

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
JOHN DEMPSEY HOSPITAL  
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE NUMBER: 08-065

SUBJECT: PATIENT HANDLING: SAFE PATIENT HANDLING PAGE: 1 of 3

PURPOSE: To reduce injuries to staff and improve the quality of care and safety of patients, through the establishment of a standard approach for patient handling and movement.

POLICY: Direct care staff will assess patient mobility and plan handling tasks prior to patient handling. Techniques, equipment and aids will be used to prevent the manual handling of dependent patients in all but exceptional or life-threatening cases.

PROTOCOL FOR: Patient Handling: Safe Patient Handling

PROCESS:

1. Education and competency in patient assessment and use of equipment: classroom education will be included in orientation. Staff will complete initial and annual equipment competency.
  - a. Staff who have not completed education and competency may not use equipment.
  - b. Education and competency demonstration should occur with staff on each unit as the model is implemented
2. Patient assessment and planning for patient handling should occur prior to initiation of activity, using tools and algorithms:
  - a. Patient mobility will be assessed using John Dempsey Hospital JDH "Safe Patient Handling Reference" [Appendix A] .
  - b. Assessments for three categories will be done:
    - 1) Transfers/Lifts - vertical and lateral
    - 2) Ambulation
    - 3) Repositioning or turning - in bed or chair
  - c. The room and unit environment will be assessed to analyze the layout and anticipate any interferences with patient handling tasks.
  - d. Patients will be classified into one of five mobility categories (Please see Appendix A).
  - e. Patient Handling Algorithms [Appendix B] will be utilized for tasks not included in the Safe Patient Handling Reference. Supervisors and/or Super-Users can be consulted for assistance.
3. Communication and documentation of patient mobility and equipment requirements:
  - a. Mobility will be documented on the Nursing Flowsheet once per shift, or whenever a change in categories occurs, by the patient's nurse.
  - b. Equipment needed for each patient will be listed on in-patient's White Board by patient's nurse/care providers.

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4. Utilization of appropriate handling and movement techniques, equipment and aids: staff shall use safe, standard methods and equipment in accordance with education, training and the manufacturer's instructions, and refrain from manual methods for movement of patients. Staff shall support and assist co-workers in handling tasks.

RESPONSIBILITIES:

1. Hospital Administration establishes a culture of safety by providing the appropriate equipment, storage, training opportunities and support for the Safe Patient Handling program.
2. Managers ensure that safe patient handling techniques and equipment are utilized and staff cooperate together when necessary to perform safe patient handling tasks.
  - a. Ensure that patient mobility assessments are performed and documented.
  - b. Ensure that staff have received education and training, maintain records, and do not permit any untrained staff to utilize equipment.
  - c. Review employee injury reports and program data and perform necessary interventions.
3. Staff complies with this policy for patient handling tasks.
  - a. Staff reports equipment problems and program issues to a manager.
  - b. Non-compliance may indicate a need for retraining.
  - c. Staff reports an injury from a patient handling task immediately or as soon as the injury is recognized.
    - 1) The incident is reported to the manager, assistant manager, charge nurse or Nursing Supervisor.
    - 2) The incident is reported to Human Resources - Workers' Compensation department following procedures outlined in the UCHC Human Resources Workers' Compensation Resource Guide and mandated by the State of Connecticut Workers' Compensation Act. (APPENDIX C)
4. Clinical Engineering maintains equipment according to manufacturer's recommendations.

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5. The "Safe Patient Handling Committee" meets on a scheduled basis to review injury data to recommend changes or interventions.
- a. Develops training materials and assists with coordination of training, in-service and Grand Rounds.
  - b. Coordinates evaluation of equipment and makes recommendations for equipment procurement.
  - c. Coordinates and communicates methods of cleaning and disinfection of lifts and accessories.

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INFECTION CONTROL:

All lifts, slings, sheets and assist devices should be cleaned and/or laundered to comply with JDH infection control procedures and policies.

