed under the patient to assist in turning the patient in bed or moving the patient to the head of the bed. Pulley systems: these devices work by use of a pulley system and an overhead frame. The user turns a crank, which engages the pulley system to retract straps that are connected to a rod and bed sheet, thus turning the patient on the side.
4. If the patient weighs more than 234 lbs. mechanical assistive devices should be used to assist. Use your best clinical judgment for the number of caregivers required to assist.

GENERAL NOTES:
- For any patient who has, or is at risk for a pressure ulcer, care should be taken to avoid shearing force (such as using a friction reducing device for repositioning in bed). Shearing force is when there are two forces moving in opposite directions adjacent to each other (like scissors).
- The height of the bed should be appropriate for staff safety (at elbow height).
- During any patient handling task, if the caregiver is required to lift more than 35 lbs./16 kg.) of a patient’s weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59).
**Orthopaedic Algorithm #2: Vertical Transfer of a Post-Operative Total Hip Replacement Patient (Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair)**

**FOOTNOTES:**
1. See 1A, 1B, 1C, 1D below for techniques to position patient at side of bed.
   - 1A. Moving from supine head of bed elevated to sitting at edge of bed requires: Patient's ability to shift their seated weight in a sitting position. Typically accomplished by unweighting one buttock and moving it toward the edge of the bed; repeating this in alternating fashion until patient is sitting at edge of bed.
   - 1B. With an impaired upper or lower extremity, caregiver might need to support the limb while patient attempts #1A.
   - 1C. If patient is unable to accomplish #1A with #1B and the amount of assistance from caregiver will exceed 35 lbs., then a mechanical lift device should be used to achieve sitting position at the edge of the bed.
   - 1D. Anti-friction sheets and seated discs might be useful when the amount of caregiver assistance is close to recommended limits; be aware of skin shearing risks. Shearing forces are caused when there are two forces moving in opposite directions adjacent to each other (like scissors).
2. Maintain orthopaedic precautions as prescribed while performing this activity such as total hip, knee, shoulder, or spine precautions.
3. Select sling to meet and maintain the patient's pre-op or post-op positioning guideline/precautions for the affected limb/body part(s). For more information on sling section, see Appendix A.
4. This will include situations where the patient may be allowed: a) Limited weight bearing on one lower extremity and full weight bearing on the other extremity; b) Partial weight bearing through both lower extremities.

**GENERAL NOTES:**
- If patient has partial weight bearing capacity, transfer toward stronger side.
- For car transfers: a) If patient cannot tolerate a seated position when doing a car transfer use a stretcher transfer or alternative transportation may be required; b) All car transports should comply with state laws for both children and adults; c) Don't forget to use all of the features of the car (ie., adjustability of the seat) during the transfer.
- The height of the bed should be appropriate for staff safety (at elbow height).
- During any patient handling task, if the caregiver is required to lift more than 35 lbs./16 kg.) of a patient's weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59).
Orthopaedic Algorithm #3: Vertical Transfer of a Patient with an Extremity Cast/Splint

START

Is the patient cooperative?

Yes

No

Use a mechanical lift (min. 2 caregivers)

Can the patient bear weight with lower extremities?

Partially

Fully

Caregiver assistance not needed; Stand by for safety as needed. Utilize mobility aids as prescribed or as determined by team (crutches, walker, cane).

FOOTNOTES:
1. Moving from supine head of bed elevated to sitting at edge of bed requires a patient's ability to shift their seated weight in a sitting position:
   a. When assistance is not required, this is typically accomplished by unweighting one buttock and moving it toward the edge of the bed; repeating this in alternating fashion, until patient is sitting at the edge of the bed.
   b. With an impaired upper or lower extremity:
      i. if the amount of assistance from caregiver does not exceed 35 lbs., caregiver may provide limb support while patient moves unassisted to side of bed (see a. above)
      ii. if the amount of assistance from caregiver may exceed 35 lbs., then a limb support strap/sling with a mechanical lift will provide limb support while patient moves unassisted to side of bed (see 1a. above)
   c. If patient is unable to accomplish a. and/or b. then utilize one of the following options:
      i. mechanical lift device with a seated sling to lift patient to side of bed
      ii. friction-reducing device to assist staff in pulling patient to side of bed.
   d. Friction-reducing devices and seated discs may be useful when the amount of caregiver assistance is close to recommended limits, but be aware of skin shearing risks. Shearing is caused when there are two forces moving in opposite directions adjacent to each other (like scissors).
2. Select sling to meet and maintain the patient's pre-op or post-op positioning guideline/precautions for the affected limb/body part(s). For more information on sling selection, see Appendix A.
3. Patient can bear weight on one leg only (e.g., weight bearing on unaffected limb or limited weight bearing on affected limb).

GENERAL NOTES:
- Need to test the fit of the sling with an immobilized extremity.
- Maintain affected extremity immobilization/alignment.
- Use lift device with limb sling if applicable.
- During any patient handling task, if the caregiver is required to lift more than 35 lbs./(16 kg.) of a patient's weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59).
Orthopaedic Algorithm #4: Ambulation

START

Is patient a safety risk?

• Partially or Fully

Is patient a safety risk?

• Low Risk

• High Risk

• Does patient have upper extremity strength and ability to grasp with at least one hand?

• Yes

• No

FOOTNOTES:

1. Non-weight bearing: Patient is unable to bear weight through both lower extremities or weight-bearing through both lower extremities is contraindicated.

2. Partial weight bearing: This include situations where the patient may be allowed: a) Limited weight bearing on one lower extremity and full weight bearing on the other extremity; b) Partial weight bearing through both lower extremities.

3. Safety risks may include: decreased cognition; decreased ability to cooperate/ combativeness; medical stability.

4. Factors that contribute to low safety risk: a) Lack of combativeness; b) Ability to follow commands; c) Medical stability; d) Experience with the assistive device.

5. Factors that contribute to high safety risk: a) Combativeness; b) Lack of ability to follow commands; c) Medical instability; d) Lack of experience with the assistive device, e) neurological deficits.

GENERAL COMMENTS/DISCUSSION:

• In healthcare, weight-bearing is often used to describe the amount of weight bearing that the patient can or has done. In orthopedics, weight-bearing status is prescribed by the physician based on the patient's ability to safely bear weight through the musculoskeletal system. Exceeding the prescribed weight-bearing status may be detrimental to the patient.

• Patients should be assessed for safety risks as described above. If patients are determined to be at significant risk for falls, then caregivers assisting with ambulation are also at risk for assisting patients to prevent falls. In high risk situations precautions should be taken, and devices such as walking slings should be used. At some point in care, the team will need to weigh the risks of falls with the benefits of ambulation and take a “therapeutic” risk in order to functionally advance the patient.

• Need to test the fit of the sling with an immobilized leg. For more information on on sling selection, see Appendix A.

• Maintain affected extremity immobilization/alignment.

• During any patient handling task, if the caregiver is required to lift more than 35 lbs./(16 kg.) of a patient's weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-59).
**Orthopaedic Clinical Tool #1: Lifting and Holding Legs or Arms in an Orthopaedic Setting**

**Introduction**

Often when orthopaedic care is being provided, the caregiver must lift and/or hold a limb in place while some type of treatment is being provided, such as cast application. It is assumed that you are maintaining a neutral (upright) body posture (not fully flexed); adjust the height of the table. When a caregiver must lift a leg or arm, it is important to make sure that the weight of the limb being lifted does not exceed the strength capability of the caregiver. An ergonomic tool has been developed to assist caregivers in determining whether a specific lift and/or hold of a limb is acceptable and whether some type of lift or hold assist device is needed. For lifts of limbs with casts, an alternate method is presented for assessing whether the lift is acceptable or not as presented in Table #1.

This tool shows the calculation of the average weight for an adult patient’s leg and arm as a function of whole body mass, ranging from slim to morbidly obese body type. Weights are presented both in pounds (lbs.) and metric (kg.) units. Maximum lift and hold loads were calculated based on 75th percentile shoulder flexion strength and endurance capability for US adult females, where the maximum weight for a one-handed lift is 11.1 lbs. and a two-handed lift, 22.2lbs.

**Table 1. Ergonomic Tool: Lifting and Holding Legs or Arms in an Orthopaedic Setting**

<table>
<thead>
<tr>
<th>Patient Weight lbs. (kg.)</th>
<th>Body Part</th>
<th>Body Part Weight Lbs. (kg.)</th>
<th>Lift 1-hand</th>
<th>Lift 2-hand</th>
<th>Hold 2-hand 1 min.</th>
<th>Hold 2-hand 2 min.</th>
<th>Hold 2-hand 3 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40 lbs. (&lt;18 kg.)</td>
<td>Leg</td>
<td>&lt;6.3 lbs. (3 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(40-90 lbs. (18-41 kg.)</td>
<td>Leg</td>
<td>&lt;14.1 lbs. (6 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(90-140 lbs. (41-64 kg.)</td>
<td>Leg</td>
<td>&lt;22.0 lbs. (10 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(140-190 lbs. (64-86 kg.)</td>
<td>Leg</td>
<td>&lt;29.8 lbs. (14 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(190-240 lbs. (86-109 kg.)</td>
<td>Leg</td>
<td>&lt;37.7 lbs. (17 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(240-290 lbs. (109-132 kg.)</td>
<td>Arm</td>
<td>&lt;9.7 lbs. (4 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(290-340 lbs. (132-155 kg.)</td>
<td>Arm</td>
<td>&lt;12.2 lbs. (6 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(340-390 lbs. (155-177 kg.)</td>
<td>Arm</td>
<td>&lt;17.3 lbs. (8 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(390-440 lbs. (177-200 kg.)</td>
<td>Arm</td>
<td>&lt;22.2 lbs. (10 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;440 lbs. (&gt;200 kg.)</td>
<td>Leg</td>
<td>&gt;69.1 lbs. (31 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>&gt;22.2 lbs. (10 kg.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*No shading: Lift and hold is appropriate but use clinical judgment and do not hold longer than noted.
Heavy shading: Do not lift alone; use assistive device or more than one caregiver.*

The shaded areas of the table indicate whether it would be acceptable for one caregiver to lift the listed body parts with one or two hands or hold the respective body parts for 1, 2, or 3 minutes with two hands. Respecting these limits will minimize risk of muscle fatigue and the potential for musculoskeletal disorders. If the limb weight exceeds the values listed in the table it is recommended to use assistive technology, such as a ceiling lift or floor based lift with a limb support sling. Orthopaedic caregivers must use clinical judgment to assess the
need for additional staff member assistance or assistive devices to lift and/or hold one of these body parts for a particular period of time.

Note: It is important to remember that the chart shows the acceptable weights for limbs without a cast in place. If the caregiver is lifting a limb with a cast, the additional weight of the cast should be added to the weight of the limb to determine whether the lift is acceptable. An alternate method is provided below for limbs with casts. These are guidelines for the average weight of the leg and arm, and are based upon the patient’s weight. The maximum weight for a 1-handed lift is 11.1 lbs. and a 2-handed lift, 22.2 lbs.

Patient weight is divided into weight categories (see Table 1), ranging from very light to morbidly obese. Normalized weight for each leg and each arm are calculated as a percentage of body weight where each complete arm weighs 5.1% of total body mass and each leg weighs 15.7% of total body mass (Chaffin, Anderson, & Martin, 1999). All weights are presented in both pounds and kilograms, rounded to the nearest whole unit.

To accommodate 75% of the US adult female working population, maximum load for a 1-handed lift is calculated to be 11.1 lbs. (5.0 kg.). This is determined by calculating the strength capabilities for 25th percentile US adult female maximum shoulder flexion movement (the mean equals 40 Newton meters, standard deviation equals 13 Nm) (Chaffin, Anderson, & Martin, 1999) and 75th percentile US adult female shoulder to grip length (the mean equals 610 mm, the standard deviation equals 30 mm) (Pheasant, 1992). Maximum loads for one person for a 2-handed lift (i.e., 22.2 lbs. /10.1 kg.) are calculated as twice that of a 1-handed lift. Muscle strength capabilities diminish as a function of time, therefore, maximum loads for 2-handed holding of body parts are presented for 1, 2, and 3 minute durations. After 1 minute, muscle endurance has decreased by 48%, decreased by 65% after 2 minutes, and, after 3 minutes of continuous holding, strength capability is only 29% of initial lifting strength (Rohmert, 1973a, b). If the limits in ergonomic Table 1 are exceeded, additional staff members or assistive limb holders should be used.

References
Orthopaedic Clinical Tool #2: Alternate Method for Determining Safe Lifting and Holding of Limbs with Casts

Table 2.1. Predicted Weight for Different Types of Casts

<table>
<thead>
<tr>
<th>Limb</th>
<th>Limb Weight Factor</th>
<th>1-hand</th>
<th>2-hands</th>
<th>2-hands</th>
<th>2-hands</th>
<th>2-hands</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 min.</td>
<td>2 min.</td>
<td>3 min.</td>
<td>1 min.</td>
<td>2 min.</td>
</tr>
<tr>
<td>Leg</td>
<td>0.157</td>
<td>11.1 lbs.</td>
<td>11.6 lbs.</td>
<td>7.8 lbs.</td>
<td>6.4 lbs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5.1 kg.)</td>
<td>(5.3 kg.)</td>
<td>(3.5 kg.)</td>
<td>(2.9 kg.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm</td>
<td>0.051</td>
<td>22.2 lbs.</td>
<td>7.8 lbs.</td>
<td>6.4 lbs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(10.2 kg.)</td>
<td>(3.5 kg.)</td>
<td>(2.9 kg.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Multiply the patients’ weight times the limb factor (0.157 for leg and 0.051 for arm) and add the weight of the cast. Compare the calculated weight to the value in the appropriate task box. If the total limb weight exceeds the weight in the appropriate box, then the caregiver should not manually lift the limb alone, but should use an assistive device or more than one caregiver to perform the lift. On the other hand, if the calculated weight is less than the value in the appropriate box, then it is acceptable to manually lift and hold the limb and the caregiver should use clinical judgment and not hold longer than noted.

For example if the patient weighs 200 lbs. and has an arm cast weighing 5 lbs., then the total arm weight would be 200 lbs. x 0.051 plus 5 lbs., or 15.2 lbs. In this case, the arm should not be lifted with one hand (i.e., 15.2 lbs. > 11.1 lbs.) but could be lifted with two hands (i.e., 15.2 lbs. < 22.2 lbs.), but not held in that position less than a few seconds (15.2 lbs. > 11.6 lbs.). Similarly, if the patient weighs 75 lbs. and has a 5 lb. leg cast, then the total limb weight would be 75 lbs. x 0.157 plus 5 lbs., or 16.8 lbs. In this case, it would not be acceptable to lift the limb with one hand (i.e., 16.8 lbs. > 11.1 lbs.), but it would be acceptable to lift it with two hands (i.e., 16.8 lbs. < 22.1 lbs.), but should not be held more than a few seconds (16.8 lbs. > 11.6 lbs.).

