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<b>SAFE HANDLING OF PATIENTS</b>		
<b><u>EXECUTIVE SPONSORSHIP</u></b> Vice President, Employee Experience	<b><u>INITIALLY RELEASED DATE</u></b> April 2004	<b><u>VERSION DATE</u></b> April 2023

**INTENT / PURPOSE**

The goal of this policy is to ensure safe, quality care for [patients](#) and to establish a framework for the provision of care so that the risk of injury to health care providers is minimized during [patient handling](#) tasks.

The appropriate method of safe patient handling is determined through individual patient mobility assessment.

The goal of this policy and supporting resources is to eliminate all [manual patient handling](#) whenever possible. For patient handling tasks, the recommendation is a 15.9 kg (35 lbs) maximum weight limit under [ideal patient handling conditions](#)<sup>1</sup>. The majority of patient handling situations do not occur in ideal patient handling conditions and therefore no weight limit can be considered as a protective “exposure limit” for safe patient handling<sup>2</sup>.

The number and severity of worker injuries associated with patient handling tasks have remained high over the past three decades, leading to recommendations for evidence-based approaches to patient handling tasks<sup>3-7</sup>.

This policy applies to all Fraser Health employees.

**POLICY**

Use [patient handling equipment and accessories](#) in preference to manual patient handling techniques when the patient requires more than [minimal assistance](#) for transfers, repositioning or ambulation.

Manual patient handling is limited to instances when:

- the use of a mechanical assist device is not indicated following an assessment by an interdisciplinary team
- the use of a mechanical assist device is contraindicated (e.g., due to patient medical conditions)
- the patient could be critically or fatally injured if not moved immediately.

**1.0 Executive responsibilities**

- 1.1 Support the implementation of this policy
- 1.2 Ensure funding, availability, sustainability and accessibility of patient handling equipment and accessories<sup>8</sup>.
- 1.3 Ensure that the design, renovation and construction of all care facilities meet the requirements of this policy.
- 1.4 Support an organizational culture for safety by recognizing the need for a multidisciplinary approach to improve the potential for safe patient handling behaviours<sup>9</sup>.

**2.0 Management responsibilities**

- 2.1 Ensure that all policies, procedures and/or guidelines related to this policy are communicated to and followed by stakeholders (e.g., employees, facility planners, etc.)<sup>10,11</sup>.
- 2.2 Demonstrate an organizational commitment to safe patient handling by consistently prioritizing safe work conditions, fostering open communication and building good working relationships<sup>12</sup>.
- 2.3 Promote positive perceptions and experiences with patient handling equipment and accessory use and reinforcing safe patient handling practices by removing barriers and providing access to necessary equipment.

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- 2.4 Incorporate safe handling of patients into daily operations. This includes incorporating appropriate mobility assessment algorithms and documentation, access to safe patient handling equipment and accessories, accessible storage locations of safe patient handling equipment and accessories, and corresponding employee education and training<sup>8</sup>.
- 2.5 Ensure that the design, renovation and construction of care area(s) meet the requirements of this policy.
- 2.6 Ensure patient handling risks are assessed utilizing the Safe Patient Handling Mobility Algorithms. Risk assessments must be reviewed when there has been a change in work practice, work environment, or patient population.
- 2.7 Facilitate the annual quality and quantity evaluation of patient handling equipment and accessories (e.g., slings). Evaluation must include equipment deemed unsafe and identifying low quantities of patient handling equipment and accessories at the point of care, and replenishing as necessary.
- 2.8 Ensure all patient handling equipment and accessories (i.e., lifts, slings, etc.) are maintained according to manufacturers' requirements.

**3.0 Employee responsibilities**

- 3.1 Complete required education and training in order to perform work in a safe manner.
- 3.2 Follow patient handling procedures as appropriate for the patient and healthcare provider.
- 3.3 Perform a point of care risk assessment for patient handling activities utilizing the mobility algorithms. Identify risk of injury or unsafe patient handling situation in the work environment. Report to the relevant supervisor and/or managers and co-worker(s).
- 3.4 Inform your supervisor immediately if you are unable to comply with the policy due to a change in patient condition, patient handling equipment and accessories inventory, malfunction, unfamiliarity with equipment, or procedures, etc.
- 3.5 Actively participate in promoting and fostering a culture of safety through exhibiting safe patient handling behaviours<sup>8,9</sup>.
- 3.6 Complete a visual inspection of patient handling equipment and accessories prior to each use.

