**Sample SPH Policy ABC Health Care System**

*Adapted from*

* Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement (2005), Patient Safety Center of Inquiry (Tampa, FL), Veterans Health Administration and Department of Defense
* [Beyond Getting Started:](http://www.aohp.org/About/documents/GSBeyond.pdf) A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting (see Appendix B for a sample policy, Developed by the **AOHP OSHA Alliance** Implementation Team).
* 4 hospitals in Oregon

**1. PURPOSE:** ABC Health System shall provide a safe work environment by implementing and maintaining multi-faceted Safe Patient Handling (SPH) Program that integrates evidence-based practices and technology designed to minimize the risk of injury to the patients and staff caused by patient lifting and movement.

**2. POLICY:**

ABC Health System facilitates a safe work environment by providing patient handling equipment, program elements to support the use of equipment, employee training and a “Culture of Safety” that will provide the infrastructure to support the Safe Patient Handling program

Staff are required to use mechanical lift equipment and other approved handling aids to prevent and/or augment manual lifting and movement of patients when the load is greater than 35lbs, except when absolutely necessary, such as in a medical emergency.

All staff who may be required to physically move, transfer or reposition patients must be trained in the use of mechanical lifting devices and other approved patient handling aids. Such devices and aides must be used in accordance with instructions and training.

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 during patient handling activities by following this policy. *Non-compliance will indicate a need for retraining. Repeated non compliance with this policy will result in corrective action, up to and including termination under the facility’s “Corrective Action Policy”*

**3. DEFINITIONS:**

**Musculoskeletal Injuries (MSDS):** Injuries that occur over a period of time (weeks, months or years) and are caused by a combination of risk factors such as repeated awkward and sustained postures, and forceful exertion. MSDs involve injury to any or all of the following: ligaments, muscles, tendons, joints, blood vessels, nerves, and spinal discs, e.g. sprains and strains.

**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, and tasks with long duration such as limb holding, standing for long periods of time, bariatric, and other patient handling tasks.These tasks may occur in any patient care area including in-patient care units, emergency room, operating room and recovery, outpatient clinics, and imaging departments.

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

**Safe Patient Handling Equipment:**  Decreases the risk of injury from patient handling activities and includes, but is not limited to the following.

1. **Mechanical Lifting Equipment** includes both ceiling-mounted and portable/floor-based lifts powered stand assist lifts and their accompanying slings, and mechanized lateral transfer aids such as Hovermatts that function to assist in lifting and transferring patients, ambulating patients, repositioning patients, and other patient handling tasks.
2. **Beds** that provide assistance with patient handling tasks such as lateral rotation therapy, transportation, percussion, bringing patients to sitting positions, etc.
3. **Stretchers/Gurneys** that are motorized provide assistance with transporting patients.
4. **Repositioning Aids** provide assistance in turning patients and pulling patients up to the head of the bed and up in chairs e.g. SLIPPs and Blue Tube Slider Sheets.
5. **Equipment/bed/wheelchair transport assistive** **devices** assist caregivers in pushing heavy equipment.

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.

**Safe Patient Handling Dependency Assessment, Mobility Check, Algorithms, and Care Plan:** An assessment of the dependency level of a patient to determine the safest equipment and slings, techniques, and number of staff as well as any special considerations/instructions required for completing safe handling and mobility. This assessment is conducted by a registered nurse on admission to a unit and during each shift. SPH algorithms may be used to assist in the assessment process to determine what equipment and how many caregivers should be used to perform a patient lifting or mobility task based on the patient’s dependency status. See Appendix I

***Dependency Status****:* In reference to the Safe Patient Handling Program, all patients can be classified among four distinct Dependency Levels**: (Adapt to Facilities’ Dependency Descriptions)**

1. **Dependent –** Patient is non weight bearing or cannot or will not consistently follow simple instructions, is combative; or is unable or is unwilling to assist. Nurse or caregiver assistance for positioning/transfer would require the lifting of more than 35# of this patient’s body weight or the patient is unpredictable in the amount of assistance offered.
2. **Semi Dependent –** Patient has partial weight bearing capabilities (bear some weight on at least one leg) and can follow simple instructions and is cooperative. Requires nurse or caregiver to lift no more than 35 lbs of a patient’s weight. Is able to get to edge of bed with minimal (less than 35lbs) assistance (for bed-chair transfer), can grip with at least one hand and has trunk control when sitting on edge of bed (for bed-chair transfer). Cannot stand or step in place with verbal cues, stand-by assist, min assist or assistive devices (i.e. walker or cane).
3. **Supervised –** Patient has full weight bearing capabilities and can follow directions and is cooperative. Requires no more help than stand-by assist, verbal cueing, or coaxing or assistive devices (i.e. walker or cane).
4. **Independent –** Patient has full weight bearing capabilities and can follow directions and is cooperative. Performs task safely without staff assistance or use of Safe Patient Handling Equipment.