1. Reusable repositioning sheets, slide sheets, and lifting slings shall be assigned to a patient during their length of stay, and laundered following patient discharge.
2. Lifts and other assist devices should be wiped down with JDH standard wipes.
3. Hovermatts may be wiped down or laundered, depending on the level of contamination.

DEFINITIONS:

Patient Handling: ambulation, moving, sliding, lifting, re-positioning, turning or transferring patients.

Exceptional Tasks: tasks not included in the lifting assessment protocols

APPROVAL: Nursing Administrative Council

\_\_\_\_\_  
Mike H. Summerer, M.D.  
Hospital Director

\_\_\_\_\_  
Richard H. Simon, M.D.  
Chief of Staff

Deleted: \_\_\_\_

Deleted: James H. Thornton

Date Issued: 3/07  
Date Reviewed: 10/09

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APPENDIX A: SAFE PATIENT HANDLING NURSING REFERENCE  
Patient Mobility Assessment Flow-Chart

**Is the patient**

- Cooperative
- Able to bear weight fully
- Consistent & reliable in balance
- Patient mobilizes w/out assistance safely
- May need to define environment – ie: room unit

YES → Independent → No Assistance

NO

- Cooperative, able to bear weight
- Consistent & reliable in balance but requiring some verbal reminders
- And/or some help with equipment
- Needs oversight/standby for safety

YES → Supervised → Gait Belt

NO

- Patient can perform ~ 75% of activity
- Able to bear some weight
- Able to balance somewhat, and/or
- Able to cooperate some what?
- Patient highly involved in activity
- Patient has considerable upper body strength
- Patient bears some weight
- Patient sits up well, may need some

YES → Min Assist →

- 1-Person Assist
- Steady
- Bed Features
- Pt Assist
- Gait Belt / Walker to Ambulate

NO

- Patient can perform ~ 50% of activity
- Patient follows simple directions
- Patient bears some weight
- Patient has some upper body strength
- Patient sits up with assistance
- Able to bear any weight?

YES → Mod Assist →

- 2-Person Assist
- Sabina, SARA
- Bed features
- Slip sheets
- PT to Ambulate

NO

- Dependent - *In other words*
- Patient unable to help
- Full staff assistance required
- Inconsistent?
- Heavy or obese?
- Limited in movement?
- Unable to bear weight?
- Unable or unwilling to cooperate?

