

## Administrative Policies and Procedures

<b>Policy Title:</b>	<b>Safe Patient Handling Policy</b>
<b>Responsible Department:</b>	<b>Administration</b>
<b>Effective Date:</b>	<b>March 2007</b>
<b>Revised Date:</b>	
<b>Supersedes:</b>	<b>Mechanical Lift Policy November 2006</b>
<b>Approved By:</b>	

### I. PURPOSE

To ensure that employees use safe patient handling techniques at Hebrew Rehabilitation Center, when performing tasks that requires lifting, transferring, and/or moving residents/patients.

### II. SCOPE

RN/LPN's in LTC/RSU/MACU. NA I and NA II, under the direction of the RN/LPN on LTC/RSU/MACU

### III. POLICY

Hebrew Rehabilitation Center ensures that its residents/patients are cared for safely, while maintaining a safe work environment for employees. To accomplish this, a *Safe Patient Handling Process* will be implemented in order to ensure the required infrastructure is in place to comply with components of this Safe Patient Handling policy. This infrastructure includes resident/patient handling and movement equipment, employee training, and a "safety culture" that promotes workplace safety. The Safe Patient Handling Policy is applicable to all staff that provide direct "hands-on" resident/patient care. RN/LPN's should assess resident/patient handling tasks in advance to determine the safest way to accomplish the task. Mechanical lifting equipment and/or other approved resident/patient handling aids should be used to prevent manual lifting and handling of resident/patients except when absolutely necessary, such as in a medical emergency. Practicing these methods improves employee safety and also ensures the safety and comfort of residents/patients as well as promotes resident/patient rehabilitation.

### IV. PROCEDURES

**A. Compliance:** 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 residents/patients during

resident/patient handling activities by following this policy. Compliance with this policy is mandatory.

**B. Safe Patient Handling Requirements:**

- RN/LPN's are to assess the resident/patient and the physical environment where the resident/patient-handling tasks occur in order to determine the risk for injury to the staff and patient.
- Staff are to avoid hazardous resident/patient-handling and movement tasks whenever possible. Identify alternative methods in which to perform the resident/patient-handling task. If unable to determine the safest method for transfer/repositioning/lifting, contact the Clinical Coordinator, Clinical Specialist, and/or Nurse Manager to assist in problem-solving prior to conducting a manual transfer procedure.
- Use mechanical lifting devices and other approved resident/patient-handling aids for all resident/patient-handling and movement tasks except when absolutely necessary, such as in a medical emergency or life-threatening situations.
- Use mechanical lifting devices and other approved resident/patient-handling aids in accordance with instructions and training.

**C. Training:**

- Nursing staff will complete and document Safe Patient Handling training initially, annually, and as required to correct improper use/understanding of safe resident/patient-handling and movement. Training will include the identification, assessment, and control of risks during resident/patient-handling tasks.
- Nursing staff that are not trained on a specific type of equipment need to contact a Clinical Specialist, their Nurse Manager, Charge Nurse or Clinical Coordinator to facilitate training prior to use.

**D. Mechanical Lifting devices and other equipment/aids:**

- Will be accessible to staff.
- Will be maintained regularly and kept in proper working order.
- Shall be stored conveniently and safely.

**E. Safe Patient Handling Program:** The *Safe Patient Handling Process* will be implemented for all resident/ patient

transfer/repositioning/lifting activities, including the following key program elements:

- Ergonomic Workplace Assessments
- Use of lifting equipment and devices
- Patient Assessment Criteria and Care Planning for Safe Patient Handling
- Staff education and mentoring regarding Safe Patient Handling practices

## **F. Protocol for Safe Patient Handling:**

- The Protocol for Safe Patient Handling is designed to assist staff in determining the type of resident/patient handling equipment and/or resident/patient assist devices and the number of staff necessary in order to safely move a resident/patient during patient transfer/repositioning lifting activities.
- The Protocol is designed to be unit-specific and may be adjusted based on the resident/patient population of the unit, equipment availability, and feedback from the direct care staff.
- On the RSU and MACU, all patients are to be assessed upon admission and whenever a change in the patient's functional status occurs. On LTC, all residents are to be assessed upon admission; whenever a change in the resident's functional status occurs; and quarterly for the MDS.
- When assessing the resident/patient the RN/LPN will consider the following factors:
  1. Resident/patient's level of assistance
  2. Weight Bearing Capability
  3. Upper Extremity Strength
  4. Body Mass Index (BMI)
  5. Resident/patient level of Cooperation and Comprehension
  6. The presence of medical conditions likely to affect the transfer/positioning/lifting process
  7. Medication
- Based upon the assessment, the RN/LPN will determine if safe resident/patient handling equipment is required for resident/patient transfer and/or bed mobility. If required, the RN/LPN will determine the type of lift to be utilized, the number of assists required, and the sling size and style to be used. Equipment and sling selection is based upon resident/patient need.
- The Nursing Care Plan, Kardex, and Nursing Assistant daily assignment must reflect the above information.
- Physical Therapy should be consulted to assist in assessment and care planning process for residents/patients with specific physical conditions such as those below:
  - ⌚⌚ Severe muscle spasm
  - ⌚⌚ Recent fractures or multiple fractures or the past 3 months
  - ⌚⌚ Severe contractures

- ⌚ History of falls
- ⌚ Lower extremity amputations
- ⌚ Additional clinical needs requiring further assessment by the Physical Therapist.

