Policy: Safe Patient Handling

REFERENCE: Direct Care Competency 4.19
SPH Subcommittee members

ATTACHMENTS: Lift Inspection Checklist
Lift and Transfer Routine
FLDDSO Guidelines for Assessment of Transfers
FLDDSO Guidelines for Assessment of Ambulation

TRAINING: Initial NEO Back Safety, Safe Patient Handling and Assisted Mobility Skills training. Face to face training on specific lifts and techniques as identified by the team.

DEFINITIONS: This policy does NOT apply to van or cutaway vehicular lifts.

1. Lifts:
   A. Mobile Base Mechanical Floor Lift—rolling floor lift that provides a total body transfer for the individual who has limited to no ability to assist in the transfer. May be used with individuals who have poor sitting balance and/or cannot bear weight through either leg. Either battery operated (power) or manual with a hydraulic pump. All use slings or alternate style of body support. Require 2 staff assistance.
   B. Ceiling Track Lift—Battery operated lift with motor suspended from track above the support surface that provides a total body transfer for the individual who has limited to no ability to assist in the transfer. May be used with individuals who have poor sitting balance and/or cannot bear weight through either leg. All use slings or alternate style of body support. Require 1-2 staff assistance
      a. Ceiling mount track system
      b. Wall to wall mount system—can be single track or room covering tracks
      c. Free standing frame track—upside down U mounted to floor
      d. Tension mount overhead system—floor to ceiling tension support rods
   C. Sit/Stand Lift—Rolling mechanical lift that provides a safe seat to seat transfer for the individual who has partial weight bearing capabilities in one or both legs. Typically replaces a stand pivot transfer or 2 person lift. The individual must be able to move from a supine position to sitting position and balance in a sitting position on the edge of the bed or be seated on a supportive sitting surface such as a wheelchair. Some
models allow assisted ambulation if the footplate is removed. Require 1-2 staff assistance.

2. **Slings:** All slings are fabric supports with 4-6 straps that are specially designed to lift and suspend a body from a mechanical lift during a transfer between support surfaces. The sling fabric does not necessarily determine its function. Mesh slings are recommended for many uses including bathing, ease in laundering and for use when left in place under an individual with frail medical status.

   A. **Split leg sling**—has full trunk and separate leg extensions to support each leg. Leg extension straps can be secured individually or crossed. May be easily set up and removed with the person in a seated position. Should not be used with individuals with above knee amputations. Can be ordered with or without built-in head supports.

   B. **Hammock sling**—sling with head support and no separation for the legs. Both legs are supported together. Must be put on and removed with the individual lying on the support surface. Cannot be easily set up and removed with the individual in a seated position. Should not be used with individuals who have had total hip replacements.

   C. **Hygiene sling**—has wide support belt around trunk and/or waist with leg supports that extend off the waist belt. Allows access for hygiene care and toileting. Should be made of durable material.

   D. **Stand assist harness**—has a trunk/waist support belt and no leg straps. Used with sit-to-stand mechanical lifts.

   E. **Walking harness sling**—body support with pelvic straps. Used with mobile base floor lifts or ceiling track lifts for assisted walking.

3. **Repositioning Devices:**

   A. **Non-Friction sheets**—help to reduce the push/pull forces associated with repositioning. Used to move an individual from side to side or up/down on the bed surface. Some models can be used with mechanical lifts. Often used along with hospital bed positioning features (i.e. raise foot of bed to move a person up in bed). These are never left on the bed surface. Non-friction sheets may be used with a number of individuals, but must be laundered appropriately when soiled. Require 2 staff assistance.

   B. **One Way devices**—used to reposition an individual on the support surface. Texture of anti-slip sheet has low friction (repositioning direction) and high friction (anti-slip). Styles vary for bed and wheelchair use. Device is left in place under the individual. Require 1-2 staff assistance.

   C. **Turn and hold sheets**—used to roll a person in bed, with or without assist from a mechanical lift system (ceiling or floor). Most styles may be left on the bed surface. Some must be secured to the bed frame. Require 1-2 staff assistance.

