

<b><u>POLICY TITLE</u></b> Safe Handling of Patients/Residents/Clients		
<b><u>AUTHORIZATION</u></b> Vice President, Human Resources and Organization Development	<b><u>DATE APPROVED</u></b> APRIL 2004	<b><u>CURRENT VERSION DATE</u></b> JULY 2016

**DATE(S) REVISED / REVIEWED SUMMARY**

<b>Version</b>	<b>Date</b>	<b>Comments/Changes</b>
1.0	April 2004	Initial Policy
2.0	June 2013	Addition to purpose of policy, revision to content in various section of the policy document and also added definition to Manual Lifting.
3.0	July 2016	Addition to purpose of policy, addition to content in various sections of the policy document, added definition of Minimal Assistance, added references

**INTENT / PURPOSE**

The goal of this policy is to ensure safe, quality care for patients/residents/clients and to establish a framework for the provision of care so that the risk of injury to healthcare providers is minimized during handling tasks.

The determination of how a patient/resident/client is to be moved is based on assessment.

For patient/resident/client handling tasks, the recommendation is a 15.9 kg (35 lbs) maximum weight limit under ideal conditions (Waters, 2007). Therefore if a healthcare provider is required to lift more than 15.9 kg, use of equipment or assistive devices is strongly recommended.

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 (Harwood, 2015; Hodgson et al, 2013; Nelson et al 2008; Nelson & Baptiste 2006).

This policy applies to all Fraser Health staff.

**POLICY**

**MANUAL LIFTING OF PATIENTS/RESIDENTS/CLIENTS IS PROHIBITED**

Mechanical lifts will be used in preference to manual lifting techniques when the patient/resident /client requires more than minimal assistance for transfers, repositioning or ambulation. Circumstances allowing manual lifting are limited to instances where:

- 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, or
- the patient/resident/client could be critically or fatally injured if not moved immediately

**1. Executive Responsibilities**

- 1.1.** Ensure that all levels of management promote and foster a safety culture through the integration of safe patient/resident/client handling practices.
- 1.2.** Ensure that reasonable resources are available to support the implementation of a safe patient/resident/client handling program.
- 1.3.** Ensure that the design, renovation and construction of care facilities, including hospitals and residential care facilities, meet the requirements of this policy.

**POLICY TITLE****Safe Handling of Patients/Residents/Clients****2. Management Responsibilities**

- 2.1. Ensure that all policies, procedures and/or guidelines related to this policy are communicated and followed.
- 2.2. Ensure that safe client handling practices are integrated into daily operations by ensuring appropriate tools and resources are available including mobility assessment algorithms and documentation, safe client handling equipment and devices, accessible storage locations and education and training required to safely use them.
- 2.3. Support that the design, renovation and construction of care departments, including hospitals and residential care facilities, meet the requirements of this policy.
- 2.4. Ensure that risk assessments are conducted in areas where changes in work practice, work environment or use of equipment affect safe patient/resident/client handling.
- 2.5. Ensure that a safe and healthy work environment is promoted and fostered among the employees in the unit/department.

**3. Employee Responsibilities**

- 3.1. Follow patient/resident/client handling procedures as appropriate for the patient/resident/client and healthcare provider.
- 3.2. Identify and communicate any identified risk of injury or apparent unsafe patient/resident/client handling situation in the work environment.
- 3.3. Inform their supervisor immediately as to why they are unable to comply with the policy due to change in patient/resident/client condition, equipment malfunction, unfamiliarity with equipment or procedures, etc.
- 3.4. Actively participate in promoting and fostering a culture of safety.
- 3.5. Ensure they have the knowledge, skills and abilities necessary to perform work in a safe manner.

**4. Workplace Health Responsibilities**

- 4.1. Provide consultation and expertise to ensure the successful implementation of safe patient/resident/client handling program, including development of tools and resources and evaluation of indicators.
- 4.2. Work collaboratively with Fraser Health staff to identify and prioritize safe patient/resident/client handling needs.

**DEFINITIONS**

**Patient/Resident/Client Handling:** refers to all tasks performed by Fraser Health employees where they facilitate, assist or otherwise participate in moving a patient/resident/client 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/Resident/Client Handling Device:** 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, slider sheet, air-assisted transfer device.

**Manual Lifting:** any patient/resident/client handling task requiring the healthcare provider to support or lift some or all of a patient's/resident's/client's body weight in the vertical direction. For patient/resident/client handling tasks, the recommendation is a 15.9 kg (35 lbs) maximum weight limit under ideal conditions (Waters, 2007). Therefore if a healthcare provider is required to lift more than 15.9 kg, use of equipment or assistive devices is strongly recommended.

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**Minimal Assistance:** minimal effort/degree of physical support provided by healthcare providers to support the patient/resident/client; may include 1 person or 2 persons; minimal = little effort, non-straining.

**REFERENCES**

Fraser Health Authority's Workplace Health and Safety Policy.

Harwood, K. (2015). Blazing a new trail: Advocacy for safe patient handling and mobility. *American Journal of Safe Patient Handling and Movement*, 5(1), 21-26.

Hodgson, M. J., Matz, M. W., & Nelson, A. (2013). Patient handling in the Veterans Health Administration: Facilitating change in the healthcare industry. *Journal of Occupational and Environmental Medicine*, 55(10), 1230-1237.

Nelson, A. and Baptiste, A. S. (2006). Evidence-based practices for safe patient handling and movement. *Orthopedic Nursing*, 25(6), 366-379.

Nelson, A., Harwood, K., Tracey, C., & Dunn, K. (2008). Myths and facts about safe patient handling in rehabilitation. *Rehabilitation Nursing*, 33 (1), 10-17.

Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53-58.

Workers' Compensation Board of British Columbia. (1999). Occupational Health and Safety Regulation, Ergonomics Requirements, Sections 4.46 – 4.53.