YES → Max Assist →

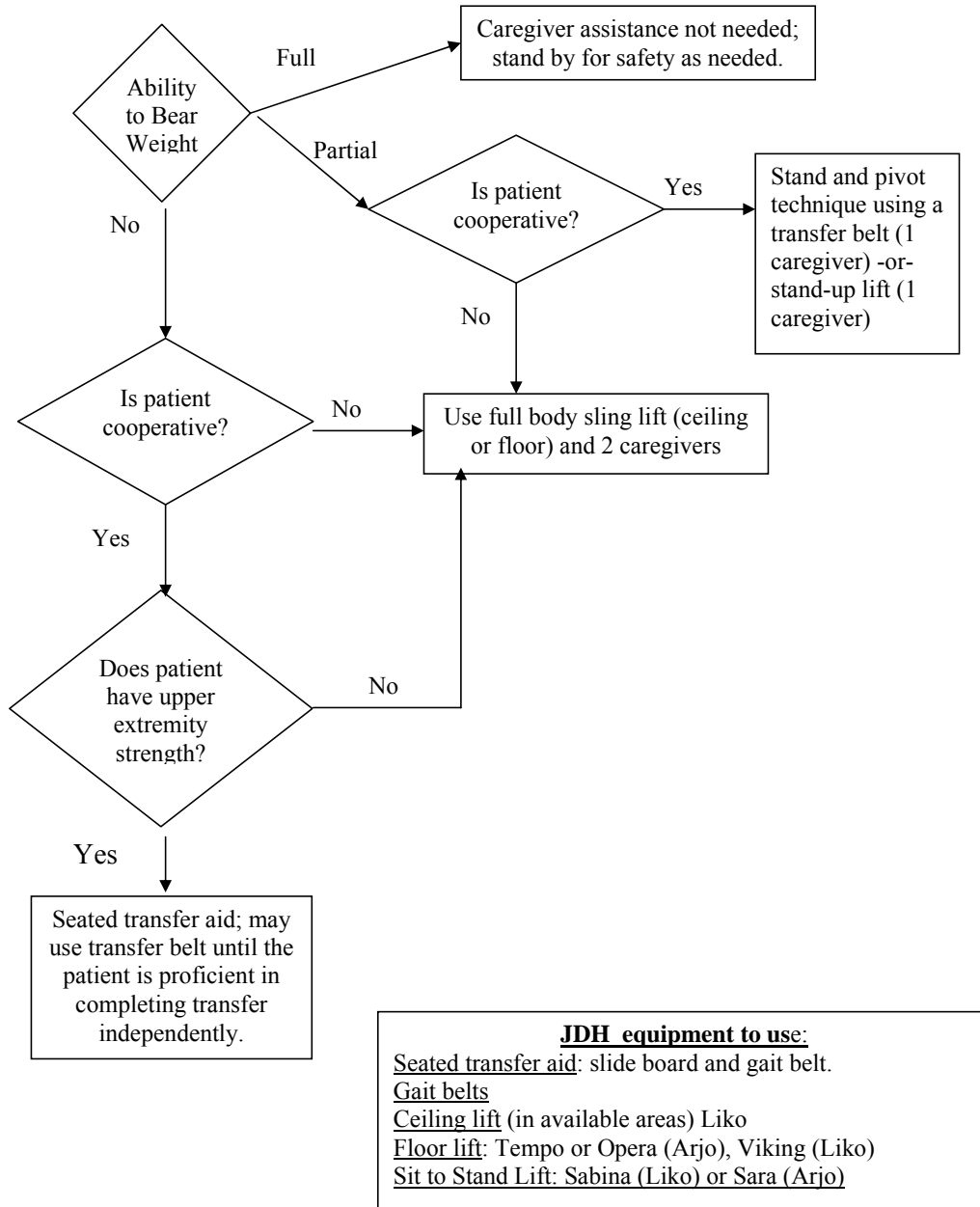
- Total lift - Tempo
- Bed features
- Slip Sheets
- Hovermatt
- No Ambulation

APPENDIX A, continued  
Special Considerations

<b>Hip Replacement:</b>	Weight bearing status specified by MD <u>THA precautions:</u> Don't cross legs Don't bend hip > 90° Don't pivot
<b>Paralysis / Paresis:</b> (ie – CVA)	Transfer toward strong side Roll → sit toward weak side Never leave alone sitting unsupported
<b>Spinal Surgery:</b>	Follow MD orders OOB with brace as ordered Follow sitting limitations – 15 minutes / episode
<b>Abdominal Surgery, Open Heart Surgery, or Chest Tubes:</b>	Consider: location of wound or tube, stage of healing May need additional covering/padding before use of Sabina May need PT Assessment
<b>Total Joints:</b>	No mechanical lifts ever

