POLICY:

The NYS Veterans Home at Batavia has a commitment to workplace safety and is implementing a Zero Manual Lift Program for mechanical lifting, transferring, and repositioning residents. The basic objectives of the program are as follows:

- To increase the quality of care for the resident.
- To perform a safe and comfortable mechanical lift and/or transfer for the residents.
- To create a safe working environment for the staff by reducing the frequency of manual lifting, transferring, and repositioning.
- To reduce and prevent work related injuries to caregivers.
- To reduce loss time hours related to injury and/or fatigue in staff.

A. All lifting and transferring of residents shall be performed utilizing the approved lift/transfer devices and methods to prevent resident and employee injury.

B. Only RN’s and registered OT/PT staff should assess resident lifting and transferring needs and determine the appropriate method to lift/transfer the resident.

C. Unlicensed assistive personnel should lift and transfer residents only after assessment has been completed by the RN or registered OT/PT staff.

D. All employees responsible for lifting and transferring residents shall attend the Zero Manual Lift Training Program and demonstrate competency in lifting/transferring residents. (Attachment #1)

E. The NYS Veterans Home at Batavia will provide on-going training and annually validate employee competency to improve safety and monitor compliance.

   - *The Zero Lift Competencies (Attachment 1A-1 will be reviewed with each employee as part of the Annual Performance Review*
   - *Copies of the completed competencies (Attachment 1A-1 ) will be come part of the Employees Annual Performance Review Packet*

F. Employee competency shall be validated and remediation provided for the following employees:

   - Those transitioning back to full duty following an injury related to resident handling.
   - Those involved with any lifting/transferring resident incident.
   - Any observed poor performance related to lifting/transferring residents.
G. In keeping with the philosophy of Zero Manual Lift, all transfers off the floor will be accomplished with no less than 3 assist and a full mechanical lift.

IMPORTANT TO NOTE:
- Never move a resident until assessed by the RN
- Proceed with transfer as if there is a hip fracture—follow total hip replacement precautions
- Limit the distance you push the lift—lower resident to a gurney, shower chair, or reclining wheelchair that has been brought to the lift.

EXCEPTIONS: Evacuation, emergency, fire, disaster or for a resident who is independent getting off the floor and has been assessed by the RN.

SCOPE OF PRACTICE
All NYS Veterans Home at Batavia employees who are responsible for lifting/transferring and positioning residents.

PROTOCOL:
A. Resident Assessment and Data Collection

1. An initial lift/transfer needs assessment will be completed by the licensed professional on the day of admission, quarterly, or at the time of a change in the resident status.

2. Select the appropriate lift/transfer status of the resident by referring to the Lift/Transfer Decision Tree.

   KEYPOINT: A resident status may differ based on the time of day or other resident factors. This may require two different levels of transfer during a single day. A secondary lift shall be identified when appropriate.

3. The caregiver shall consider his/her own ability, the environment, and the resident current status prior to any lifts or transfers. When the caregiver feels that the current resident handling technique cannot be performed safely, it is acceptable to move to the next higher level of transfer (i.e., sit/stand mechanical lift to a total mechanical lift, independent to a one person transfer with transfer/gait belt). Nurse Aide (Certified) must notify their supervisor immediately prior to the lift/transfer so that a re-evaluation can be done by RN, OT/PT.

   KEYPOINT: The caregiver shall not move to the next lower level of transfer without first reassessing the resident’s transfer lift status

   KEYPOINT: First Notification
   Documentation
   Change in Care Plan to reflect resident need
4. Refer to the Lift/Transfer Decision Tree when changing the resident lift status.

**LIFT/TRANSFER DECISION TREE.**

- **TOTAL MECHANICAL LIFT**
- **SIT/STAND MECHANICAL LIFT**
- **ONE PERSON TRANSFER WITH TRANSFER/GAIT BELT**
- **INDEPENDENT**

**B. Care and Management**

**Resident:**

1. The resident lift/transfer shall be performed as determined by the lift/transfer assessment as documented on both comprehensive Care Plan and NAC Care Plan.

**EXCEPTION:** The licensed professional caregiver shall determine the appropriate method of lift/transfer on the resident in the event of a medical emergency or fire.

