**Sample Minnesota safe-patient-handling  
program for nursing homes**

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Minnesota Department of Labor and Industry

Occupational Safety and Health Division

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**Scope**

Whenever a resident requires assistance in moving at [name of nursing home], this policy will be followed.

**Purpose**

This policy has been developed to protect the health and comfort of residents and employees when residents require assistance in moving, through the consistent use of mechanical aids/devices, and to meet regulatory requirements.

**Policy**

[Name of nursing home] is committed to providing employees a safe work environment, while providing exceptional care, and to complying with regulatory requirements with regard to worker health and safety. Safe patient-handling (SPH) is a key component to reducing hazards of injury for our employees and our residents. Therefore, it is the policy of [name of nursing home] that when residents receiving care require assistance from [name of nursing home] employees to move (e.g., assisted transfer, lifting or repositioning), that assistance is provided in a manner that is safe for both the resident and employee. Specifically, mechanical lifting equipment and/or other approved patient moving aids should be used in all circumstances when lifting/moving residents except when *absolutely* *necessary*, such as during a medical emergency.

**Program elements**

***Safe-patient-handling committee***

A safe-patient-handling committee of [insert number] members has been established to help administer the safe-patient-handling program. The committee comprises at least 50 percent nonmanagerial nurses and direct patient care workers. Employees who serve on the safe-patient-handling committee will provide their insight and energy toward the identification and control of hazards associated with lifting and moving of residents, as part of their daily care. Members of the committee are compensated by [name of nursing home] for all hours spent on committee business.

[*For facilities covered by a collective bargaining agreement:* Members of the safe-patient-handling committee were selected by the union to represent a proportionate distribution of nonmanagerial workers, nurses and other direct patient care workers.]

***Assessment of safe-patient-handling hazards***

The safe-patient-handling committee will actively participate in a facility-wide resident handling hazard assessment for [name of nursing home] that considers the resident handling tasks, types of nursing units, nurse staffing for each unit, resident populations and the physical environment of resident care areas. Hazard assessment forms are included with this program; one form provides a general facility assessment and one form is more specific to a resident or work area.

Each resident will be assessed for safe-patient-handling needs during the admission process to our facility and for each relevant activity in the care delivery process. The information from this assessment will be contained in the care plan for each resident and the care plan will identify the safe-patient-handling requirements for that individual.

Completed written hazards assessments will be maintained with a master copy of the written safe-patient-handling program.

***Assessment of injury trends***

[Name of nursing home] will use accident and near-miss investigation reports, first report of injury forms, workers’ compensation information, OSHA 300 logs and any other work-related injury data to identify and track caregiver injury trends. Tasks identified as having caused or as likely to cause an injury will be prioritized and assessed by the safe-patient-handling committee to determine safe-patient-handling equipment needs. Further action will be taken as needed to prevent and/or minimize the occurrence of future such injuries.

***Acquisition of safe-patient-handling equipment***

[Name of nursing home] is in the process of acquiring an adequate supply of appropriate safe-patient-handling equipment, with the goal of obtaining this supply by [Date]. Thesafe-patient-handling committee will make recommendations about the purchase, use and maintenance of equipment, based on results of the hazard assessment. An adequate supply of equipment means every employee has available to them, in a timely manner, the appropriate type of safe-patient-handling equipment necessary for the procedure being performed. A schedule of proposed equipment purchases is included with this program.

***Training***

Training of nurses and other direct patient care workers will be provided to demonstrate proper application and use of available safe-patient-handling equipment. The training will be conducted initially – and periodically thereafter – based on observed need or requests for training. Training will demonstrate how equipment can be used, proper methods for use and proper application for use relative to the care activity provided. Training records will be maintained and will include the dates training was conducted, the name and title of the person who conducted the training, the names and job titles of employees who completed the training and a brief summary or outline of the information included in the training session. The training records for safe-patient-handling will be maintained with this program.

***Modifications/construction to patient/resident care areas***

When developing architectural plans for constructing or remodeling a unit in which patient handling occurs, consideration toward the feasibility of incorporating patient-handling equipment must be considered. Therefore, prior to any modifications and/or major construction to patient/resident care areas, the management of [name of nursing home] shall consult the safe-patient-handling committee to determine the modifications meet the goal of minimizing manual lifting of residents outlined in this program. The safe-patient-handling committee will provide recommendations about appropriate room design and layout to accommodate the use of safe-patient-handling equipment and procedures.

***Annual review***

The written SPH program at [name of nursing home] will be reviewed at least annually by the safe-patient-handling committee to remove outdated information, insert new information and update training records. Reviews will also be conducted following modification or construction of patient/resident care areas.

The review will focus on employee compliance with the safe-patient-handling program requirements and the effectiveness of the program toward reducing worker and resident injuries. Injury information, accident/near-miss investigation information, records of day-to-day observations and employee feedback will be obtained and reviewed to evaluate the program. The evaluation will identify program strengths and weaknesses, and will determine an action plan to improve each area of weakness in the program.

**Sample safe-patient-handling program training log**

|  |  |  |
| --- | --- | --- |
| Person providing training | Job title | Date |
|  |  |  |

Description of training:

|  |  |  |
| --- | --- | --- |
| Training attendees | | |
| *Print name* | *Sign name* | *Job title* |
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**Sample safe-patient-handling program annual review log**

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by  (print name) | Reviewed by  (sign name) | Job title | Date of review |
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For each evaluation, create a report that summarizes the findings of the evaluation and determines action items necessary to improve areas of deficiency.