APPENDIX B: Safe Patient Handling Algorithms

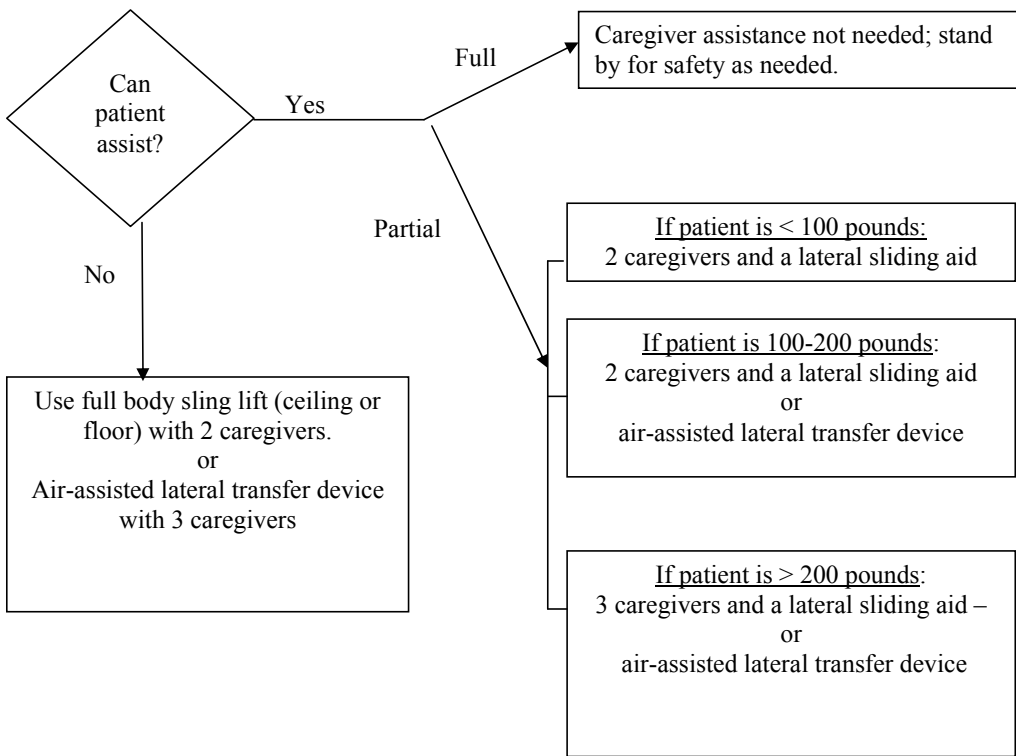
**ALGORITHM #1. TRANSFER FROM BED TO CHAIR, CHAIR TO TOILET, CHAIR TO CHAIR, OR CAR TO CHAIR**



**Comments:**

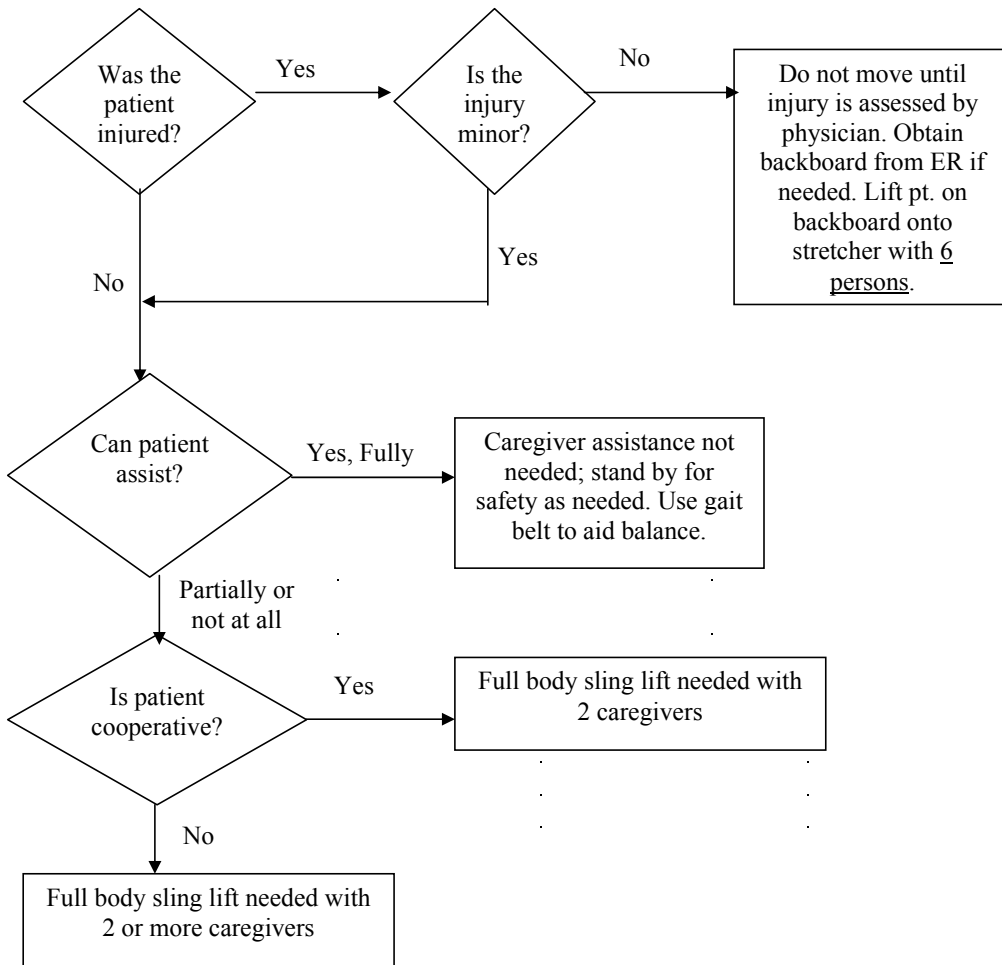
- For seated transfer aid, must have chair with arms that recess or are removable.
- For full body sling lift, select a lift that was specifically designed to access a patient from the car, if the car is the starting or ending destination.

