

## Safe Patient Handling (SPH) Training Guide for SPH Champions

### Trainer/Mentor/Preceptor Expectations during SPH Equipment Training

Before conducting staff training – have staff view the Safe Patient Handling Program: Applied Ergonomics for Nurses and Health Care Workers DVD Part 1.

#### Introduction

- Introduce yourself and your role. Ask employees to do the same
- State what will be covered during the training
- Review Steps 1-5 of the Competency Guide below including a review of the contents of the unit SPH Resource Guide and role of the SPH Champion

#### Equipment Overview (Use the Checklist Below as a Guide – Section 6 on)

- Review what the equipment can do ( the tasks used for) and the weight capacity
- Talk about all of the parts, starting from the top down
- Spend time on the remote control and battery charging
- Walk them through what to do if it isn't working
- Explain the parts of the sling and how to choose the size and overall sling safety
- Note how to clean the equipment

#### Demonstration.

- Demonstrate the equipment
- Give everyone a chance to operate the equipment and to be the 'patient'
- Observe the employee perform each step of the procedure according to policy
- Stop procedure at any point when the individual using the equipment or in the role of 'patient' is being put at risk (i.e., use of poor body mechanics, incorrect sling application). *Maintain safety for the patient at all times*
- If the individual has successfully completed this skill, sign and date the competency form
- If not successful, encourage the individual to review the procedure and try the return demonstration again at a later date

#### Training tips

- Emphasize patient and employee safety
- Engage the audience by asking questions and using volunteers for demonstrations

### **Competency /Return Demonstration:**

#### **Champions**

Staff designated as SPH “ Champions” must have two observations with a qualified mentor/preceptor before training other staff re SPH equipment use.

#### **Staff (non- Champions)**

Staff (non- Champions) must have one observation with a qualified mentor/preceptor, such as the equipment vendor or unit SPH Champion.

**Competency Statement:** The staff member is able to verbalize understanding of the appropriate use, limitations, maintenance, and cleaning of the SPH equipment. The staff member is also able to demonstrate correct use of the SPH equipment.

**Competency Checklist: Staff Member (RN, CNA, Therapist or Therapist Aide)**

CRITERIA / KEY STEPS	Champion Notes
<i>Staff member verbalizes the following:</i>	
<b>1) Resources on unit for use of SPM equipment</b> a) Name of Safe Patient Handling Champions in unit/department. b) Location and content of unit/dept. SPM Resource Guide	
<b>2) Patient assessment Processes</b> a) Patient assessment (RN and Therapists) b) Patient Mobility Check process (RN, CNA and Therapists), c) SPM dependency level determination, appropriate SPM device and number of staff necessary to use the equipment (all)	
<b>3) Documentation &amp; Communication of Patient SPM Needs</b> a) Process to document and communicate patient SPM status on admission (RN, CNA and Therapists) b) Within shift e.g., Use of SPM white in patient room – instructions from RN or Therapist/notes from CNA c) Prior to lateral transfers – patient ability to transfer d) Prior to vertical transfers – quick mobility check	
<b>4) SPM protocols for special populations</b> a) Bariatric per SPM Resource Guide b) Other - specify for unit (TBD)	
<b>5) Equipment Storage</b> a) Location of ceiling lifts and SPM equipment on the unit & weight capacity of each i) Ergolet Ceiling Lift Motor: 600lbs in 8 rooms (see SPM Resource Guide) ii) Dual motors in room # iii) Guldmann Floor Lift:440-550lbs;Handicare:600lbs (Call Lift Team) iv) HoverMatt:There is no weight limit for the Hovermatt as long as patient fits on the mattress. <u>Location</u> _____ On cart with motor v) SLIPP No weight capacity but if patient over 250lbs – use Hovermatt or add extra staff for transfer. RE infection control - <u>do not store in yellow SLIPP bag.</u> Store in disposable plastic bag. <u>Location</u> _____ vi) Hoverjack: There is no weight limit. Call Lift Team or Transportation	
<b>6) Sling Safety ( Also refer to SPM Resource Guide)</b> a) Clean slings kept in equipment room b) How to determine size and type of sling to use i) Seated slings – go <u>one size down</u> if in doubt  c) Importance of sling inspection prior to use – no tears, worn material, loose or missing stitching, missing labels, etc.  d) Other key safety issues when using a sling: i) Safe connection to equipment ii) Leaving a sling under a patient: ▪ Flat Slings can be left on bed under patient –put sheet, chuck or drawsheet between patient and sling; sling can be placed directly on mattress with sheet ( no drawsheet) on top. ▪ Seated and Sit to Stand slings – can be left under patient –make sure sling does not create pressure on patients skin e.g., under legs ▪ Sit to Stand sling - loosen the abdominal belt for comfort. Do not leave sling on patient if they are likely to pull or ‘play’ with sling loops or rope pieces.  iii) Slings are not to be shared between patients. May be wiped down with saniwipe between use as necessary and left in patient’s room.	