You could add language here re therapy continuing use of the assessment tool they use

***Documentation:***

***The SPH assessment*** including the patient’s dependency level, equipment and slings needs is documented in the **‘Plan of Care - Problem; Interventions and Outcomes’** section in the patient’s chart

***Within Shift communication of SPH needs:*** Patient dependency and SPH equipment needs are noted on the white board or laminated SPH chart within a patient room See Appendix II

***A SPH Mobility Check*** is a brief check of patient mobility status that is conducted prior to all vertical patient transfers i.e., to/from bed to chair; wheelchair to/from exam table; chair to chair or commode. Only a nurse, physical or occupational therapist or Certified Nursing Aide (CNA) may conduct a mobility check. A CNA may conduct a mobility check if the Nurse has **assessed and communicated** to the patient’s caregivers the patient's behavior; cognitive function; physical ability; and clinical constraints before a patient mobility task is performed.

See Appendix III

**Adapt the following as needed**

**SPH Champion**: Patient care staff that works on the floor and is a leader and mentor who will demonstrate and assist coworkers in competently using patient handling equipment. They provide expertise in the safe patient handling and moving of patients, and assisting in program monitoring & evaluation, and acting as staff resources and coaches.

SPH Lift Coach: Staff who work in the Central Transportation department with expertise in safe patient handling and movement techniques and knowledge of patient handling equipment/aids and Safe Patient Handling Program elements.

ABC SPH Program Facilitators: The ABC Safety Manager and Central Transportation/Lift Coach supervisor are the facilitators of the SPH program. They are responsible for implementing and maintaining the facility SPH Program.

**The ABC SPH Steering Committee** consists of a multidisciplinary group of clinical staff, facilities management staff, infection control staff, union representative, safety, and others responsible for assisting in implementation and evaluation of the SPH Program at ABC.

**The ABC SPH Program Champion** is theVP of Patient Care Services. The Program Champion assists the SPH Steering Committee and Program Facilitators by providing resources and support to facilitate successful implementation of the SPH program.

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 SPH safety concern to decrease the chance of the recurrence. The Safety Manager and /or Nurse House Supervisor lead an after action review.

**4. DELEGATION OF AUTHORITY AND RESPONSIBLITY:**

1. **NURSING 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.

The ABC SPH Program Champion provides support to assist the Nursing Director.

1. **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. Ensure staff members are held accountable for the notification of the appropriate assistive staff, utilization of proper body mechanics, lift techniques, and the use of assistive devices when lifting or transferring patients.
		6. Refer all staff reporting injuries due to patient handling tasks to Employee Health.
		7. Maintain Accident Reports and supplemental injury statistics as required by the facility.
		8. Support a “Culture of Safety”.
2. **EMPLOYEES** shall:
	* 1. Comply with all parameters of this policy.
		2. Complete a competency-based training course on the use of SPH lifting equipment and other approved aids.
		3. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of high-risk patient handling tasks.
		4. Follow SPH protocols for safe use of SPH equipment, slings, and associated infection controls processes
		5. Notify supervisor of any injury sustained while performing patient handling tasks.
		6. Use appropriate procedures for reporting patient handling equipment in need of repair.
		7. Notify supervisor of need for re-training in use of patient handling equipment and aids and program elements.
		8. 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.
		9. Support a “Culture of Safety”.
3. **SPH Champions (unit/dept. based)** will be able to assist coworkers; staff from other units; new employees and student nurse with the following activities:
* Train unit staff in the safe use of SPH equipment and processes
* Patient Dependency Assessment (admission, shift change, during shift)
* Patient Mobility Assessment
* Use of the Patient white board for SPH communications
* Equipment storage locations
* Track equipment (e.g., ensure slings are available) on unit/dept.
* Battery charging and ensuring batteries are charged and ready for use
* Basic equipment trouble shooting & process to contact maintenance etc
* Help collect data on patient satisfaction, lift usage
* Identify Barriers re equipment usage
* Assist Supervisors with any accident/incident investigations as required.
1. SPH Lift Coaches (References to lift coaches to be adapted as needed) will assist with SPH staff training; support of unit based SPH super users and performs SPH tasks using SPH equipment as needed facility-wide. They report to the nursing House Supervisor.
2. **ABC SPH PROGRAM FACILITATORS** will
	* 1. Implement, evaluate and maintain the facility *Safe Patient Handling Program*
		2. Providing leadership for the SPH Superusers, SPH Lift Coaches
		3. Assist to facilitate and/or provide training to SPH Superusers, Lift Coaches and staff
		4. Maintaining communication with administration and management regarding the status of the Program.
		5. Lead the After Action Review incident accident investigations and make recommendations as needed
		6. Provide injury statistics to the facility on a quarterly basis; analyze these statistics and make recommendations to facility management and the SPH steering committee.
3. **ABC SAFE PATIENT HANDLING STEERING COMMITTEE** will assist SPH Program Facilitators and the Nursing Director in determining units or departments where SPH equipment and processes are required, and implementation and evaluation of the SPH program and related policies.
4. **FACILITIES MANAGEMENT** shall:
	* 1. Maintain patient care equipment in proper working order
		2. Consult with equipment manufacturers and representatives in order to provide safe equipment installations.
		3. Provide guidance, assistance, and support to the SPH Steering Committee and Program Facilitators.
5. **INFECTION CONTROL** shall provide expertise in determining appropriate cleaning/ disinfecting procedures for patient handling equipment and aids.
6. **WOUND CARE** shall provide expertise in determining appropriate use of slings and other SPH aids related to maintaining a patient’s skin integrity.
7. **PHYSICAL THERAPY………Add here per role within the program**
8. **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. PROCEDURES:**

**Some of the following could be included in appendices or other SPH process related documents e.g. an SPH Resource Guide instead of the SPH Policy**

**Safe Patient Handling Requirements**

1. **Patient Handling and Movement Requirements:**
	* 1. All physically assisted transferring, moving and repositioning of patients are considered high risk activities.
		2. SPH equipment and other approved patient handling aids are to be used for high-risk patient handling and movement tasks except when absolutely necessary, such as in a medical emergency.
		3. SPH equipment and other approved patient handling aids must be used in accordance with instructions and training.
		4. All staff who may be required to physically move, transfer or reposition patients must be trained in the use of safe patient lifting equipment and that training must be documented.
		5. ***Assessment, documentation and communication of a Patients’ SPH needs***
			1. Use of the Safe Patient Handling Algorithms (Attachment I), outlining the safest way to complete the tasks, are required. The use of this assessment must be documented in the patient medical record and clearly communicated to all staff involved with the patient’s care. Refer to Definitions above for more information about SPH assessment and documentation protocols.
			2. All patients admitted to an in-patient care unit will be assessed by an RN to determine the SPH dependency status and SPH equipment and slings needed for safe handling and nursing mobility needs, as well as any special considerations/instructions required.
			3. SPH requirements are documented in the **‘Plan of Care - Problem; Interventions and Outcomes’** section in the patient’s chart and are noted on the white board or laminated SPH chart within the patient’s room.
			4. This assessment will be repeated and documented in the patient’s chart during each shift by an RN. See Appendix I for SPH Algorithm assessment tools
		6. ***Dependency Status and SPH Equipment Use***

*Refer to the ABC SPH Resource Guide for Specific information about use of SPH equipment and slings*

If the patient is determined to be:

* + **Dependent -** a ceiling lift or powered floor lift with correct sling type and size, or air assist mat (e.g. a Hovermatt) or HoverJack and a minimum of 2 caregivers should be used as appropriate for the patient handling task to be performed. Always increase amount of caregiver assistance if patient weight is >300 or BMI >50.
	+ **Semi Dependent** – a powered sit to stand device or Stand-and-Pivot technique using a Gait/ Transfer Belt if equipment is not accessible. # of Caregivers will depend on device used and patient’s clinical constraints. Always check protocol for equipment and sling use for patients with orthopedic related conditions, post abdominal/cardiac or lumbar surgery. Therapy may use a walking vest with ceiling or floor lift for mobilization of semi-dependent patients.
1. **Supervised –** a walker, crutches or cane with one caregiver
2. **Independent –** No SPH equipment or caregivers are needed

You could add language here re therapy continuing use of assessment tools they use

* + 1. ***A SPH Mobility Check*** must be conducted prior to all vertical patient transfers i.e, to/from bed to chair; wheelchair to/from exam table; chair to chair or commode. Only a nurse or Certified Nursing Aide (CNA) may conduct a mobility check. A CNA may conduct a mobility check if the Nurse has **assessed and communicated** to the patient’s caregivers the patient's behavior; cognitive function; physical ability; and clinical constraints before a patient mobility task is performed. See Appendix III.
		2. **Slings and walking harnesses** must be inspected for damage, wear and tear and contamination prior to each use. If damaged, remove from use and notify the unit/dept. supervisor.
		3. **Infection Control**
			1. **Blue mesh repositioning slings, seated slings and limb slings** - When soiled or at patient discharge these slings must be put in regular laundry bag for washing. Slings **must not be shared** between patients. Slings maybe wiped down or spot cleaned with disinfectant between use with the same patient as necessary.
			2. **Walking harnesses and sit to stand slings** – maybe wiped down with disinfectant between patients. If the sling becomes soiled, call environmental services for in-house laundering.
			3. A **Blue Slide tube** is assigned to a patient for duration of their stay. Maybe wiped down with disinfectant between use as necessary. DO NOT share slide tube between patients. The slide tube needs to be put in regular laundry bag if soiled or when patient is discharged.
			4. All SPH mechanical equipment (such as floor and sit to stand lifts, Hovermatts) and aids used for patient handling must be cleaned/disinfected between before use between patients. Leave disinfectant on equipment including Hovermatts and SLIPPs for at least 15 minutes before wiping dry. If a Hovermatt becomes soiled call Sterile Processing Dept. for collection and cleaning.
		4. ADD HERE - how and when to call the lift coaches and transportation for assistance
		5. Add something here about role of Physical Therapy
		6. **Appropriate Assistance Personnel** for patient lifts and transfers may include any or all of the following staff positions:
	+ Lift Coaches when available.
	+ Nursing staff.
	+ Nursing support staff.
	+ Central Transport staff.
	+ Rehabilitation staff.
	+ Other individuals associated with patient care functions or are a part of the continuity of care (i.e. ambulance drivers).

Family Members, visitors or non-authorized personnel are not permitted to assist in patient lifts and/or transfers except in therapy or nursing directed training situations.

* + 1. **Training**

Staff (including new employees) will complete and document competency based Safe Patient Handling and Movement training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement. This training will include:

* Nursing staff. Patient Assessment instructions
* Patient Handling Algorithms and Mobility Check
* Proper use of SPH mechanical lifting equipment and aids
* The role of the SPH Super-Users and ABC Lift Coaches
* Care and maintenance of the mechanical lifting equipment and slings
* Reporting and communication of issues within the Safe Patient Handling Program
	+ 1. **Safe Patient Handling devices and other equipment/aids:**
* Safe Patient Handling devices and other equipment/aids will be accessible to staff.
* Safe Patient Handling devices and other equipment/aids will be maintained regularly and kept in proper working order.
* Safe Patient Handling devices and other equipment/aids shall be stored conveniently and safely.
	+ 1. **Reporting of Injuries/Incidents:**
* All staff shall report all incidents/injuries resulting from patient handling and movement to their supervisor and employee health.
* Supervisors shall maintain Accident Reports and supplemental injury statistics as required by the facility. ( Edit this as needed)

**6. RELATED DIRECTIVES**

 List related facility policies here. Examples might include:

* Worker Safety Policy
* Injury and Illness Prevention Program
* Performance Improvement and Corrective Action
* Patient Quality of Care

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**7. REFERENCES:**

* Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement (2005), Patient Safety Center of Inquiry (Tampa, FL), Veterans Health Administration and Department of Defense
* The Illustrated Guide to Safe Patient Handling and Movement (2009). Nelson, A.L., Motacki , K, Menzel, N. New York, NY. [Springer Publishing.](http://www.springerpub.com/)
* Safe Patient Handling and Movement: A Practical Guide for Health Care Professionals (2006). Audrey Nelson Editor. [Springer Publishing](http://www.springerpub.com/).
* Assessment Criteria and Care Plan for Safe Patient Handling and Movement (2008), VA Sunshine Health Care Network - VISN 8 Patient Safety Center of Inquiry, Tampa, FL
* [Evidence-Based Practices for Safe Patient Handling and Movement (2004)](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/EvidenceBasedPractices.asp). Nelson, A. & Baptiste, A. Online Journal of Issues in Nursing. Vol. #9 No. 3.
* When is it Safe to Manually Lift a Patient? (2007). Waters, T.R. American Journal of Nursing, 107(8), 53-59.

**Policy Submitted By:**

## Name

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## Title Date

**Policy Reviewed By:**

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**Title Date**

**Policy Reviewed by:**

VP Patient Care Services

Director of Nursing

Safe Patient Handling Steering Committee

**Appendix I**

**Safe Patient Handling Algorithms**

**As adapted by ABC facility**

**Appendix II**

***Within Shift communication of SPH needs-* white board or laminated SPH chart**

**As adapted by ABC facility**

**Appendix III**

***SPH Mobility Check***

**As adapted by ABC facility**