Develop an action plan that identifies the task, who is assigned responsibility for completion of the task and a proposed date of completion. The SPH committee can review the action item list to track progress and ensure completion of items.

**Sample schedule for implementation of the safe-patient-handling program**

Goal for complete implementation: [Date]

* Inventory existing SPH equipment (including all necessary accessory items)
* Begin hazard assessments of resident care areas (can include a general facility assessment based on current resident population and facility design, and resident-specific assessments to determine individual needs)
* Review findings of hazard assessments
* Determine additional SPH equipment needs
* Obtain and review vendor information
* Visit facilities that use SPH equipment to observe actual use of equipment being considered
* Determine what SPH equipment will be obtained, based on the hazard assessments and knowledge of existing SPH equipment
* Establish a budget for SPH equipment and begin pricing and ordering of equipment
* Obtain equipment and begin scheduling training
* Initiate training of the care staff about the proper application and use of acquired (and existing) SPH equipment and techniques of SPH
* Conduct follow-up observations of SPH equipment use and effectiveness
* Initiate additional hazard assessments, as needed, when situations are identified that pose an injury risk
* Review the effectiveness of the SPH program
* Continue to assess SPH equipment needs based on resident and caregiver needs
* Provide additional training, as needed, about SPH equipment use, about new equipment that has been obtained, when observations identify the need for training and upon request
* Review the effectiveness of the program (at least annually)
* Review any proposed facility renovations, additions or new construction that could impact SPH to ensure changes accommodate the use of SPH equipment and techniques

**Sample safe-patient-handling hazard assessment**

***Type of nursing unit***

Describe the type of care provided at the facility or on the specific nursing unit.

Example:

* Long-term-care facility providing skilled nursing care to residents.

***Resident population***

Describe the make-up of the residents at the facility.

Example:

* Resident dependency needs range from independent, supervision required, limited (minimal) assistance, extensive (maximum) assistance to total (fully) dependent. [Identify specific population profiles for each wing/floor of the facility.]

***Physical environment of the resident care areas***

Explain the basic structure of the facility and resident care areas. Include description of known problem areas.

Examples:

* The facility is a two-wing, 44-bed facility with 20 single- and 12 double-occupancy rooms.
* There is adequate clearance in most rooms to accommodate safe-patient-handling equipment, with the exception of [list excepted areas].
* Resident bathrooms do not have adequate space to accommodate the SPH equipment.
* Resident bathrooms do not have adequate space to accommodate a floor lift, sit-to-stand or more than one staff member plus a resident.

***Task description − Resident handling task***

Identify the specific tasks involved during resident care, such as:

* transferring a resident from bed to chair/wheelchair;
* transferring a resident from bathtub to chair;
* transferring a resident from wheelchair or shower/commode chair to bed;
* transferring a resident from wheelchair to toilet;
* lifting a resident up from the floor;
* weighing a resident;
* bathing a resident in bed;
* bathing a resident in a shower chair;
* bathing a resident in the tub room;
* transferring a resident from tub to chair;
* undressing/dressing a resident;
* applying anti-embolism stockings;
* transferring a resident to stand from bed or chair to walker;
* lifting/repositioning a resident to the head of the bed;
* repositioning a resident in bed from side-to-side;
* repositioning a resident in geriatric chair or wheelchair;
* making an occupied bed;
* feeding a bedridden resident;
* changing an absorbent pad; and
* assisting a resident to/from a vehicle.

***Hazard description −******Areas of highest risk for lifting injuries***

Identify the types of risk factors with the associated care activities and areas where injury potential exists. Resident-specific and task-specific assessments will likely be necessary to identify all potential injury risk factors.

Examples:

* Several resident rooms [identify] present the highest risk for patient-handling-related injuries due to the existing room layout restricting easy access to the resident’s bed, resulting in awkward postures combined with forceful exertions. [Elaborate as needed.]
* The resident bathroom doors are 32 inches wide and do not provide enough clearance for a lift to get through. The spatial design of the bathroom also presents a problem with the location of the toilet, the presence of a grab bar, plus the amount of space available for the resident and a staff member is very limited.
* The resident is cooperative, but cannot consistently bear weight during transfers.

***Hazard controls*** *−* ***Solutions for the problem***

Identify what control measures will be used to limit the manual lifting and moving of residents.

Examples:

* Arrange/limit existing furniture to maintain adequate clearance on at least one side and the foot of the bed.
* Widen the bathroom doors, if feasible. In the interim, to reduce the likelihood of injuries associated with resident handling, during toileting, residents requiring more than minimal assistance or the use of a sit-to-stand or floor-based lift will be toileted in the communal bathroom or a commode chair will be used.
* Use a full-assist lift to lift transfer unpredictable residents.

***Mechanism to report, track and analyze injury trends***

Employees should report any injury or illness to their supervisor. The supervisor will complete a workers’ compensation first report of injury or illness form. Safe-patient-handling injuries and illnesses will be tracked using the OSHA 300 logs and the workers’ compensation first report of injury and illness form.

Patient-handling-related injuries or illnesses will be tabulated quarterly and examined to determine the cause of the injury or illness. Cases will be also be analyzed by location within the facility, type of injury, body part(s) affected, time of occurrence, task being performed at the time of injury and staffing level at the time of injury. By examining this information, the safe-patient-handling committee should be able to determine if there is a hazard that has not been addressed and if there is a need for additional equipment.

This material can be provided in different formats (Braille, large print or audio) by calling the MNOSHA Training/Outreach Office at (651) 284-5050 or 1-877-470-6742.

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