CRITERIA / KEY STEPS	Champion Notes
<p>e) Soiled slings:</p> <ul style="list-style-type: none"> <li>i) <i>Flat, seated and limb slings (BLUE)</i> Place sling in a blue plastic bag prior to placing it in a white nylon laundry bag if soiled. Place white laundry bag in laundry cart in dirty utility room.</li> <li>ii) <i>Sit to Stand slings</i> These slings must be wiped down with either saniwipe type between patients. They cannot be laundered</li> <li>iii) <i>Walking Harness (RED)</i>- These slings must go in a <u>white mesh bag</u> for laundry and then placed in a regular laundry bag.</li> <li>iv) Damaged slings: <b>Slings that appear <i>damaged or frayed</i></b> should be placed in a <i>clear</i> plastic bag and marked '<i>Damaged</i>'. Place in the dirty utility room. Logistics will collect damaged slings during daily rounds.</li> </ul>	
<p><b>7) Equipment</b></p> <ul style="list-style-type: none"> <li>a) <b><u>Patients are never to be left unattended in or on any SPM device</u></b></li> <li>b) Wipe down equipment with correct type of saniwipe between use e.g. Floor Lift, Hovermatt, Motor &amp; Cart and Ceiling Lift Hanger Bars (if removed from patient room)</li> <li>c) Hovermatt and Hoverjack must be wiped down thoroughly with saniwipes between patients. <u>Use barrier (draw sheet or sheet) between patient and device at all times</u> <ul style="list-style-type: none"> <li>o <b>Use Sani-Cloth®AF</b> wipes (<b>allow 3 minute dry time</b>) <i>This process is OK for Patients with MRSA or other multi-drug resistant organism or</i></li> <li>o <b>Clorox® Germicidal</b> wipes for patients with Modified Contact Precautions (i.e. for <i>C. difficile</i> or norovirus). Ensure surface stays wet for <b>3 minutes</b> to ensure adequate disinfection.</li> </ul> <p><b>If Hovermatt is visibly soiled place in regular laundry.</b></p> </li> <li>d) If the SLIPP becomes soiled and cannot be wiped clean on the unit (using wipes as described above) place the SLIPP in a <i>clear</i> plastic bag, tag for '<b>Visibly Soiled SLIPP</b>' and place in designated bin or on shelf in Dirty Utility. <b>Do not put a SLIPP® in the regular laundry.</b></li> <li><b>Call Transportation</b> to obtain a clean SLIPP®.</li> <li>Note: On some units EVS staff clean SLIPPs after a patient is discharged and return SLIPP to designated drawer in patient room.</li> <li>e) Battery care (for powered equipment)- <ul style="list-style-type: none"> <li>i) Ceiling lifts – always charge after each use (leave handset in charger) <i>Refer to SPM Resource Guide for more information</i></li> </ul> </li> <li>f) Non functioning equipment: <ul style="list-style-type: none"> <li>i) If a lift does not work – first check that: <ul style="list-style-type: none"> <li>▪ The battery is charged</li> <li>▪ The lock out mechanism is not activated (ceiling lift)</li> </ul> Otherwise arrange for maintenance to pick up device. </li> </ul> </li> <li>g) Patients in isolation: Follow normal isolation protocols for cleaning equipment.</li> </ul>	

CRITERIA / KEY STEPS	Champion Notes
<b>Ceiling Lifts and Guldmann/Handicare Floor Lifts</b>	
1) Demonstrates patient mobility check for vertical transfer	
2) Demonstrates how to determine size and type of sling to use and inspect for sling integrity	
3) Demonstrates correct application and removal of: <ul style="list-style-type: none"> <li>a) Flat sling,</li> <li>b) Seated sling including use for single and bilateral amputee limb sling and</li> <li>c) Ambulating Harness/Walking Vest (Therapists only)</li> <li>d) Uses bed correctly to assist with process</li> <li>e) <b>When lift and slings can be used with patients with spinal trauma – at current time not for use for patients with unclear spine</b></li> </ul>	
4) Performs the following tasks correctly: <ul style="list-style-type: none"> <li>a) turn and reposition patient to head of bed with flat sling,</li> <li>b) supine lateral transfer,</li> <li>c) seated transfer with seated and flat sling,</li> <li>d) lift from the floor,</li> <li>e) use of limb sling,</li> <li>f) care for patient with C spine precautions</li> <li>g) ambulation (Therapists only)</li> </ul>	
5) Describes when and how to leave seated or flat mesh slings under a patient in a chair or bed	
6) Demonstrates use of <ul style="list-style-type: none"> <li>a) use of handset controls - <ul style="list-style-type: none"> <li>i) emergency stop control,</li> <li>ii) lift and lowering system</li> <li>iii) manual lowering system</li> <li>iv) Lock out control (CEILING LIFT ONLY)</li> </ul> </li> <li>b) use and handling of hanger bars</li> <li>c) returning motor to charge (Never move lift using handset), setting handset correctly and charging functions</li> </ul>	
<b>Sit to Stand Lifts</b>	
1) Demonstrates patient mobility check for vertical transfer	
2) Describes how to determine appropriate size of sit to stand sling and how to inspect for integrity	
3) Demonstrates proper application and removal of sling and use of bed to assist with process	
4) Demonstrates following SPM tasks: Moving patient to and from bed to chair and chair to and from commode or wheelchair; and using the lift for ambulation tasks	
5) Demonstrates when and how to safely leave sling under patient	
6) Demonstrates use of: <ul style="list-style-type: none"> <li>a) emergency stop control</li> <li>b) manual lowering system</li> <li>c) adjustment of knee plate</li> <li>d) use of operation controls (brakes, leg spreader and lift/lower function)</li> </ul>	

CRITERIA / KEY STEPS	Champion Notes
<b>Hovermatt</b>	
1) Describes use of sani-cloths to clean and process to send to laundry if visibly soiled ( <i>see 7-Equipment above</i> )	
2) Lists Safety precautions for use of Hovermatt: a) Use of <u>rigid</u> backboard if C-spine/spinal precautions b) Use barrier between Hovermatt and patient c) Cannot perform CPR on inflated Hovermatt	
3) Demonstrates correct use of Hovermatt including: a) correct orientation, b) log rolling patient onto mat, c) attaching safety straps and air supply, d) adjustment of work surfaces to proper height, e) application of brakes on bed or gurney, f) turning on and off air and g) transfer of patient from gurney to/from bed using good body mechanics and avoiding extended reaches if possible. h) repositioning of patient	
<b>HoverJack</b>	
1) Describes use of sani-cloths to clean ( <i>see 7-Equipment above</i> ) and use of a barrier between Hover Jack and patient. Hoverjack cannot be send to laundry	
2) Lists Safety precautions for use of HoverJack: a) RN to assess before moving, b) One staff member at HOB during inflation, deflation, and transfers c) Ensure read caps are secured before inflation and deflation d) Use of rigid backboard if C-spine precautions e) Use barrier between HoverJack and patient f) Cannot perform CPR on inflated HoverJack	
3) Demonstrates correct use of HoverJack: a) correct orientation, b) log rolling patient onto mat, c) attaching safety straps and air supply, d) tightening of red caps before inflation, e) correct inflation and movement of HoverJack, f) transfer of patient from HoverJack to bed with adequate help g) use of quick release for CPR with adequate help to stabilize HoverJack as it deflates h) application of brakes on bed or gurney, i) turning on and off air and j) Use of Hovermatt or SLIPP with Hoverjack to transfer patient to gurney or bed	
<b>SLIPP</b>	
1) Describes use of sani-cloths to clean and process to send to <u>in-house</u> laundry ( <i>see 7-Equipment above</i> )	
2) Lists Safety precautions for use of SLIPP: a) NEVER leave the SLIPP under the patient after use b) Do not share SLIPPs between patients before cleaning c) If patient over 250lbs use minimum of 3 caregivers to perform SPM task	
3) Demonstrates correct use of SLIPP including: a) correct orientation, b) log rolling patient onto SLIPP <u>and</u> the draw sheet or chuck until the SLIPP reaches the patients spine. Shoulders and hips should be on the SLIPP c) adjustment of work surfaces to proper height, d) application of brakes on bed or gurney, and e) transfer of patient from gurney to/from bed using good body mechanics and avoiding extended reaches if possible. f) repositioning of patient	