**ALGORITHM #2: LATERAL TRANSFER (BED TO STRETCHER OR BED TO BED)**



**UCHC equipment to use:**  
Friction reducing device/lateral sliding aid: slide sheets or full sized sliding board.  
Air-Assisted lateral transfer device: Hovermatt  
Ceiling lift (in available areas): Liko

**ALGORITHM #3: PICKING A PATIENT UP FROM THE FLOOR**

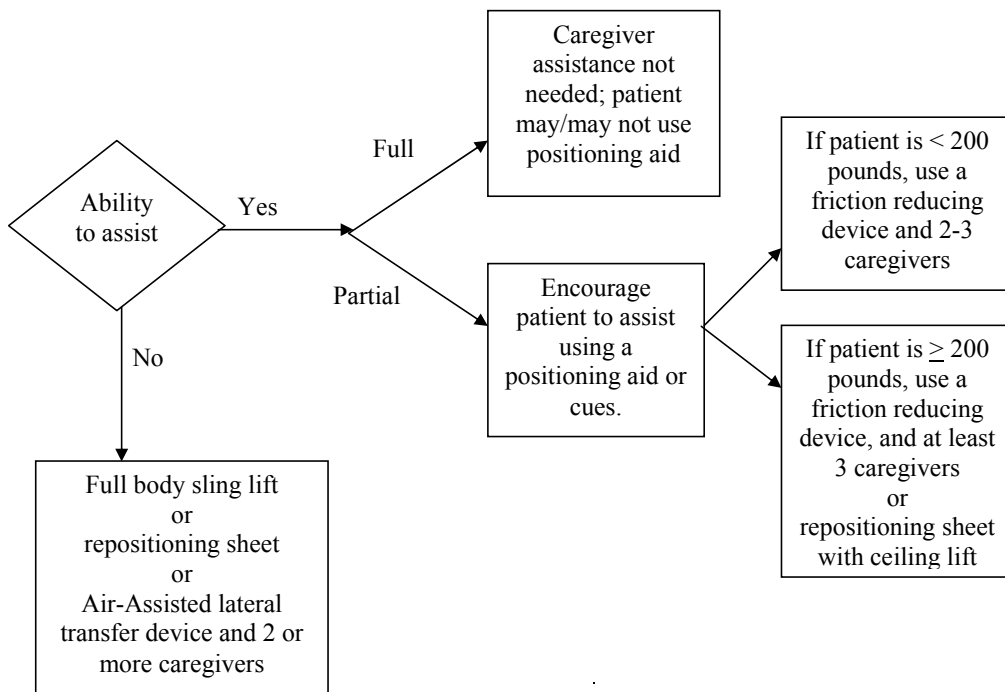


**UHC equipment to use:**  
Gait belts  
Full body sling lift: Ceiling lift (in available areas)  
or  
Floor lift: Tempo or Opera (Arjo), Viking (Liko)

**Comments:**

- Use full body sling lift that goes all the way to the floor.