4. **Other SPH Devices:**

   A. **Transfer/Gait belts**—A transfer/gait provides a firm, grasping surface for the caregiver, protects the individual from accidental trauma to the skin, provides a sense of security to the individual and protects the caregiver from injury while transferring or ambulating an individual. Transfer/Gait belts are used on an individual who requires contact guard to minimal assistance to transition between sitting and standing or during
ambulation. The individual must be able to bear weight and move their feet in the desired direction of the transfer. Transfer/gait belts are used to stabilize the individual; they are not used for lifting. The individual should not require lifting or need to be held up. The individual must have fair
⇒ good sitting balance and be able to follow directions or prompts. Typically require 1 staff assistance.

B. Transfer discs- hard (standing) and soft (sitting) styles

5. Assistance Levels:
A. Independent: individual consistently transfers and walks on a variety of surfaces safely without any assistance from staff. Includes stairs, vehicle transfers and community mobility.
B. Modified Independent: individual is consistently independently mobile with all aspects of using an assistive device (wheelchair, rolling walker, cane, crutches, etc)
C. Range of Scanning: Requires visual supervision for mobility activities.
D. Stand-By Guard: staff remain next to individual (within arm’s length) while they perform mobility activities. Staff are prepared to assist as needed.
E. Contact Guard: staff provide hands-on physical guidance during mobility activities. A gait belt is used to provide safe support for both the individual and staff. May require physical directional guidance, verbal cueing, etc. Exceptions are stated in the IPO.
F. Moderate Assistance/Maximal Assistance: Physical and verbal prompts are increased. Relies extensively on staff to complete tasks safely; therefore, this level would always require a mechanical lift in a Safe Patient Handling Environment.

POLICY STATEMENT: It is the responsibility of the FLDDDGO and its employees to ensure that individuals are lifted/moved and transferred in ways that will help ensure their safety, while minimizing risk of staff injury. The Safe Patient Handling (SPH) program provides safety guidelines when using patient lifting, repositioning and transferring devices. This program has the following objectives:

1. To increase the quality of care for the resident/individual.
2. To perform a safe and comfortable mechanical lift and/or transfer for residents/individuals.
3. To create a safe working environment for the staff by reducing the frequency of manual lifting, manual transferring and manual repositioning by replacing traditionally manually performed tasks with mechanical equipment and other assistive devices
4. To reduce and prevent work related injuries to caregivers.
5. To reduce lost time and overtime hours related to injury and/or fatigue in staff.

RESPONSIBILITY: PROCEDURE:

1. Assessment/Recommendations
   Responsible Staff: PT staff, OT staff or RN in consultation with the individual’s team
   Assesses need for assistance with lifting/moving/transferring any individual not completely independent in mobility.
Provides written recommendations using the Lift and Transfer Routine for SPH to the interdisciplinary team re: amount and type of assistance required for lifting, moving, transferring, and equipment required to safely accomplish it, taking into consideration the individual, environment and staff.

Reassesses individual’s SPH recommendations annually and all individuals PRN if there is a change in function or ability, including intolerance, refusal and changes in physical or functional status.

Identifies changes in status such that the current SPH technique cannot be performed safely. When there are no licensed professionals present, it is acceptable to move to the next higher level on the “Decision Tree” based upon available lift and transfer equipment (i.e. Sit/Stand Mechanical Lift to a Mobile Base Floor Lift).

Notifies DA1, DA2, DA3, RNSr LPN, SR LPN2 and PT, OT of the move up the Decision Tree, providing information about the individual’s status that facilitated the change in lift/transfer status.

Reassesses the individual prior to moving them back down the Decision Tree.

**Decision Tree for Safe Patient Handling**

**Ceiling Track/Floor Lift with sling**

—

**Sit/Stand Lift with harness (if available)**

—

**One Person Transfer with Gait Belt**

—

**Independent**
2. Training

Responsible Staff:

**Physical Therapy/ Occupational Therapy Coordinators**
Ensures that PT staff & OT staff receive training on SPH Assessment and use of SPH equipment as needed.