**Lift/Transfer Equipment:**

1. *Plug in rechargeable mechanical lifts when not in use*

**Slings:**

1. Place all soiled slings in designated mesh laundry bag and hamper located in the soiled utility rooms. To be assigned and laundered by each shift.
C. Safety

1. Assess integrity and function of all lift equipment prior to use. Any broken or malfunctioning equipment shall be removed from use and tagged with a “Defective Do Not Use” tag and returned to the unit manager. (See Environmental Services Policy 1006.5 – Identification of Equipment in Need of Repair)

2. Inspect all slings prior to use and after washing for signs of wear and tear or signs of compromised integrity including loose stitching, tears, or fraying straps. Remove damaged slings and tag “Defective Do Not Use” and return to unit manager.

**KEYPOINT:** Damaged slings shall be REPLACED, NEVER REPAIRED.

3. Do not leave repositioning non-friction device under the resident after move/transfer is completed.

4. For proper use of brakes and leg lift, see individual instructions posted on lift.

5. The brakes are to be on when the lift is parked and being charged and during the initial set up of the sit/stand lift.

6. A six-month Preventative Maintenance is performed on the lifts by an appropriate outside vendor. Documentation is maintained and available in Environmental Services Office.

7. The wheels on the lifts are cleaned every 30 days by Environmental Services.

**KEYPOINT:** Whenever you are operating the lift, the brakes MUST be off.

D. Infection Control

1. Barriers shall be used between the resident’s skin and the sling (e.g., underwear, incontinent pad).

2. Slings with minor soilage may be spot cleaned using facility approved disinfectant wipes.

3. A single dedicated sling shall be used for a resident on isolation precautions and laundered as needed during use and when isolation precautions are discontinued.

4. The framework/hardware shall be wiped down with facility approved disinfectant wipes when visibly soiled and weekly. Nursing staff will wipe down sit/stand area where resident holds on after every use. Environmental Services will clean lifts weekly.
E. Complications and Reportable Incidents

REPORT:
- All non-functioning equipment as appropriate
- All damaged slings to unit manager for follow-up
- Report employee injury during lifts or transfers to nursing supervisor and complete Employee Accident Report.
- Report resident injury/or near miss during lift or transfer to unit manager and/or nursing supervisor and then complete Resident Accident/Incident Report.

KEYPOINT: A NEAR MISS IS ANY INCIDENT OR EVENT THAT OCCURS THAT IS NOT EXPECTED OR IN THE NORM AND NO INJURY OCCURS.

PROCEDURE:

A. PROCEDURE FOR USE OF TOTAL MECHANICAL LIFT

Definition: A total mechanical lift provides a safe transfer for residents from a supine to seated position. A total mechanical lift will be used by those residents who have no weight bearing abilities and/or other indicated medical conditions as warranted by Therapies/Nursing Departments.

1. Equipment/Personnel
   a. Total Mechanical Lift
   b. Two or more caregivers

2. Procedure
   a. There must be two caregivers present when using the total mechanical lift.
   b. Adjust bed to a height that promotes good body mechanics.
   c. Visually inspect sling for signs of wear and tear. Do not use any sling that is visibly damaged.
   d. Verbally prepare resident for transfer.
   e. Position resident on the appropriate sling as per resident care plan.
   f. Position lift with spreader bar always perpendicular to the resident’s shoulders and hovering over the chest.
   g. Attach the sling straps without pulling or tugging to the desired setting. Consider elevating head of bed to facilitating ease in completion.
   h. Gently raise resident minimally from surface. Unweight them from the bed. Perform a safety check.
   i. Turn resident’s legs towards the perpendicular support bar of the lift during the move.
   j. Gently lower resident into chair.
   k. Remove sling from under resident. Only leave sling under resident if care planned

KEYPOINT: FOLLOW THE INSTRUCTIONS FOR USE BULLETED ON EACH LIFT.
B.  PROCEDURE FOR USE OF SIT/STAND MECHANICAL LIFT

Definition: A sit/stand mechanical lift provides a safe seat-to-seat transfer for the resident who has partial weight bearing capabilities in one or both legs, is able to move from a supine position to sitting position, has trunk balance, can hold on with at least one hand, and able to follow step commands and/or not interfere with safety steps.

1. Equipment/Personnel
   a. Sit/Stand Mechanical Lift
   b. Two or more caregivers

2. Procedure
   a. Verbally prepare resident for transfer.
   b. Apply proper sling so that the bulk of the sling rests in the resident’s lower back region. Tighten the waist belt so it fits snug to the resident and re-tighten as you are standing resident.
   c. Apply calf strap if indicated on resident care plan.
   d. Remove wheelchair pedals. Position the sit/stand mechanical lift with the base of the lift open and lift is facing resident.
   e. Instruct/assist resident to place feet in the foot plate of the lift.
   f. Attach the strap of the sling to the lift without pulling or tugging.
   g. Instruct/assist resident to grasp handles on lift with arms on the outside of the sling.
   h. Instruct/assist resident to lean back into the harness as they are gently lifted minimally from the surface.
   i. Transfer resident to new surface.
   j. Wipe down the surface area of the resident grasp handles after transfer.

KEYPOINT: MAY LOCK BRAKES DURING SET UP TO KEEP LIFT FROM MOVING WHILE SECURING RESIDENT TO THE LIFT.

C.  PROCEDURE FOR USE OF TRANSFER/GAIT BELT

Definition: A transfer/gait belt provides a firm, grasping surface for the caregiver, protects the resident from accidental trauma to the skin, provides a sense of security to the resident, and protects the caregiver from injury while transferring or ambulating a resident. Transfer/gait belts are not used on residents who are dependent in rising. The resident must be able to move feet in the desired direction during a transfer. Also, the resident should not require lifting or limited assist. If a resident is at risk for collapsing or falling, the transfer/gait belt is not the safest mode of transfer. A re-assessment is indicated. The sit/stand lift may be indicated or a full mechanical lift.
NEW YORK STATE VETERANS HOME AT BATAVIA
POLICY AND PROCEDURE MANUAL

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1. **Equipment/Personnel**
   a. Transfer/Gait Belt
   b. One+ (second staff, as indicated, to manage equipment) or wheelchair to follow.

2. **Procedure**
   a. Explain purpose of belt and procedure of its use to the resident.
   b. Put the belt on over the resident’s clothing and around the waist. Make sure the belt is snuggly in place.
   c. Assist resident to a standing position by grasping the handles on the transfer/gait belt.

**KEYPOINTS:**
- Caregiver should be able to insert two fingers between the belt and the resident’s clothing.
- Before assisting resident in transfer or ambulation, make sure that the belt is properly positioned, re-tightened, and that the buckles are securely fastened.
- Do not allow resident to place hands or arms around the caregivers neck.
- If a resident begins to slide while getting up, lock the resident’s knees against the care- giver’s knees.
- If the resident begins to fall during transfer/ambulation, pull the resident close to the care-giver’s body using the transfer/gait belt and lower resident as far as your arms will extend to the floor.
- Use total mechanical lift to lift resident from floor.

D. **PROCEDURE FOR USE OF THE NON-FRICTION DEVICE**

**Definition:** A non-friction device helps to reduce the push/pull forces associated with re-positioning and laterally transferring residents.

1. **Equipment/Personnel**
   a. Non-Friction Device
   b. Two or more caregivers

2. **Use of Non-Friction Device to Reposition in Bed**
   a. Adjust bed to a height that promotes good body mechanics and place the bed in the flat position.
   b. Roll the resident to one side and position the non-friction device underneath the resident. Place a pad between the resident and the non-friction device.
   c. Position the non friction sheet with closed ends at resident head and feet.
   d. With at least one caregiver on either side of the bed, grasp the pad with the caregiver’s palms down and maintain wrists flat on the bed while transferring.
   e. Using proper body mechanics, caregivers will shift their body weight toward movement direction sliding resident into proper position on the bed.
   f. *Remove non-friction sheet by tucking it under resident’s small of back and pull out on other side.*
KEYPOINT: THE NON-FRICTION DEVICE CANNOT BE LEFT UNDER THE RESIDENT AFTER USE.

PROCEDURE FOR USE OF NON-FRICTION DEVICE TO LATERALLY TRANSFER

1. Roll the resident until he/she is positioned on the non-friction sheet. A pad should be positioned between the resident and the non-friction device. Closed ends run hip to hip.