- When using the full body sling, a clean linen protector/padding should be placed between the resident/patient and the full body sling.
- Slings should not be left under a resident/patient unless the RN/LPN has determined that there is a specific need to do so and that there are no contraindications.
- The Nurse Assistant daily assignment needs to reflect this information.
- Residents/patients are not to be manually lifted from the floor. Should a resident/patient fall; the nurse assess that the resident/patient may be lifted from the floor; and the resident/patient be unable to independently rise from his position from the floor, the staff are to use the Tempo, Maximove, or Tenor lift with the appropriate sling to lift the resident/patient from the floor to the designated area.

### **G. Laundering and Disinfection of Slings and Equipment Guidelines:**

- Laundry Procedures
- Contaminated, cloth slings are to be laundered in the washing machines on the Berenson nursing units using the approved detergent from Central Stores.
- Slings are to be air dried only.
- Patient specific slings (Flites) are to be properly discarded when worn or contaminated.
- The lifting equipment will be cleaned/disinfected before and after each use. All areas touched by the staff and the resident/patient will be cleaned/disinfected with Saniwipes. Cleaning the equipment should be done by the person using the equipment after the lift has been completed and prior to the device being returned to the storage area.
- Environmental Services will clean equipment daily using an approved disinfectant.
- MaxiSlides and MaxiTubes will be laundered between patient/resident use and as needed.
- Contact Isolation Precautions --In the event that a resident/patient is on Isolation Precautions, the required sling and/or Maxislides is to be left in the resident/patient room. The lift equipment is to be completely cleaned/disinfected before removal from the room and use with other residents/patients.

### **H. Care of Batteries:**

- Lift batteries are to be changed at least every eight (8) hours.
- A second battery will be kept on the nursing unit in a designated area in a charger for this purpose.
- Each nursing unit will document the battery change each shift on the Battery Care Log (See Appendix I).
- Biomedical is to be notified whenever batteries are not working to their full potential.

### **I. Troubleshooting Guidelines:**

- Staff shall notify his/her supervisor immediately if staff believe that an assigned task will expose the resident/patient or a staff member to an unacceptable risk of injury.
- Staff shall notify the supervisor of a need for re-training in the use of the mechanical lifting devices, other equipment/aids, and lifting/moving techniques.

- Staff shall notify the supervisor if a mechanical lift or device is in need of repair.
- Equipment requiring repair should be immediately removed from use. Staff is to follow the biomedical protocol for repair of the equipment.
- Staff shall report all incidents/injuries resulting from resident/patient-handling tasks to the Nurse Manager, Clinical coordinator or Department Director immediately. The respective manager shall assist the injured worker in completing the Employee Incident Report.

**J. A Patient Handling Committee will be established:**

- The committee shall analyze all employee accidents in order to determine the root cause of the accident. Identify methods to prevent accidents from occurring.



- The Committee will be responsible for maintaining a current and up-to-date policy, which will incorporate short-term and long-term goals and objectives. The policy will address the consideration of the feasibility of incorporating patient-handling equipment or the physical space and construction design needed to incorporate that equipment throughout the entire organization of Hebrew Rehabilitation Center.
- Incorporation of resident/patient handling equipment in relation to needed physical space will be given consideration when architectural plans are developed for construction and/or remodeling when resident/patient movement and handling are a component of the construction/remodel.

#### **1. REFERENCES:**

- a. Nelson, A. (2005). Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement. Patient Safety Center of Inquiry, Veterans Health Administration and Department of Defense.



## Battery Care Log

**IMPORTANT – Change battery each shift each day even if the lift is not used on your shift!**

*Recharging the battery before it reaches the yellow light on the LED will prolong its life. With a fully charged battery the equipment can provide 20 to 100 complete lifts, depending upon the type of equipment, weight of the patient, and age/condition of the battery.*

**Battery Changing Log – Week of \_\_\_\_\_ Year 20\_\_\_\_**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7-3 Shift						
3-11 Shift						
11-7 Shift						

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**Write down the battery numbers of those left to be charged.**

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<b>11-7 Shift</b>						
Battery Number(s)						
<b>7-3 Shift</b>						
Battery Number(s)						
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