Table 2.2. Predicted Weights for a Fiberglass Cast

The following Table 2.2 provides some predicted weights for a fiberglass cast.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 lbs.</td>
<td>1 lbs.</td>
<td>2 lbs.</td>
<td>3.0 lbs.</td>
<td>2 lbs.</td>
<td>4 lbs.</td>
</tr>
<tr>
<td>2 rolls 3”</td>
<td>1 roll 2”</td>
<td>4 rolls 4”</td>
<td>3 rolls 3”</td>
<td>2 rolls 2”</td>
<td>5 rolls 3”</td>
</tr>
<tr>
<td>3 rolls 3”</td>
<td></td>
<td></td>
<td>3 rolls 4”</td>
<td>3 rolls 3”</td>
<td></td>
</tr>
<tr>
<td>+ webril*</td>
<td>+ webril*</td>
<td>+ webril*</td>
<td>+ webril*</td>
<td>+ webril*</td>
<td>+ webril*</td>
</tr>
</tbody>
</table>

*Weight of webril is 0.25 lb. per packet
Orthopaedic Appendix A: Helpful Hints on Slings

Selection of the appropriate sling accessory for movement / lift /transfer, must include the following considerations:

- Decision to transfer patient in sitting vs. supine position – choose correct functionality of the sling
- Select appropriate size
- Maintain alignment of the affected body part(s) according to pre-operative/post-operative guidelines
  - Consider the patient’s body size, shape and features (e.g. very large abdominal girth can limit degree of hip flexion)
  - Features of sling:
    - consider where material covers the patient
    - strap options for seated slings-the length of material for strap supports of the lower extremities can often be modified by selecting differing loop attachment points of the sling onto the hanger bar (e.g. providing more material length will allow lower extremity to be in less flexed position)
    - seated slings back height can vary from supporting whole trunk and head to covering pelvis/waist only. When upper extremities are involved, consider height of the sling – high back slings will wrap around and enclose an upper extremity, while a low back sling will allow upper extremity to be free
- If alignment/positioning guidelines cannot be met with available sling accessory, transfer patient supine with sheet style sling or anti-friction methods, then sit upright.
- The “Patient Care Sling Selection and Usage Toolkit” is available for download at: http://www.visn8.va.gov/patientsafetycenter/safePtHandling/toolkitSlings.asp
OR Algorithm 1: Lateral Transfer from Stretcher to and from the OR Bed

Start

Can patient transfer without assistance?

Caregiver assistance not required. Stand by for safety as needed.

No

What is the starting position?

No

Supine

Will patient stay supine?

Yes

Use one of the following: mechanical lift with supine sling, mechanical lateral transfer device or air-assisted lateral transfer device (min. 3-4 caregivers)*

No

Is weight > 157 lbs?

Yes

Use lateral transfer device (min. 4 caregivers)*

No

Is weight > 73 lbs?

Yes

Use assistive technology (min. 3-4 caregivers)*

A mechanical device is preferable for this task. Additional technologies are needed for turning a patient from supine to prone and from prone to supine.

No

Use 2-3 caregivers*

Note: < means less than; > means greater than

See Rationale

* One of the caregivers may be the anesthesia provider
* The number of personnel to safely transfer the patient should be adequate to maintain the patient's body alignment, support extremities, and maintain patient's airway.
* For lateral transfers it is important to use a lateral transfer device that extends the length of the patient.
* Current technologies for supine to prone include: Jackson Frame, Spine Table, etc.
* Destination surface should be slightly lower for all lateral patient moves.
* A separate algorithm for prone to jackknife is not included as this is assumed to be a function of the table.
* If patient's condition will not tolerate a lateral transfer, consider the use of a mechanical lift with a supine sling.
* During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, assistive devices should be used for the transfer.
* While some facilities may attempt to perform a lateral transfer simultaneously with positioning the patient in a lateral position (ie, side-lying), this is not recommended until new technology is available.
* The assumption is that the patient will leave the operating room in the supine position.

See Rationale
OR Algorithm 2: Positioning and Repositioning the Patient on the OR Bed to and from the Supine Position

What is the surgical position?

Start

To/From semi-Fowler using beach chair device
See (1) below

Is the patient < 68 lbs?

Yes

Manual lifting or lowering of torso
(min. 3 caregivers)
See (3) below

No

Use assistive technology
(min. 3 caregivers)
See (1 and 2) below

To/From lateral

Is the patient < 115 lbs? *

Yes

Manual positioning approved
(min. 4 caregivers)
See (3) below

No

Use assistive technology
(min. 3 caregivers)
See (1) below

To/From Lithotomy

Is the patient < 141 lbs?

Yes

Manual 2-handed lift of legs
(min. 2 caregivers [1 each leg])
or use assistive technology
See (1) below

No

Use assistive technology or
(min. 4 caregivers)
See (1) below

To/From Lithotomy

Is the patient < 141 lbs?

Yes

Manual 2-handed lift of legs
(min. 2 caregivers [1 each leg])
or use assistive technology
See (1) below

No

Use assistive technology or
(min. 4 caregivers)
See (1) below

Note: < means less than; > means greater than

(1) Mechanical devices are preferable for this task, but their practicality has not yet been tested. There are special slings and straps that can be used with mechanical devices. For example, turning straps can be used to turn a patient to and from lateral or supine, or limb support slings can be used to lift the legs to and from lithotomy. More research is needed.

(2) Use the automatic semi-fowler positioning feature of your electric table if available.

(3) One of these caregivers could be the anesthesia provider to hold the head and maintain the airway.

* Note: This differs from Algorithm 1 (157) lbs because a 4th caregiver is involved.

During any patient handling task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, an assistive device should be used.

The number of personnel to safely position the patient should always be adequate to maintain the patient's body alignment.

A separate algorithm for prone to jackknife if not included as is assumed to be a function of the table.
OR Algorithm 3: Prolonged Standing

Start

Does caregiver stand in the same position more than 2 hours continuously or more than 30% of the work day?

Yes

Use fatigue-reducing technique (e.g., alternate propping one foot on foot stool, anti-fatigue mats, sit/stand stool and supportive footwear)

No

Does procedure require the use of lead aprons?

Yes

Limit to 1 hour, use a portable sit to stand stool or a portable lead shield

No

GENERAL RECOMMENDATIONS

- Caregivers should wear supportive footwear that has the following properties: does not change the shape of the foot; has enough space to move toes; shock-absorbing cushioned insoles; closed toe; height of heel in proportion to the shoe.
- Caregivers may benefit from wearing support stockings/socks.
- Anti-fatigue mats should be on the floors.
- Anti-fatigue mats should be placed on standing stools.
- The sit-stand chair should be set to the correct height before setting the sterile field so they will not be changing levels during the procedure.*
- Be aware of infection control issues for non-disposable and anti-fatigue matting.
- The 2-hour limit on prolonged standing incorporates accommodations for pregnancy.
- Scrubbed staff should not work with the neck flexed more than 30 degrees or rotated for more than one minute uninterrupted.
- 2-piece lightweight lead aprons are recommended.
- During the sit-to-stand break, staff should look straight ahead for a short while.

**OR Algorithm 4: Retraction**

![Flowchart diagram of OR Algorithm 4: Retraction]

**Can a self-retaining retractor be safely used for the task?**
- **Yes** → **Use self-retaining retractor.**
- **No**
  - Assistant should be at an optimal working height/posture for manual retraction.*
  - Hold retractor as close to body as possible and maintain a good posture.

**Is manual retraction also necessary?**
- **Yes**
  - Assistant should be at an optimal working height/posture for manual retraction.*
  - Hold retractor as close to body as possible and maintain a good posture.

* Optimal working height is defined as area between the chest and the waist height to operative field. Optimal posture is defined as perpendicular/straight-on to the operative field; asymmetrical posture may be acceptable depending on load and duration; torso twisting should be avoided at all times.
- Arm rests should be used as possible, and be large enough to allow repositioning of the arms.
- Under optimal working height and posture, an assistive device should be used to lift or hold more than 35 lbs.
- Further research is needed to determine time limits for exposure. This is a high risk task, therefore, team members should take rest breaks or reposition when possible.
- Avoid using the hands as an approach to retraction, it is very high risk for musculoskeletal or sharps injuries.
### OR Clinical Tool 1: Lifting and Holding Legs, Arms, and Heads for Prepping in a Perioperative Setting

#### Key

- **No shading**: OK to lift and hold, use clinical judgment, do not hold longer than noted.
- **Heavy shading**: Do not lift alone, use assistive device or more than one caregiver.

<table>
<thead>
<tr>
<th>Patient Weight lbs (kg)</th>
<th>Body Part</th>
<th>Body Part Weight lbs (kg)</th>
<th>Lift 1-hand</th>
<th>Lift 2-hand</th>
<th>Hold 2-hand &lt;1 min</th>
<th>Hold 2-hand &lt;2 min</th>
<th>Hold 2-hand &lt;3 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 120 lbs (≤ 54 kg)</td>
<td>Leg</td>
<td>≤ 19 lbs (9 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 6 lbs (3 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 10 lbs (5 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120-160 lbs (54-73 kg)</td>
<td>Leg</td>
<td>≤ 25 lbs (11 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 8 lbs (4 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 13 lbs (6 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>160-200 lbs (73-91 kg)</td>
<td>Leg</td>
<td>≤ 31 lbs (14 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 10 lbs (5 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 17 lbs (8 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200-240 lbs (91-109 kg)</td>
<td>Leg</td>
<td>≤ 38 lbs (17 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 12 lbs (6 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 20 lbs (9 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>240-280 lbs (109-127 kg)</td>
<td>Leg</td>
<td>≤ 44 lbs (20 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 14 lbs (6 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 24 lbs (11 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>280-320 lbs (127-145 kg)</td>
<td>Leg</td>
<td>≤ 50 lbs (23 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≤ 16 lbs (7 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≤ 27 lbs (12 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 360 lbs (&gt;163 kg)</td>
<td>Leg</td>
<td>≥ 57 lbs (26 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arm</td>
<td>≥ 18 lbs (8 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td>≥ 30 lbs (14 kg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# OR Clinical Tool 2: Lifting and Carrying Supplies and Equipment

<table>
<thead>
<tr>
<th>Lifting Task</th>
<th>Lifting Index</th>
<th>Level of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000 ml irrigation fluid</td>
<td>&lt;0.2</td>
<td>Minimal risk</td>
</tr>
<tr>
<td>Sand bags</td>
<td>0.3</td>
<td>Potential risk</td>
</tr>
<tr>
<td>Linen bags</td>
<td>0.4</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Lead aprons</td>
<td>0.4</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Custom sterile packs (eg, heart or spine)</td>
<td>0.5</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Garbage bags (full)</td>
<td>0.7</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Positioning devices off shelf or rack (eg, stirrups)</td>
<td>0.7</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Positioning devices off shelf or rack (eg, gel pads)</td>
<td>0.9</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Hand table (49” x 28”)-largest hand table-used infrequently</td>
<td>1.2</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Fluoroscopy Board (49” x 21”)</td>
<td>1.2</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Stirrups (2- one in each hand)</td>
<td>1.4</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Wilson frame</td>
<td>1.4</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Irrigation containers for lithotripsy (12,000 ml)</td>
<td>1.5</td>
<td>Considerable risk</td>
</tr>
<tr>
<td>Instrument pans</td>
<td>2.0</td>
<td>Considerable risk</td>
</tr>
</tbody>
</table>

**Key**

- **No shading**: Minimal risk – Safe to lift
- **Light shading**: Potential risk – Use assistive technology, as available
- **Heavy shading**: Considerable risk – one person should not perform alone or weight should be reduced.

---

116
**OR Clinical Tool 3: Pushing, Pulling and Moving Equipment on Wheels**

<table>
<thead>
<tr>
<th>OR Equipment</th>
<th>Pushing Force lbF (kgF)</th>
<th>Max Push Distance ft / (m)</th>
<th>Ergonomic Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrosurgery unit</td>
<td>8.4 lbF (3.8 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td>12.4 lbF (5.6 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>X ray equipment portable</td>
<td>12.9 lbF (5.9 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Video towers</td>
<td>14.1 lbF (6.4 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Linen cart</td>
<td>16.3 lbF (7.4 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>X ray equip – C-arm</td>
<td>19.6 lbF (8.9 kgF)</td>
<td>&gt;200ft (60m)</td>
<td>Task is acceptable for 1 caregiver</td>
</tr>
<tr>
<td>Case carts – empty</td>
<td>24.2 lbF (11.0 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>OR stretcher unoccupied</td>
<td>25.1 lbF (11.4 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Case carts – full</td>
<td>26.6 lbF (12.1 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Microscopes</td>
<td>27.5 lbF (12.5 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Hospital bed – unoccupied</td>
<td>29.8 lbF (13.5 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Specialty equip carts</td>
<td>39.3 lbF (17.9 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>OR stretcher - occupied 300 lbs</td>
<td>43.8 lbF (19.9 kgF)</td>
<td>&gt;200ft (60m)</td>
<td></td>
</tr>
<tr>
<td>Bed - occupied 300 lbs</td>
<td>50.0 lbF (22.7 kgF)</td>
<td>&lt;200ft (30m)</td>
<td>Min 2 caregivers required</td>
</tr>
<tr>
<td>Specialty OR beds unoccupied</td>
<td>69.7 lbF (31.7 kgF)</td>
<td>&lt;100ft (30m)</td>
<td></td>
</tr>
<tr>
<td>OR bed unoccupied</td>
<td>61.3 lbF (27.9 kgF)</td>
<td>&lt;25ft (7.5m)</td>
<td>Recommend powered transport device</td>
</tr>
<tr>
<td>OR bed occupied 300 lbs</td>
<td>112.4 lbF (51.1 kgF)</td>
<td>&lt;25ft (7.5m)</td>
<td></td>
</tr>
<tr>
<td>Specialty OR beds - occupied 300 lbs</td>
<td>124.2 lbF (56.5 kg)</td>
<td>&lt;25ft (7.5m)</td>
<td></td>
</tr>
</tbody>
</table>

**Key**
- No shading: Minimal risk - Task is acceptable for 1 caregiver
- Light shading: Moderate risk – Minimum of 2 caregivers or powered device recommended
- Heavy shading: Considerable risk - Recommend powered transport device
Safe Patient Handling Facility Committee/Task Force
Suggestions for SPH Facility Task Force/Committee

Members/Roles

MEMBERS
- Nursing Administrator
- Nursing Staff (CNA, LPN, RN)
- Nursing Service Safety Rep
- Peer Leader (BIRN)
- Risk Manager
- Patient
- Union
- Nurse Educator
- Therapy Staff (OT, PT, ST)
- Purchasing
- Engineering
- Employee Health/Safety
- Others…

ROLES
- Implements Program
- Writes Policy
- Reviews/Trends Data
- Ensures incidents/injuries are investigated
- Facilitates Equipment Purchases
- Uses Goals and Objectives to drive Program
- Others…
Facility Committee Charter Sample  
(Acknowledgement & Appreciation: VA San Diego Healthcare System)

Safe Patient Handling and Movement Committee (SPH&M)  
Charter

| I. Overall Mission: To develop policies and procedures, evaluate outcomes related to safe patient handling and movement by VASDHS clinical staff and integrate OSHA and other current ergonomic standards into clinical practice. |

II. Specific Charge:  
a. Identify ergonomic risks of patient movement and lifting activities.  
b. Review, approve and oversee ergonomic modifications of clinical work areas associated with mechanical lifts, equipment and work area designed to reduce risks associated with patient movement, and lifting.  
c. Evaluate and recommend equipment purchases for patient movement and lifting.  
d. Develop training materials and a program for staff that integrates safe patient handling and movement principles and appropriate use of equipment into clinical practice.  
e. Monitor effectiveness of safe patient movement and lifting procedures and equipment.  
f. Integrate safe patient handling and movement principles into Safety Committees and the Falls Prevention Program.  
g. Develop policies and procedures for storage, maintenance, cleaning and supply management of equipment used for safe patient movement.