**4.0 Safety and Well-being responsibilities**

- 4.1 Provide consultation and expertise to ensure the successful implementation of this policy including development of tools and resources and evaluation of indicators.
- 4.2 Work collaboratively with Fraser Health executives, managers, employees, and partners to identify and prioritize safe patient handling needs.

**5.0 Facilities Maintenance and Operations (FMO) responsibilities**

- 5.1 Ensure all lifts are inspected by a qualified person according to the requirements of CSA Z10535.2-17 annually, or more frequently according to manufacturers' instruction<sup>13</sup>.
- 5.2 Maintain documentation of periodic inspections and makes them available to department manager, [Safety and Well-being](#) or regulatory agencies when requested.
- 5.3 Ensure a qualified person evaluates the mechanical lift equipment at the end of its operational lifespan to determine if it is acceptable for continued use, repairable, or requires disposal.
- 5.4 When notified by a clinical area or during periodic inspection, if mechanical lift equipment is deemed unsafe or past its end-of-life, the equipment will be removed from service and identified in a manner which will ensure it is not inadvertently returned to service.
- 5.5 Maintain a process to identify need for on-going replacement of mechanical lift equipment after removal from service to ensure sustainable access at point of care. Communicate the needs with clinical partners.

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- 5.6 Witness and sign load-testing reports completed by the vendor following a ceiling lift install.
- 5.7 Participate and attend ceiling lift planning meetings as required.

**6.0 Facilities planning responsibilities**

- 6.1 Adhere to the requirements of the current version of the Fraser Health [Standard - Patient Handling Equipment for Facility Design and Procurement](#) when planning and designing care facilities.
- 6.2 Consult with the Safety and Well-being facilities design team client partners and [FMO](#) throughout project cycle beginning at project charter through to post-occupancy. Adequate time should be allotted to review and provide feedback
- 6.3 Provide opportunities for the Safety and Well-being facilities design team client partners and FMO to attend equipment coordination meetings with ceiling lift vendors where coverage may be impacted.
- 6.4 Where deviations from the Fraser Health Standard - Patient Handling Equipment for Facility Design and Procurement or changes to the reviewed design are being considered, notification will be provided to the client partners, facilities design and ergonomics, and additional consultation will be sought to control patient handling hazards and minimize risk to staff.
- 6.5 Where Safety and Well-being post-install inspections of ceiling lifts identify deficiencies, hold contractor, suppliers, installers etc. accountable to ensure all patient handling equipment meets Fraser Health standards.

**DEFINITIONS**

**Ideal patient handling conditions:**

- If the patient can follow directions and is not combative.
- The amount of weight the caregiver handles can be estimated.
- The lifting is smooth and slow, and
- The “geometry” of the lift (the body and hand positions in relation to the patient being lifted) and the amount of weight lifted do not change.

**Patient:** throughout this document, ‘patient’ refers to all patients, clients and individuals in our care at various Fraser Health services including all Acute, Community, Assisted Living and Long-Term Care environments.

**Patient handling:** refers to all tasks performed by Fraser Health employees where they facilitate, assist or otherwise participate in moving a patient from one position to another usually over very short distances. Examples include but are not limited to bed-to-chair transfers, chair-to-toilet transfers, positioning in bed or chair, assisting with ambulation and horizontal transfers from bed to stretcher.

**Patient handling equipment and accessories:** any device, including assistive devices, designed to provide a direct mechanical force or a mechanical advantage to the user (e.g., ceiling lift, mechanical floor lift, sit to stand lift, sling, slider sheet, air-assisted transfer device).

**Manual patient handling:** activity requiring force to push, pull, lift, lower, transfer or in some way move or support a person or body part of a person with or without assistive devices.

**Minimal assistance:** minimal effort/degree of physical support provided by healthcare providers to support the patient; may include one person or two persons; minimal means little effort, non-straining.

**REFERENCES**

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- 13) Canadian Standards Association. Hoists for the Transfer of Disabled Persons- Requirements and Test Methods (CAN/CSA Z10535-03). 2003 [cited July 8, 2021].

**REVISION HISTORY**

Version	Date	Key Changes
1.0	April 2004	Initial Policy
2.0	June 2013	Revision - edit to purpose, added Manual Lifting definition
3.0	June 2016	Revision - edit to purpose, added Minimal Assistance definition
4.0	April 6, 2023	Revision - edit to purpose, added responsibilities and new references