2. Adjust bed so that it is at the same height as the stretcher and so that the bed is in the flat position.

3. The caregivers should be positioned: one on the side of the supporting surface (Example: bed, stretcher, procedure table) and the other caregiver on the close side of the other supporting surface.

4. Grasp the sheet with the caregiver’s palms down and maintain wrists flat on the bed.

5. Using proper body mechanics, the first caregiver shall push the resident towards the stretcher while the second caregiver receives resident and pulls the rest of the distance.

6. Remove non-friction sheet by tucking it under resident’s small of back and pull out on other side.

KEYPOINT: THE NON-FRICTION DEVICE CANNOT BE LEFT UNDER THE RESIDENT AFTER USE.

E. PROCEDURE FOR USE OF LATERAL TRANSFER DEVICE (BEASY BOARD, SLIDEボードS)

Definition: A transfer board to assist with moving a resident laterally between two surfaces in a sitting position

1. Equipment/Personnel
   a. Beasy Board or sliding board.
   b. One + (second staff as indicated to manage equipment).

2. Use of Beasy Board or Sliding Board
   a. The surface you are transferring to should be lower than the surface you are on.
   b. Place chair at a 45 degree angle to the bed, if possible.
   c. Remove the arm rest on the wheelchair from the side you are transferring on.
   d. Place gait belt on resident.
   e. To place board under resident, have resident lean to the opposite side or lift their legs at the knee to slide the board under the resident.
   f. Guide the resident as they move from one surface to another.
   g. Remove the board when done.
KEYPOINT: PHYSICAL THERAPY WILL WORK WITH THE RESIDENT/STAFF BEFORE SLIDING BOARD TRANSFERS ARE USED WITH ANY RESIDENT.

F. PROCEDURE FOR USE OF GULDMANN CEILING LIFT

CEILING LIFT IN TUB ROOMS
Procedure:
1. There must be two caregivers present when using the Guldmann Ceiling Lift
2. Visually inspect sling for signs of wear and tear. Do not use any sling that is visibly damaged.
3. Verbally prepare resident for transfer.
4. Position resident on the appropriate sling as per resident care plan.
5. Position lift with spreader bar always perpendicular to the resident’s shoulders and hovering over the chest.
6. Attach the sling straps without pulling or tugging to the desired setting.
7. Gently raise resident minimally from surface. Unweight them from the tub. Perform a safety check.

KEYPOINT: USE MESH SLING FOR TUB BATHS AND LEAVE SLING ON RESIDENT.

CEILING LIFTS IN RESIDENT ROOMS
Procedure:
1. There must be two caregivers present when using the Guldmann Ceiling Lift
2. Adjust to a height that promotes good body mechanics.
3. Visually inspect sling for signs of wear and tear. Do not use any sling that is visibly damaged.
4. Verbally prepare resident for transfer.
5. Position resident on the appropriate sling as per resident care plan.
6. Position lift with spreader bar always perpendicular to the resident’s shoulders and hovering over the chest.
7. Attach the sling straps without pulling or tugging to the desired setting. Consider elevating head of bed to facilitate ease in completion.
8. Gently raise resident minimally from surface. Unweight them from the tub. Perform a safety check.
9. Move resident half way down ceiling rail
10. Press Junction Connection Box on wall for 2 seconds, until it releases
11. Move resident into bathroom, then lock junction connection by pressing button on wall in bathroom for 2 seconds
12. Place resident on toilet following Care Plan Instructions

KEYPOINT: DO NOT COME RIGHT UP TO THE JUNCTION WHEN MAKING RAIL CHANGES
COMPLIANCE:

A. Ensuring staff participation, understanding NYS Veterans Home Zero Lift program, and having a qualified resource person with whom staff members can communicate problems are all forms of compliance.

Daily compliance with the program is the responsibility of each staff member. It is mandatory that all staff members adhere to NYS Veterans Home policies and procedures regarding resident handling.

The NYS Veterans Home Zero Manual Lift Committee will meet regularly to continually adjust the program. NYS Veterans Home promotes open communication between all parties involved in the program.

Each cottage manager shall provide compliance reports by completing the *NYS Veterans Home Zero Manual Lift Policy Compliance Audit Tool (Attachment 2)* and submitting it to the *Nursing Administration Secretary*. These forms will be used to monitor the effectiveness of the policies on the floor and allow for continual improvement of the program.