III. Committee Membership and Reporting.:  
The SPH&M committee will be co-chaired by the Safety Program Coordinator, Nursing & PCS, and the Clinical Nurse Specialist, Spinal Cord Injury Center. Other team members will include a representative from the following Services/departments:  
a. Each clinical nursing area (SCI, Medical-Surgical, Ambulatory Care, Critical Care/OR)  
b. Employee Health  
c. Facilities Management-Engineering  
d. Sterile Processing and Delivery  
e. Safety & Environmental Services  
f. Rehabilitation Medicine  
g. Radiology  
h. Union/NAGE representative  
i. Performance Improvement liaison.  
j. Escort/Equipment Bank

The committee will report quarterly to the Environmental Health and Safety subcommittee of the Environment of Care Committee.
IV. Authority/Limitations
   a. The Safe Patient Handling and Movement Committee is authorized to evaluate and recommend purchase of equipment or modification of work environments, but is not authorized to expend funds or approve plans. They are authorized to develop reports, meet with leadership and supervisory staff to make area specific action plans for employee patient movement and lifting injury prevention, and to collect data related to staff injuries.
   b. All requests for funds will be submitted through Occupational Health sub-committee of the Environment of Care Council and then to Status of Funds.
   c. It is expected that the committee will work closely with other committees and offices responsible for both patient and staff safety in the workplace.

V. Processes:
   a. The SPH&M Committee will coordinate and accomplish activities through its members and task groups.
   b. The SPH&M Committee will meet at least every other month
   c. The SPH&M Committee will provide written reports to Occupational Health sub-committee of the Environment of Care Council at least twice annually.

VI. Evaluation:
The committee will develop measurable goals and time frames for all projects, will collect data for evaluation of success of outcomes, and make plans to overcome barriers to goal attainment. Annual goals and progress towards goals will be addressed in at least semi-annual reports.

VII. Desired Outcomes
   a. Reduction of the number of staff musculoskeletal injuries associated with patient handling and movement.
   b. Reduction of lost time claims rate and improved productivity.
   c. Reduction of associated direct and indirect costs of employee injuries.
   d. Improved patient comfort and physical access to care.
   e. Provide the opportunity for VASDHS to be the employer of choice congruent with the California Hospital Association strategic goals.

8/30/05
Facility Committee Narrated PowerPoint Presentation

(2009 SPH Conference Toolkit CD)
IV. Staff/UPL Monitoring
Type of Unit: ________________________________

Dates Included in this Report: Sunday_____ through Saturday_____ Peer Leader __________________

SAFE PATIENT HANDLING

PEER LEADER ACTIVITY & PROGRAM STATUS LOG

**PART I: BEING A PEER LEADER FOR YOUR CLINICAL UNIT**

1. Indicate the number of times during the past week... #
   
a. One of your coworkers asked you for your advice about patient handling & movement
   
b. You met in person with a nurse on a *one-to-one* basis about patient handling tasks
   
c. You met in person with staff in a *group* setting or meeting about patient handling tasks
   
d. You demonstrated the use of patient *lifting* equipment (Portable or Ceiling Mounted Sling lifts, Stand Assist lift, etc.)
   
e. You demonstrated the use of *other* patient handling or movement equipment (lateral transfer aids, stand assist aids, transfer/dependency chairs, transfer/gait belts, etc.)
   
f. You were asked to deal with a problem in the operation of a lifting device.

**PART II: OTHER ACTIVITIES RELATED TO BEING A PEER LEADER**

2. Indicate the number of times during the past week... #
   
a. You demonstrated the use of the Algorithms for Safe Patient Handling & Movement or one of your co-workers asked you for your advice about their use.
   
b. You were asked to evaluate a potential ergonomic/safety hazard on your unit.
   
c. You performed an Ergonomic Hazard Evaluation on your unit.
   
d. You led an AAR.
   
e. You participated in an AAR led by another.
   
f. You attended activities related to being a peer leader, other than those above. (Meetings w/ NM, other peer leaders, Site Coordinator, or training, etc.)
   
g. You completed paperwork related to being a peer leader.
   
h. You asked your Nurse Manager for support/info/ help related to being a peer leader.
PART III: SUPPORT & INTEREST

<table>
<thead>
<tr>
<th>3. During the past week…</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My nurse manager was enthusiastic about the Back Injury Prevention Program and supported my efforts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Nursing co-workers were enthusiastic about the Back Injury Prevention Program and supported my efforts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Patients, Residents &amp;/or families were enthusiastic about the changes taking place or supported what they knew of my/our efforts.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART IV: PROGRAM EFFECTIVENESS

4. How effective do you think these have been in preventing musculoskeletal incidents & injuries?

<table>
<thead>
<tr>
<th></th>
<th>NOT AT ALL EFFECTIVE</th>
<th>SOMETHAT INEFFECTIVE</th>
<th>NO EFFECT</th>
<th>SOMETHAT EFFECTIVE</th>
<th>EXTREMELY EFFECTIVE</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Peer Leader</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Safety Huddles</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Use of Lifting Equipment</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ergonomic Hazard Analyses</td>
<td>□</td>
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<td>□</td>
<td>□</td>
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<td>□</td>
</tr>
<tr>
<td>Safe Patient Handling &amp; Movement Policy</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Algorithms for Safe Patient Handling &amp; Movement</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>
PATIENT HANDLING EQUIPMENT USE STATUS WALK-THRU CHECKLIST

Please complete the following survey during unit safe patient handling walk-thru. These walk-thru checks should be randomly timed.  *When the walk-thru check is completed, fax this checklist to __________.*

Date ______________            Time ______________      Unit _____________

For the transfers you observed (use a second page if necessary):

<table>
<thead>
<tr>
<th>Transfer #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the transfer require equipment (per patient handling algorithm)?</td>
<td></td>
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<td>1 = Yes</td>
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<td>2 = No</td>
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<tr>
<td>Was equipment used?</td>
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<tr>
<td>1 = Yes</td>
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<td>2 = No</td>
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<tr>
<td>3 = Equipment not needed.</td>
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<tr>
<td>What equipment was used?</td>
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<tr>
<td>1 = Philly slide</td>
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<td>2 = Hill Rom</td>
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<tr>
<td>3 = Other</td>
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<tr>
<td>4 = Equipment not needed.</td>
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<tr>
<td>Was the equipment used properly?</td>
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<tr>
<td>1 = Yes</td>
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<td>2 = No</td>
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<tr>
<td>3 = Equipment not needed.</td>
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</tbody>
</table>

Please give us your feedback:

1. Do you feel that the *SPHM Program* is currently being accepted and used on this unit?       Yes       No

2. Since the last walk-through, have staff identified any problems or made any recommendations regarding the program?       Yes       No

   If Yes, what have they identified? ________________________________________________________________

3. Please offer any additional comments or concerns regarding the *SPHM Program* or the interventions in the space below.
# TOOL FOR PRIORITIZING HIGH-RISK PATIENT HANDLING TASKS

**Directions:** Assign a rating (from 1 to 10) to the tasks that you consider to be high risk for contributing to musculoskeletal injuries. A “10” should represent highest risk and “1” for lowest risk. For each task, consider the frequency and duration of the task (high, moderate, low), and musculoskeletal stress (high, moderate, low). Delete tasks not typically performed on your unit. Add tasks you perceive as high risk but not included.

Have each nursing staff member on a unit complete the form. Summarize the data by unit and shift. An alternative is to have staff work together by shift to develop the ratings by consensus.

<table>
<thead>
<tr>
<th>TASK FREQUENCY/DURATION</th>
<th>STRESS OF TASK</th>
<th>RANK</th>
<th>RESIDENT HANDLING TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>H= high</td>
<td>H= high</td>
<td>10= high-risk</td>
<td></td>
</tr>
<tr>
<td>M= moderate</td>
<td>M= moderate</td>
<td>1= low risk</td>
<td></td>
</tr>
<tr>
<td>L= low</td>
<td>L= low</td>
<td></td>
<td>Transferring patient from bathtub to chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring patient from wheelchair or shower/commode chair to bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring patient from wheelchair to toilet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transferring a patient from bed to stretcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lifting a patient up from the floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weighing a patient</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient in bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient in a shower chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bathing a patient on a shower trolley or stretcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Undressing/dressing a patient</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Applying antiembolism stockings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lifting patient to the head of the bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repositioning patient in bed from side to side</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repositioning patient in geriatric chair or wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Making an occupied bed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feeding bed-ridden patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Changing absorbent pad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transporting patient off unit</td>
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<td></td>
<td></td>
<td></td>
<td>Other Task:</td>
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<td></td>
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<td>Other Task:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Other Task:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SKILL</th>
<th>BEHAVIORS</th>
<th>SELF ASSESSMENT</th>
<th>SKILL/ COMP LEVEL</th>
<th>VALIDATION METHOD/ COMMENTS</th>
<th>TRAINER INITIALS/ DATE</th>
</tr>
</thead>
</table>
| Demonstrates safe & efficient use of sit to stand lift     | Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc.  
Inspects sling prior to insertion/use  
Applies sling safely & properly  
Uses lift effectively & safely, observing equal tension of sling straps, position of patient in sling, and signs of discomfort/distress.  
Removes sling safely & properly  
Knows location for sling storage | I feel I have the knowledge & ability to perform these functions.                                                                                                                                   | I request additional education &/or experience |                           |                          |
| Demonstrates safe & efficient use of floor-based lift      | Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc.  
Inspects sling prior to insertion/use  
Applies sling safely & properly  
Uses lift effectively & safely, observing equal tension of sling straps, position of patient in sling, and signs of discomfort/distress. | I feel I have the knowledge & ability to perform these functions.                                                                                                                                   | I request additional education &/or experience |                           |                          |
Removes sling safely & properly
Knows location/s for sling and lift storage

Demonstrates safe & efficient use of ceiling lift
Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc.
Inspect sling prior to insertion/use
Applies sling safely & properly
Uses lift effectively & safely, observing equal tension of sling straps, position of patient in sling, and signs of discomfort/distress.
Removes sling safely & properly
Knows location for sling and lift storage

Demonstrates safe & efficient use of FRD (air assisted lateral transfer device)
Selects appropriate friction reducing device taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, FRD design, etc.
Inspect FRD prior to insertion/use
Inserts safely & properly
Uses FRD effectively & safely, observing position of patient and signs of discomfort/distress.
Removes FRD safely & properly
Knows location for FRD storage

Completes Licensed Nurse: Completes Care Plan using information from the patient assessment & facilities algorithms to determine patient’s SPHM needs

Completes /uses Safe Patient Handling Documentati-
on Appropriately

ALL Uses information from Care Plans along with algorithms to identify appropriate equipment & # of staff needed to safely perform patient handling tasks

ALL Demonstrates how to use the facilities algorithms in a changing situation ie patient fall, post surgery etc.

Is able to demonstrate knowledge of the correct procedure for cleaning the SPH equipment

States when and with what the equipment should be cleaned

Is able to state the process for laundering the slings

Demonstrates awareness of when it is appropriate to use disposable slings/Hovermats Hovermat covers etc.

Demonstrates knowledge of who to contact if unsure of any infection control issues related to SPH equipment

C = Competent
NFP = Needs Further Practice
NA = Not in use in area of practice

August 23rd 2008
<table>
<thead>
<tr>
<th>SKILL</th>
<th>BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates safe &amp; efficient use of sit to stand lift</td>
<td>Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc. Inspects sling prior to insertion/use Applies sling safely &amp; properly Uses lift effectively &amp; safely, observing equal tension of sling straps, position of patient in sling, and signs of discomfort/distress. Removes sling safely &amp; properly Knows location/s for sling storage and lift storage</td>
</tr>
<tr>
<td>Demonstrates safe &amp; efficient use of floor-based lift</td>
<td>Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc. Inspects sling prior to insertion/use Applies sling safely &amp; properly Uses lift effectively &amp; safely, observing equal tension of sling straps, position of patient in sling,</td>
</tr>
</tbody>
</table>
and signs of discomfort/distress.
Removes sling safely & properly
Knows location for sling and lift storage

Demonstrates safe & efficient use of ceiling lift
Selects appropriate sling taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, sling design, etc.
Inspects sling prior to insertion/use
Applies sling safely & properly
Uses lift effectively & safely, observing equal tension of sling straps, position of patient in sling, and signs of discomfort/distress.
Removes sling safely & properly
Knows location for sling storage

Demonstrates safe & efficient use of FRD (air assisted lateral transfer device)
Selects appropriate friction reducing device taking into consideration patient size, shape, weight, task to be performed, medical conditions, skin integrity, pressure points, FRD design, etc.
Inspects FRD prior to insertion/use
Inserts safely & properly
Uses FRD effectively & safely, observing position of patient and signs of discomfort/distress.
Removes FRD safely & properly
Knows location for FRD storage

Completes Safe Patient Handling Documentati-on
Accurately assesses patients for their patient handling needs.
Uses information from assessment along with algorithms to identify appropriate equipment & # of staff
appropriately needed to safely perform patient handling tasks
If appropriate, completes Care Plan using information from assessment & algorithms

Uses Problem Solving Skills in Safe Patient Handling Challenges (Safety Huddles)
Understands rationale for use of Safety Huddles
Lists situations/conditions that would warrant Safety Huddles
Gives examples of use of Safety Huddle questions
Relates understanding of need for sensitivity and respect of others views

Uses Appropriate Resources for the Specific Needs of the Bariatric Patient
Identifies the criteria for determining a patient has specific Bariatric needs (policy, weight etc)
Demonstrates knowledge of the specific equipment available at the James A. Hayley VAMC for bariatric patients and how it may be obtained.
Has knowledge of location and route of access to bariatric patient supplies such as gowns etc.

Knows where to find Unit Bariatric Binder

Uses Problem Solving Skills in Safe Patient Handling
Attends a program on the principles of teaching and coaching in the clinical areas.
Demonstrates the principles of
Handling Challenges (Phase 2)

adult learning through the delivery of a SPHM training program in their local area.

Demonstrates knowledge of effective communication through reflecting on a ‘Crucial Conversation’ they have had with a colleague.

Gives 2 examples of how effective coaching skills have improved SPHM practice with a colleague.

Is able to demonstrate knowledge of the correct procedure for cleaning the SPH equipment.

States when and with what the equipment should be cleaned

Is able to state the process for laundering the slings

Demonstrates awareness of when it is appropriate to use disposable slings/ Hovermats/ Hovermat covers etc.

Demonstrates knowledge of who to contact if unsure of any infection control issues related to SPHM equipment

C = Competent
NFP = Needs Further Practice
NA = Not in use in area of practice

August 23rd 2008
V. PROGRAM EVALUATION
Program Evaluation Tools/Outcome Measures/Evaluation Tools

The following is a very limited list of tools for measuring outcomes.

Musculoskeletal Discomfort:
Nordic Musculoskeletal Questionnaire
Cornell Pain Tool

Nursing Satisfaction
Index of Worker Satisfaction (IWS) Nursing Staff Satisfaction Survey

Patient Handling Injuries – p. 130

VA Patient Care Ergonomics Resource Guide - Ch. 11
http://www.visn8.va.gov/PatientSafetyCenter/safePtHandling/
  o Incidence/severity of MS injuries (p.131 & 133)
  o Intensity/duration/frequency of MS discomfort
  o Job Satisfaction (p. 139)
  o Adherence to/Acceptance of Program (p.97 & 145)
  o Equipment Use (p.147)
  o Competency (p. 119)
  o Cost & Cost Savings (p.129)
  o Performance Measures
INJURY DATA COLLECTION LOG

Please complete for EACH RECORDABLE injury. (Write in information and/or Circle/highlight your selection)