#### ALGORITHM #4: REPOSITION IN BED, SIDE-TO-SIDE, UP IN BED

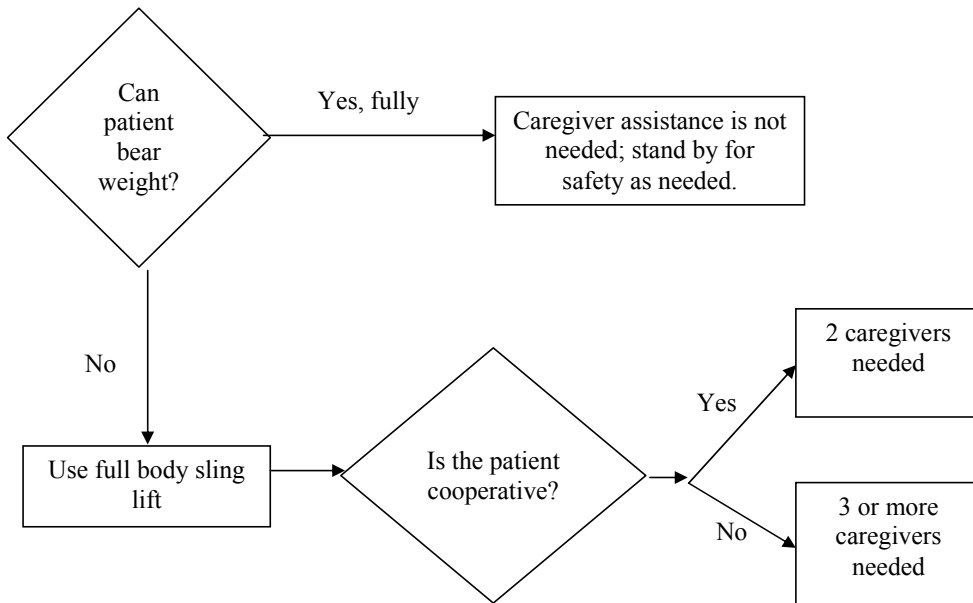


**UHC equipment to use:**  
Friction reducing device/lateral sliding aid: slide sheets, or full sized sliding board.  
Air-Assisted lateral transfer device: Hovermatt  
Full body sling lift or reposition sheet: Ceiling lift (in available areas)  
or  
Floor lift: Tempo or Opera (Arjo), Viking (Liko)

#### Comments:

- This is not a one-person task - DO NOT PULL FROM HEAD OF BED. DO NOT ATTEMPT ALONE.
- When pulling a patient up in bed, the bed should be flat or in Trendelenberg position to aid in gravity, with the side rails down on the caregiver's side of the bed.
- The height of bed should be appropriate for staff safety (at the elbows or top of pelvis)
- To move up in bed, if the patient can assist, ask the patient to flex the knees and push on the count of three.
- To turn or move side-to-side, if they have use of their hands and arms, ask patient to help pull themselves over using the side rails.