**PT staff &/or OT staff**
Provides and documents competency-based training on the SPH policy, body mechanics, SPH techniques and equipment as part of New Employee Orientation and Advanced Direct Care Training.

**Site supervisor and/or SPH Mentor in consultation with PT staff &/or OT staff**
Provides and documents initial individual-specific training for SPH recommendations and/or initial training with new equipment for residential and program staff.

**DA1, DA2, DA3, Sr LPN 1, Sr LPN 2, TTL, PM**
Provides and documents annual re-training on SPH policy and body mechanics for residential and program staff.

**Residential and program staff**
Identifies staff having difficulty following recommendations or using equipment and staff transitioning back to full duty following an injury related to patient handling.

Schedules SPH re-training with OT/PT
Provides & documents one follow-up competency-based re-training for staff having difficulty using equipment and staff transitioning back to full duty following an injury related to patient handling.

Provides ongoing general training for equipment already in use in a residence or program site.

Provides ongoing individual-specific training re: SPH recommendations

Refers staff who are not complying with SPH recommendations to PT & OT for one round of re-training.

Consults with management team for follow-up corrective actions for retrained staff who are not complying with SPH recommendations.

Attends all required training related to SPH and demonstrate competence.
### 3. Equipment Care and Maintenance

#### Responsible Staff:

<table>
<thead>
<tr>
<th>Category</th>
<th>Roles</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential or program staff</td>
<td>DA1, DA2, DA3, Sr LPN 1, Sr LPN 2, TTL, PM, PT staff, OT staff</td>
<td>Ensures that proper SPH equipment is available</td>
</tr>
<tr>
<td>PT staff, OT staff, Adaptive Equipment staff</td>
<td></td>
<td>Provides written instruction and physical demonstration for use of SPH equipment as needed</td>
</tr>
<tr>
<td>Residential or program staff</td>
<td></td>
<td>Ensures that all mechanical lifts are maintained in the designated area and plugged in for recharging when not in use.</td>
</tr>
<tr>
<td>Residential and program staff</td>
<td></td>
<td>Reports “problems” with equipment to DA2, DA3 or site designee and PT/OT/Adaptive Equipment staff</td>
</tr>
<tr>
<td>DA2, DA3, Sr LPN, Sr LPN2 or designee</td>
<td></td>
<td>Ensures that each mechanical lift is checked once a month using the Lift Inspection Checklist. Takes lifts and slings out of service when they do not pass inspection. Ensures that slings are examined for loose stitching, tears and/or fraying straps. Arranges for replacement of damaged slings, as they cannot be safely repaired.</td>
</tr>
<tr>
<td>Adaptive Equipment staff, PT staff, OT staff</td>
<td></td>
<td>Facilitates maintenance/repairs of SPH equipment PRN</td>
</tr>
</tbody>
</table>

### 4. Documentation and Reporting

#### Responsible Staff:

<table>
<thead>
<tr>
<th>Category</th>
<th>Roles</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential or program staff</td>
<td></td>
<td>Reports and records any injuries to individuals and/or staff that occur during lifting/moving/transferring using DDSO mandated forms</td>
</tr>
<tr>
<td>Site Supervisor</td>
<td></td>
<td>Reports and records significant changes in individual’s tolerance or ability to participate in SPH recommendations to supervisor and team as appropriate.</td>
</tr>
<tr>
<td>Site Supervisor</td>
<td></td>
<td>Reports significant changes in individual’s tolerance or ability to participate in SPH recommendations to team, incl. PT &amp; OT.</td>
</tr>
<tr>
<td>Site Supervisor</td>
<td></td>
<td>Identifies staff requiring retraining for SPH recommendations and refers to PT staff and OT staff for competency-based remediation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintains documentation of site specific &amp; individual specific SPH-related training.</td>
</tr>
</tbody>
</table>
Reports any accidents and/or injuries to individuals and/or staff that occur during lifting/moving/transferring to team, including PT & OT staff.

Reviews and submits documentation and forms related to individual and/or staff injuries per DDSO policies.

**PT staff &/or OT staff in consultation with other team members**

Reassesses equipment / handling method and routine in response to report of individual or staff injury, taking into consideration the individual, environment, and staff.

Retrains and Provides written documentation of competency with training to site supervisor and TTL for submission to HR, staff development & SPH committee.

Compiles reports of SPH related staff injuries, and forwards to SPH committee monthly for committee review.

**HR**

Reviews reports, compiles data on impact of SPH-related individual and staff injuries.

**SPH Committee**

Reviews Worker’s Comp statistics and individual injuries over time to look for trends re: injuries, and to help determine efficacy of SPH policy

Makes recommendations to:
- Health & Safety Committee
- Team/Site Supervisors
- DDSO Administration
regarding ways to decrease SPH-related injuries and improve individual & staff safety that may include:
- equipment purchases
- changes in training
- changes in staffing

**MECHANICAL LIFTS INCLUDING MOBILE BASE FLOOR LIFTS, CEILING TRACK LIFTS AND SIT/STAND LIFTS**

A. Exceptions to this policy will be made on a case by case basis. Exceptions require evaluation by the licensed professional (OT staff, PT staff and/or RN) and must be agreed upon by the team. Any exceptions or specific instructions will be written in the IPOP.

B. Two staff are required for any transfer with a mechanical lift.

C. The mechanical lift is a transfer device, not a transport device.
Position furniture and equipment to provide surface to surface transfers, minimize distance traveled, limit air time and to ensure that the lift can be maneuvered in the available space.

D. Support surface (beds, wheelchairs) wheels must always be in the locked position when transferring an individual.

D. Mechanical lift (rolling floor lift and sit/stand lift) wheels must be left unlocked while the individual is raised and lowered to allow the lift device to balance the individual’s weight within the lift base.

E. Hospital beds should be adjusted to a height that promotes good body mechanics.

5. Procedure for Mobile Base Mechanical Floor Lift:
Require 2 staff assistance. In rare circumstances may be performed by one staff after an assessment by the licensed professional has determined that the individual can safely be supported and moved surface to surface only (limited air time and distance). Dependent upon style of the lift device, compliance of the individual and set up of the environment. Use with 1 staff must be written in the IPOP.

Responsible Staff:
2 staff, “A” & “B”

Staff A & B
- Inspects the lift and sling for any signs of damage.
- Verbally prepares the individual throughout the transfer process.
- Adjusts support surface to height/position that promotes good body mechanics. Wheels should be locked.

Staff A
- Positions the floor lift with the base open and wheels unlocked.
4.2.12 Safe Patient Handling

Staff A & B
Attaches the sling straps without pulling or tugging, to the desired setting. Ensures that any wheelchair belts or straps do not interfere with the sling placement.

Staff A
Smoothly raises the individual from the support surface only as high as is necessary to completely clear the surface.

Staff B
Supports the individual with contact guard assistance. Ensures that the individual does not come into contact with the lift device (protects their head and legs).

Staff A
Controls and moves the lift device.

Staff A
Smoothly lowers the individual onto the second support surface that has been checked for locked wheels (wheelchair, bed, shower chair etc). Removes the sling from behind the individual unless specific in the IPOP to leave the sling in place.

Repositions the individual for optimal positioning. Secures all safety belts and devices.

6. Procedure for Sit/Stand Lift:
Appropriate for individuals who have partial weight bearing capabilities in one or both legs. Typically replaces a stand pivot transfer or 2 person lift. The individual must be able to move from a supine position to sitting position and balance in a sitting position on the edge of the bed or be seated on a supportive sitting surface such as a wheelchair. Some models allow assisted ambulation if the footplate is removed. Typically require 2 staff. May be performed by one staff after an assessment by the licensed professional has determined that the individual is compliant and familiar with the lift process. Use with 1 staff must be written in the IPOP.

Responsible Staff:
2 staff, “A” & “B”.

Staff A
Inspects the lift and sling harness for any signs of damage.

Verbally prepares the individual throughout the transfer process. Ensures that the support surface wheels are locked.

Positions the sling harness so that the bulk of the harness rests in the individual’s lower back region. Tightens the inner belts so that they fit snug around the trunk. Ensures that any wheelchair belts or straps do not interfere with the sling placement.
Staff B

Positions the sit/stand mechanical lift with the lift facing the seated individual, base open, lift wheels unlocked.

Staff A

Instructs/Assists the individual to place feet on the footplate of the lift. Attaches the straps of the harness to the lift without pulling or tugging. Instructs the individual to grasp the handles on the lift, outside of the harness. Encourages the individual to lean back into the harness.

Staff B

If environment allows, closes the legs of the lift to promote smoother locomotion. Smoothly raises the individual until they clear the support surface.

Transfers the individual to the new surface while Staff A provides contact guard assistance.

Smoothly lowers the individual onto the second support surface that has been checked for locked wheels (wheelchair, bed, shower chair etc). Disconnects the harness from the lift. Instructs/Assists the individual to remove feet from the footplate of the lift.

Ensures that all safety straps are fastened on new support surface (i.e. wheelchair pelvic positioning belt).

8. Procedure for Use of Transfer/Gait Belt:

Responsible Staff:

Program or residential staff (one staff is required. Second caregiver assistance is used only to manage medical equipment or a wheelchair unless otherwise directed in writing by OT staff, PT staff or RN and included in the IPOP).

Staff B

Places the belt over the individual’s clothing and around the waist. Ensures the belt and buckle are secured and snugly in place with room for 2 fingers between the belt and the individual’s clothing.

Ensures that the individual is pushing off from the seated surface or reaching for the second support surface. Does not allow the individual to place their arms or hands around the staff person’s neck.

Assists the individual to stand by grasping the handles on the transfer/gait belt.
Ensures the individual’s safety during the transition to standing by blocking their knees against the staff person’s knees if the individual begins to slide down. Calls for assistance if unable to lower the individual directly back onto the seated surface.

Provides guarding if the individual begins to fall during the transfer/ambulation by pulling the resident close to the staff person’s body using the transfer/gait belt. Calls out for assistance and lowers the person as far as possible by extending staff arms toward the floor, sliding the individual down staff support leg.

Avoids bending forward by remaining upright until guarding or protection can be provided to the individual’s head. May need to let go of gait belt to prevent further injury to staff and/or individual.

After ensuring no injuries (Refer to orthopedic injury policy here??), uses a mechanical floor lift and 2+ staff to lift the individual from the floor.

9. Procedure for Use of Non-Friction Device to reposition in bed:
2 Staff required to place and remove the non-friction device.

**Responsible Staff:**
- Program or residential staff
- Staff A
- Staff B

**Adjusts the bed to a height that promotes good body mechanics and places the bed in a flat position.**

**Uses appropriate SPH technique to place the non-friction device underneath the individual. Determines the correct placement of the non-friction device based upon the repositioning desired (up/down vs. side to side).**

**Holds the edges of the draw sheet or cloth chux from the opposite side of the individual and leans backward slightly using good body mechanics to keep the sheet taut and expose a gap between the individual and the bed surface.**

**Places the accordion folded non-friction device along the individual and slides it underneath approximately half way.**
<table>
<thead>
<tr>
<th>Role</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff B</td>
<td>Holds the edges of the draw sheet or cloth chux from the opposite side of the individual and leans slightly backward using good body mechanics to keep the sheet taut and expose a gap between the individual and the bed surface.</td>
</tr>
<tr>
<td>Staff A</td>
<td>Finds the edge of the non-friction device and uses a posterior weight shift and good body mechanics to unfold the device out from underneath the individual.</td>
</tr>
<tr>
<td>Staff A and Staff B</td>
<td>Stands on either side of the bed and grasps the draw sheet or cloth chux with palms down, maintaining wrists flat on the bed surface. Uses proper body mechanics and faces the direction of the slide. Shifts their weight from their back legs to the front legs and slide the individual to the desired position on the bed surface.</td>
</tr>
<tr>
<td>Staff A and Staff B</td>
<td>Removes the non-friction device from under the individual by reversing the process stated previously. Avoids rolling, pushing and pulling.</td>
</tr>
</tbody>
</table>

(END)