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Description of what it means</th>
<th>Your Reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Position of the nurse</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LPN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Hrs/Week</td>
<td>Hrs NORMALLY worked per week</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Date of injury</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Time of the injury in non-military time</td>
<td></td>
</tr>
<tr>
<td>Unit</td>
<td>Unit where injury occurred</td>
<td></td>
</tr>
<tr>
<td>Staffing Variance</td>
<td>Staffing Variance</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Location of injury</td>
<td>Patient Room</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Type of Injury</strong></td>
<td><strong>Medical type of injury</strong></td>
<td><strong>Abrasions</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Contusion/bruise</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Cumulative Trauma</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Dislocation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Exhaustion/overexertion</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Fracture</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>General muscle pain</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Hernia</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Joint pain</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Laceration/cut</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Puncture wound</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Tingling/numbness</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Slipped disk</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Subluxation/dislocation</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Other:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Sprain/strain</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Neck</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Shoulder/arm</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Thoracic</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Upper back</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Mid back</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Low back</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Leg</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Knee</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Ankle</strong></td>
</tr>
<tr>
<td>Patient Care Activity</td>
<td>Activity being performed when injured</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Pulling Patient up to Head of Bed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repositioning Patient in Bed (side-to-side)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulling Patient up in Chair/WC/Geri, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repositioning Patient in Chair/WC/Geri, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring Patient to &amp; from Chair to Chair/Geri chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring Patient to &amp; from Chair to Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring Patient to &amp; from Chair to Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring Patient to &amp; from Chair to Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring Patient to &amp; from Bed to Stretcher/Trolley/Surgi-lift/Exam table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing Patient in Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing Patient in Bathroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Patient in Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Patient other than in bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making Occupied Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making Unoccupied Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying TED hose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picking Patient Up from Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Aggressive Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving Patient Care Equipment – No patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transporting Patient in Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transporting Patient by stretcher, trolley, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Cause of Injury</strong></td>
<td>The <strong>primary</strong> cause of the injury</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Lifted/moved patient vertically</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pushed/Pulled Patient/Object</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Twisted while moving/lifting patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Twisted while moving/lifting load other than patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Twisted with no patient/load</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bent/stooped while holding patient (leg, arm, body)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bent/stooped holding load other than patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bent/stooped with no load</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reached while holding patient (leg arm, body)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reached while holding load other than patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reached with no load</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Slipped/Tripped/Fell</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient made sudden Movement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Used Lifting equipment (full body sling lift, stand assist lift, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Used other patient care aids (wheelchair, stretcher, lateral transfer aids, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attached/Detached sling to lifting equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positioned sling under patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positioned object under patient (sheet, lateral transfer aid, clothes, diaper, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical overexertion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Struck by object</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Struck by patient</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Struck against</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Slipped/Tripped performing patient care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Caught in/on/between/under something</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Punctured/cut by something</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Secondary cause of Injury</strong></th>
<th>The <strong>secondary</strong> cause of the injury – use same list as for primary cause</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>#1 Body Part</td>
<td>The single body part <strong>most</strong> affected by the injury</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Whole Body</td>
</tr>
<tr>
<td></td>
<td>Head/skull/face</td>
</tr>
<tr>
<td></td>
<td>Neck</td>
</tr>
<tr>
<td></td>
<td>Shoulders</td>
</tr>
<tr>
<td></td>
<td>Left arm (upper or lower)</td>
</tr>
<tr>
<td></td>
<td>Right arm (upper or lower)</td>
</tr>
<tr>
<td></td>
<td>Left wrist</td>
</tr>
<tr>
<td></td>
<td>Right wrist</td>
</tr>
<tr>
<td></td>
<td>Left Hand/fingers</td>
</tr>
<tr>
<td></td>
<td>Right Hand/fingers</td>
</tr>
<tr>
<td></td>
<td>Chest</td>
</tr>
<tr>
<td></td>
<td>Abdomen</td>
</tr>
<tr>
<td></td>
<td>Hips/pelvis</td>
</tr>
<tr>
<td></td>
<td>Back-lower</td>
</tr>
<tr>
<td></td>
<td>Back-middle</td>
</tr>
<tr>
<td></td>
<td>Back-upper</td>
</tr>
<tr>
<td></td>
<td>Buttocks</td>
</tr>
<tr>
<td></td>
<td>Knees</td>
</tr>
<tr>
<td></td>
<td>Right leg (upper or lower)</td>
</tr>
<tr>
<td></td>
<td>Left leg (upper or lower)</td>
</tr>
<tr>
<td></td>
<td>Right ankle</td>
</tr>
<tr>
<td></td>
<td>Left Ankle</td>
</tr>
<tr>
<td></td>
<td>Right Foot/toes</td>
</tr>
<tr>
<td></td>
<td>Left Foot/toes</td>
</tr>
</tbody>
</table>

| #2 Body Part | The #2 body part most affected – use same list as for #1 Body Part |

<table>
<thead>
<tr>
<th>Restricted Days</th>
<th>How many TOTAL restricted days resulted from injury</th>
<th>INITIAL SUBMISSION</th>
<th>FOLLOW-UP SUBMISSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total # _____</td>
<td>Total #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date ______</td>
<td>Date:</td>
</tr>
<tr>
<td>Lost days</td>
<td>How many TOTAL lost days resulted from injury. (Count lost)</td>
<td>INITIAL SUBMISSION</td>
<td>FOLLOW-UP SUBMISSIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # _____</td>
<td>Total #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date ______</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Safe Patient Handling Unit Binder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>days the day AFTER the injury occurred. (Ex. If injured at 9 AM Tues, &amp; are sent home till Friday, 1st lost day is Wed, not Tues.)</td>
<td>Total # ________  Date ________</td>
<td>Total # _____  Date ______</td>
<td>Total # ___  Date: _____</td>
</tr>
<tr>
<td><strong>Full Duty Status</strong></td>
<td>If on Lost Time or Restricted Duty, has injured employee returned to Full Duty Status?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td><strong>Sick/Annual days taken</strong></td>
<td>How many TOTAL sick OR annual days were taken due to the injury</td>
<td>INITIAL SUBMISSION Total # ________  Date ________</td>
<td>FOLLOW-UP SUBMISSIONS Total # ________  Date ________  Total # ________  Date ________  Total # ________  Date ________</td>
</tr>
<tr>
<td>Name ______________________________________ Date Submitted____________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VI. BARIATRIC PATIENT HANDLING
FACILITY BARIATRIC CONTACT/RESOURCE STAFF

Name: ________________________________________________________________

Service/Unit: __________________________________________________________

Cell Phone #: ________________________________

Office Phone #: ______________________________

Fax #: ____________________________________________
BARIATRIC EQUIPMENT ACQUISITION

PROCEDURE FOR ACQUIRING BARIATRIC EQUIPMENT

FACILITY CONTACTS FOR ACQUISITION OF BARIATRIC EQUIPMENT

Purchasing/Leasing Contact during Normal Duty Hours

Name: ________________________________________________________________

Cell Phone #: _________________________________________________________

Office Phone #: _______________________________________________________

Fax #: ______________________________________________________________

Purchasing/Leasing Contact during Off Duty Hours

Name: ________________________________________________________________

Cell Phone #: _________________________________________________________

Office Phone #: _______________________________________________________

Fax #: ______________________________________________________________
BARIATRIC EQUIPMENT VENDORS/MANUFACTURERS

Patient Handling Equipment: _______________________________________________________

Company/Manufacturer: _______________________________________________________

Website: ___________________________________________________________________

Facility representative: _______________________________________________________

Contact Information:
Cell Phone #: _______________________________________________________________

Office Phone #: _____________________________________________________________

Fax #: _______________________________________________________________

Other Information:

Patient Handling Equipment: _______________________________________________________

Company/Manufacturer: _______________________________________________________

Website: ___________________________________________________________________

Facility representative: _______________________________________________________

Contact Information:
Cell Phone #: _______________________________________________________________

Office Phone #: _____________________________________________________________

Fax #: _______________________________________________________________

Other Information
### BARIATRIC EQUIPMENT VENDORS/MANUFACTURERS

<table>
<thead>
<tr>
<th>Patient Handling Equipment:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company/Manufacturer:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Website:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility representative:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Contact Information:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone #:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Office Phone #:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Fax #:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Other Information:

<table>
<thead>
<tr>
<th>Patient Handling Equipment:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company/Manufacturer:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Website:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Facility representative:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Contact Information:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone #:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Office Phone #:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Fax #:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Other Information
UNIT ADMISSIONS PROCESS/FLOWCHART/CHECKLIST