**Algorithm #5: Transfer from Chair to Stretcher or  
Chair to Exam Table**

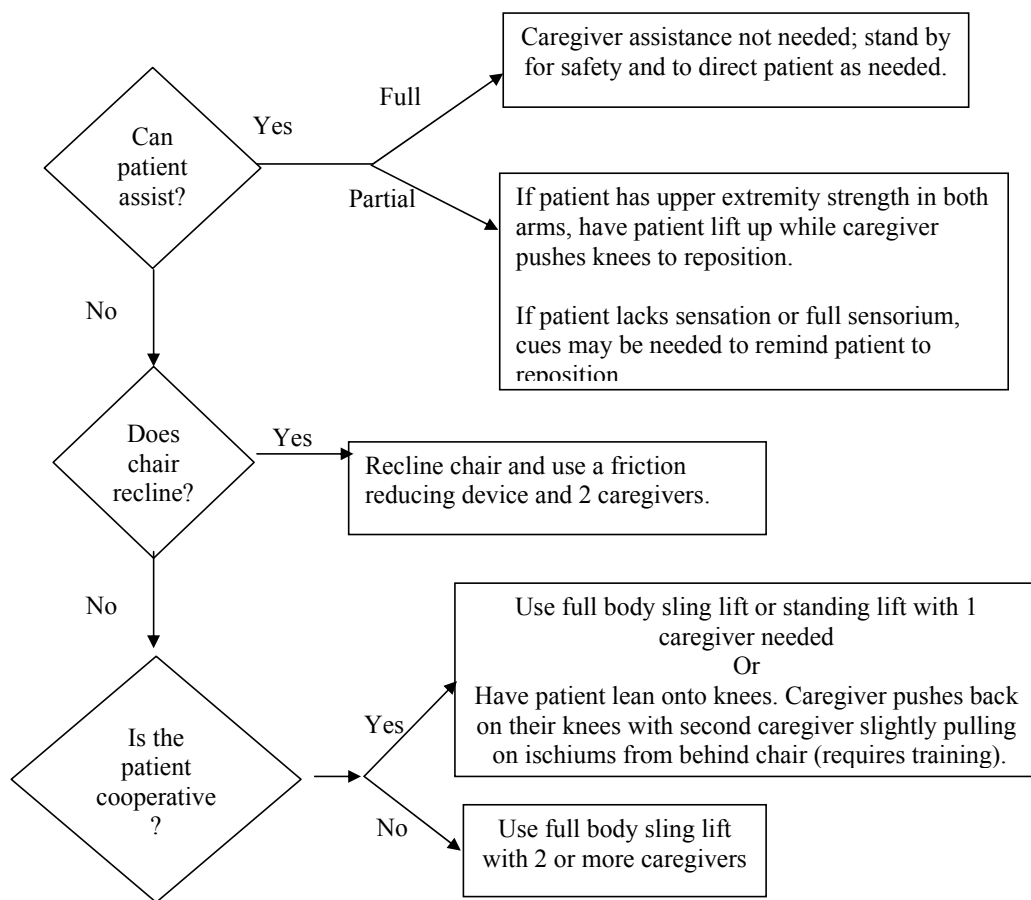


**UHC equipment to use:**  
Full body sling lift: Ceiling lift (in available areas)  
or  
Floor lift: Tempo or Opera (Arjo), Viking (Liko), Golvo

**Comments:**

- High/low exam tables and stretchers are ideal. Always put the table or stretcher in the lowest position for this patient movement.
- Use a stool to assist those who can bear weight and cooperate.

## ALGORITHM #6: REPOSITION IN CHAIR



**UHC equipment to use:**  
Friction reducing device/lateral sliding aid: slide sheets  
Full body sling lift: Ceiling lift (in available areas);  
 or  
Floor lift: Tempo or Opera (Arjo) Viking (Liko)

### Comments:

- Take full advantage of chair functions, e.g., chair that reclines.
- Do not pull patient by arms.
- Do not pull from behind the chair.
- **Slide sheets may not remain under patient in chair.**

**Appendix C  
John Dempsey Hospital, UCHC**

**Charge Nurse Accident Review Report: Form A (Patient Handling Injuries)**

**Instruction:** This report is to be completed by the Charge Nurse for every Patient Handling workers' compensation incident. Forward one copy of this form by the end of the shift to your Manger **AND** one copy to Peg Swets (MC 4035/ FAX - 4660). If unable to complete, forward the incomplete form by the end of the shift, and the completed form within 48 hours.