Insert plan for admission or treatment of bariatric patients to your unit/area.
LOCATION OF BARIATRIC SUPPLIES/EQUIPMENT

<table>
<thead>
<tr>
<th>Bariatric Items</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gowns</td>
<td></td>
</tr>
<tr>
<td>Slippers</td>
<td></td>
</tr>
<tr>
<td>Robes</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Cuffs</td>
<td></td>
</tr>
<tr>
<td>ID Wristbands</td>
<td></td>
</tr>
<tr>
<td>Bed Pans</td>
<td></td>
</tr>
<tr>
<td>Abdominal Binders</td>
<td></td>
</tr>
<tr>
<td>CPAP</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td></td>
</tr>
<tr>
<td>OR Equipment/Case</td>
<td></td>
</tr>
<tr>
<td>Cart</td>
<td></td>
</tr>
<tr>
<td>Gurney</td>
<td></td>
</tr>
<tr>
<td>Treatment Tables</td>
<td></td>
</tr>
<tr>
<td>Exam Tables</td>
<td></td>
</tr>
<tr>
<td>Patient/Visitor Chairs</td>
<td></td>
</tr>
<tr>
<td>Lifts</td>
<td></td>
</tr>
<tr>
<td>Air Assisted Lateral</td>
<td></td>
</tr>
<tr>
<td>Transfer Device</td>
<td></td>
</tr>
<tr>
<td>Bed Mover</td>
<td></td>
</tr>
<tr>
<td>Wheelchair Mover</td>
<td></td>
</tr>
<tr>
<td>Other patient handling equipment</td>
<td></td>
</tr>
</tbody>
</table>
# Bariatric Equipment Safety Checklist

## Hospital Bed
- Weight limit _____ lbs
- Side rail support _____ lbs
- Bed scale?
  - Yes _____ if yes weight limit _____ lbs.
  - No
- Width of bed _____ inches.
- Bed adjustable for width?
  - Yes _____ No
- Bed adjustable for patient height?
  - Yes _____ No
- Mattress type:
  - Pressure relief
  - Pressure reduction
  - Alternating
  - Rotational
- Other ______________________________

## Wheelchair
- Weight limit _____ lbs.
- Width _____ inches
- Seat Height _____ inches
- Handle width _____ inches
- Powered? Yes _____ No

## Stretcher
- Weight limit _____ lbs
- Width _____ inches
- Length _____ inches
- Side rail support _____ lbs
- Powered? Yes _____ No

## Bedside Commode/Shower Chair
- Weight limit _____ lbs
- Seat width _____ inches
- Adjustable height? Yes _____ No

## Scales
- Weight limit _____ lbs
- Width _____ inches

## Walker
- Weight limit _____ lbs
- Width _____ inches

## Bathroom
- Doorframe width _____ inches
- Shower door width _____ inches
- Toilet weight bearing limit _____ lbs
- Wall mounted grab bars
- Weight limit _____ lbs
- Wall mounted skin weight limit _____ lbs

## Patient Care Environment
- Patient chair weight limit _____ lbs (basic seating chair not Geri/cardiac chair)
- Patient chair width _____ inches
- Patient chair seat height _____ inches
- Geri/Cardiac chair weight limit _____ lbs
- Geri/Cardiac chair width _____ inches
- Geri/Cardiac seat height _____ inches

## Transfer Devices
- Lateral transfer devices weight limit _____ lbs
- Lateral transfer devices width _____ inches
- Powered? Yes _____ No
- Full Body (sling) weight limit _____ lbs
- Powered? Yes _____ No
- Full Body (sling) goes to the floor? Yes _____ No
- Sit to stand devices weight limit _____ lbs
- Sit to stand devices width _____ inches
- Powered? Yes _____ No

## Ancillary Departments
- Door widths _____ inches
- X-ray table weight limit _____ lbs, width _____ inches
- CT Scan weight limit _____ lbs, width _____ inches
- OR table limit _____ lbs, width _____ inches
- Emergency room equipment weight limit _____ lbs, width _____ inches
- Waiting room furniture weight limit _____ lbs, width _____ inches
- Exam room table weight limit _____ lbs, width _____ inches

## Other Patient Care Devices
- All patient care supplies should be carefully evaluated as to bariatric capacity.
UNIT TRANSPORTATION PLAN FOR BARIATRIC PATIENTS

Map out the safest and most feasible route for transporting your bariatric patients off your unit to treatment, diagnostic, and other areas. Use measurements of wheelchairs, beds, gurneys, etc. as well as door widths, elevator widths, etc. to develop these pathways.
VII. TRAINING PROGRAMS
Peer Leader

• Insert Hard copy here
• include plastic holder for CD

(2009 SPH Conference Toolkit CD)
Direct Care Provider

Direct Care Provider Safe Patient Handling Training Narrated PowerPoint (2009 SPH Conference Toolkit CD)

New Employee Orientation to Safe Patient Handling Narrated PowerPoint (2009 SPH Conference Toolkit CD)

• Insert Hard copy here
• include plastic holder for CD
Senior Leader

Senior Leader Awareness Training Narrated PowerPoint (2009 SPH Conference Toolkit CD)

- Insert Hard copy here
- include plastic holder for CD
Care Supervisors & Nurse Managers

Care Supervisors & Nurse Managers Awareness Training Narrated PowerPoint (2009 SPH Conference Toolkit CD)

- Insert Hard copy here
- include plastic holder for CD
Patient/Resident & Family
Patient/Resident & Family Brochure
(Acknowledgement & Appreciation to James A. Quillen VAMC)

Questions or Concerns?
The information and equipment presented here may be new to you. As always, we want to help you and your family feel safe and comfortable with your care. If you or your family have questions or concerns about "Safe Patient Handling and Movement" please feel free to talk with your nurse.
A New Approach

“Safe Patient Handling and Movement”
is a safer way to help you move and transfer. It
is part of a new “No Lift” approach that puts
safety first. The nursing and therapy staff will
be using special kinds of equipment. This
equipment is made just for moving and
transferring patients safely and comfortably.

You, and the staff, will be safer as you move to
or from the bed, chair or stretcher. The lift can
help when you might not be able to stand or
walk without extra help and support.

Our staff will consider your special needs to
decide which equipment will work best to keep
you and the staff that provide your care as safe
as possible.

Special Equipment

Mechanical Lifts - very strong electronic
lifts that help staff to move, lift and hold
you. They use a vest or sling connected to
the lift to support your body weight. While
you are in the sling, you will be in a
standing or sitting-type position. Some of
these lifts can be moved from room-to-room
and some of them are ceiling-mounted.

Lateral Transfer Devices - a type of
equipment that will help the staff move you
from a bed to a stretcher or an X-Ray table.
There are two types of lateral transfer
devices. With one type, you will lie on an
air mattress that moves or glides on a
cushion of air. A second type looks like a
large sheet with straps. When it is folded
and placed under you it makes a slick layer.
The slick layer will make it easy for the
staff to slide you from your bed to a
stretcher or X-Ray table.

James H Quilen VAMC
P. O. Box 4000
Mountain Home, Tennessee 37684

Phone: 423-925-1171
Patient/Resident & Family

Patient/Resident & Family Video Presentation (2009 SPH Conference Toolkit DVD)

• include plastic holder for DVD
VIII. RESOURCES & WEBSITES
PATIENT SAFETY CENTER & OTHER RESOURCES

Website:  http://www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp

- Patient Care Ergonomic Resource Guide
- Sling Toolkit
- Bariatric Toolkit
- Technology Resource Guide
- Bariatric Technology Resource Guide
- Peer Leader Safe Patient Handling UNIT Binder

Website:  http://vaww1.va.gov/nursing/page.cfm?pg=125#dir  (Find 2/3 down on right side)

- Bariatric Surgery Nursing Guidelines

Website:  http://www.washingtonsafepatienthandling.org/additionalresources.html

- Safe Patient Handling in Washington State

Website:  www.osha.gov/ergonomics/guidelines/nursinghome/index.html

- OSHA 2003 Ergonomic Guidelines for Nursing Homes