Employee Name: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Nature of the Injury (i.e. strain, contusion etc.): \_\_\_\_\_  
 Body Part Injured: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Department/Unit \_\_\_\_\_  
 Location of Injury: \_\_\_\_\_  
 UCHC Employee  Per Diem   
 Working Overtime? Yes  No   
 Floor Census: # Patients \_\_\_\_\_ # Patient 1 to 1's \_\_\_\_\_  
 # RNs \_\_\_\_\_ #LPNs \_\_\_\_\_ #NCAs \_\_\_\_\_ #MAs \_\_\_\_\_

Description of Incident: (Check most appropriate)		
	Transfer Start	End
Bed	<input type="checkbox"/>	<input type="checkbox"/>
Chair	<input type="checkbox"/>	<input type="checkbox"/>
Ambulate	<input type="checkbox"/>	<input type="checkbox"/>
Commode	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Repositioning in:	Bed <input type="checkbox"/>	Chair <input type="checkbox"/> Other <input type="checkbox"/>

**Root Causes:** (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Poor housekeeping             | <input type="checkbox"/> Equipment not available/working | <input type="checkbox"/> Working at unsafe speeds    |
| <input type="checkbox"/> Patient refused proper lift   | <input type="checkbox"/> Equipment failed                | <input type="checkbox"/> Chose not to use equipment  |
| <input type="checkbox"/> Too crowded to use lift       | <input type="checkbox"/> Patient assessment inaccurate   | <input type="checkbox"/> Other (specify below) _____ |
| <input type="checkbox"/> Staff not trained on equipt.  | <input type="checkbox"/> Unsafe body position            | _____  |
| <input type="checkbox"/> Algorithm led to wrong action | <input type="checkbox"/> Failure to obtain assistance    |  |

**Recommended Action:**

- |  |   |
|--|---|
| <input type="checkbox"/> Train/Retrain on patient handling protocols | <input type="checkbox"/> Call Research Safety consult |
| <input type="checkbox"/> Work order for equipment repair             | <input type="checkbox"/> Clean up/clear out area      |
| <input type="checkbox"/> Monitor employee patient handling practices | <input type="checkbox"/> Other (Specify) _____        |
| <input type="checkbox"/> Revisions to patient handling protocols     |   |

**Describe incident:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Charge Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

John Dempsey Hospital, UCHC

Charge Nurse Accident Review Report: Form B

Instruction: This report is to be completed by the Charge Nurse for every workers' compensation incident not associated with Patient Handling. Forward one copy of this form by the end of the shift to your Manager, AND one copy to Peg Swets (MC 4035/ FAX - 4660). If unable to complete, forward the incomplete form by the end of the shift, and the completed form within 48 hours.

Employee Name: Incident Date:

Nature of the Injury (i.e. strain, contusion etc.):
Body Part Injured:
Job Title:
Department:
Location of Injury:
UCHC Employee Per Diem
Working Overtime? Yes No
Floor Census: # Patients #Patient 1to1's
# RNs #LPNs #NCAs #MAs

Type of Incident: (Check most appropriate)
Lifting Laceration
Pulling Fall/Trip
Reaching Exposure
Bending Equipt. Usage
Needle Stick MVA
Repetitive Motion Other

Root Causes: (Check all that apply)

- Poor housekeeping
Slippery Conditions
Lack of training/experience
Improper PPE
Protective equipment not used
Equipment not available
Equipment failed
Employee attitude toward safety
Unsafe body position
Failure to obtain assistance
Working at unsafe speeds
Improper body position for task
Other (specify below)

Recommended Action:

- Train/Retrain on standard operating procedures
Work order for equipment repair
Monitor employee work practices
Revisions to standard operating procedure
Call Research Safety consult
Clean up/clear out area
Other (Specify)

Describe incident:

Comments

Charge Nurse Signature: Date:

