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Office of Origin: Environment of Care.

## I. PURPOSE

- A. To provide a framework for implementation and maintenance of a multifaceted Patient Handling Program across UCSF Medical Center and UCSF Benioff Children's Hospital (collectively "UCSF Medical Center"). The Patient Handling Program enhances the safety of the work environment for patient care providers and promote a safe and comfortable hospital stay for patients who require movement or transfer assistance.

## II. REFERENCES

- A. Labor Code § 6403.5 – Hospital Patient and Health Care Worker Injury Protection Act
- B. The Joint Commission: Environment of Care Standards
- C. UCSF Medical Center Administrative Policies
  - a. 4.02.07 Work Incurred Illness and Injury Policy
  - b. 3.06.03 Incident Reporting Policy
- D. UCSF Medical Center Environment of Care Policies
  - a. Ergonomic Program
  - b. Safety Program

## III. DEFINITIONS

***Lifting Devices and Equipment:*** Mechanical equipment designed to reduce stress and strain on patient care providers, and stress, strain and shear on the patient while handling, moving, transferring, repositioning or lifting the patient. May include but is not limited to gait/transfer belts, sliding boards, lateral transfer devices, friction-reducing devices, full body sling lifts and stand assist lifts.

***High-Risk Patient Handling Tasks:*** Patient handling tasks including manual lifting with high risk of musculoskeletal injury for caregivers performing the tasks. These tasks include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, and dressing patients.

***Manual Lifting:*** Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids.

**Safe Patient Handling (SPH):** Framework of processes that enable caregivers to lift, transfer, reposition and move patients in a way that does not cause strain or injury to either the patient or the caregiver.

**SPH Work Group:** A workgroup designated by the Medical Center leadership who oversees the successful implementation of the Patient Handling Program.

**Departmental SPH Plans (Appendix A):** UCSF Medical Center departments where patient handling occurs must have a specific SPH plan describing the unit specific framework which will ensure patients are cared for safely, while maintaining a safe work environment for employees. This departmental SPH plan, must include, but is not limited to the following:

- How staff SPH training is provided.
- What assessments/algorithms that are used to establish patient handling needs.
- Procedures for documenting patient handling needs.
- Lift equipment available and storage location.
- Instructions for operating lift equipment.
- Unit specific roles and responsibilities in reference to SPH. Including how staff can participate in evaluating the program.
- Procedures for documenting and reporting unsafe conditions and patient handling refusals.

#### IV. POLICY

- A. UCSF Medical Center is committed to promoting a safe environment for patients, visitors and employees. This includes ensuring all caregivers are trained in this SPH policy which establishes a framework for patient and employee safety during handling, moving, transferring, repositioning or lifting of the patient in the course of care delivery.
- B. The SPH Policy addresses the following elements:
  - a. Patient handling equipment
  - b. Program elements to support use of the equipment
  - c. Employee training
- C. Caregivers must practice SPH techniques when moving patients at all times. As appropriate for the specific patient and consistent with professional judgment and the patient's plan of care, additional trained personnel and/or approved lifting devices and equipment must be used to prevent the manual lifting and handling of patients except when absolutely necessary, such as in a medical emergency at which time employees should take appropriate measures to employ the safest methods available at that time.

- D. As a coordinator of care, the registered nurse (RN) shall be responsible for the direction of patient lifts and mobilization and shall participate as needed in patient handling in accordance with the RN's job description and professional judgment.
- E. When an RN is not present, the charge nurse or other responsible clinical staff in the department must designate an alternative responsible person to observe and direct patient lifts and mobilizations.
- F. For clinic areas, when an RN is not present, the ambulatory practice will follow their Unit Safe Patient Handling Plan which designates an alternative responsible person to observe and direct patient lifts and mobilizations.
- G. Rehabilitation Services working with patients with rehabilitation goals involving bed mobility, transfers and gait may use different safe techniques and equipment in the course of the rehabilitation process.
- H. Communication to direct caregivers regarding the need for patient handling equipment is accomplished through coordinated documentation in the medical record, verbal report, and/or visual cue placed in proximity to the patient. Communication during patient testing, diagnostic, and/or procedural areas and clinical practices is accomplished via verbal report prior to completion of task. Changes in patient handling needs are updated in areas designated for documentation as soon as a change is determined.
- I. Compliance with SPH policy is required. Failure to follow this policy may result in corrective action, including appropriate disciplinary action, except as noted in section V. H (b).

**V. PROCEDURES (Roles and Responsibilities/Scope)**

- A. All caregivers must:
  - a. Complete training and demonstrate competency in SPH.
  - b. Be able to properly evaluate patient prior to being moved to determine the most appropriate piece of equipment, aid or lifting technique to be used. Documentation should include: mobility status (i.e. level of assistance required) and any necessary mobility equipment required. This evaluation shall be included in the patient's plan of care and coordinated among members of the patient care team, as appropriate.
  - c. In clinic areas, practice staff must follow the Standard Operating Procedures in their Unit Specific Plan to determine the patient's mobility needs

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- d. Avoid high-risk patient handling tasks whenever possible. If unavoidable, assess the situation carefully and plan to minimize risks as best possible prior to initiating task.
  - e. Use patient lifting devices and equipment in accordance with instructions and training except when absolutely necessary, such as in a medical emergency.
  - f. Use trained personnel as a resource, when indicated and based upon professional judgment, to facilitate SPH, lifting and repositioning.
  - g. Use established procedures for reporting lifting devices and equipment in need of repair.
  - h. Notify supervisor of any injury sustained while performing patient handling tasks.
  - i. Notify supervisor of need for retraining in use of patient handling equipment, aids and program elements.
- B. Medical Center Administration will:
- a. Support the implementation of this Policy.
  - b. Support a “Culture of Safety” within the medical center.
  - c. Provide patient handling equipment and support caregivers to ensure SPH and movement.
- C. SPH Work Group will:
- a. Oversee the purchase and placement of patient handling equipment.
  - b. Oversee the development of assessment criteria used in determining the appropriate techniques and equipment for patient handling tasks.
  - c. Oversee the development of training programs in SPH for all patient care providers.
  - d. Review records of exceptions to the policy (incidents where caregivers determined that manual patient handling tasks are indicated; incidents where staff refused to perform patient handling tasks).
  - e. Annually review program and update the SPH policy and appendices as needed and consistent with applicable laws, rules and regulations.
- D. Supervisors and Administrative Nurses will:
- a. Ensure that each caregiver is familiar with the UCSF Medical Center SPH Program and their unit specific SPH plan.
  - b. Take appropriate corrective action for failure to adhere to these guidelines.
  - c. Ensure caregivers are trained on how to use lifting devices and equipment in their area of responsibility.
  - d. Ensure the appropriate lifting devices and equipment are available and accessible.
  - e. Support a “Culture of Safety” in their areas.
- E. Illness & Injury Review Committee will:
- a. Monitor and collect data on employee injuries related to patient handling and report injuries to senior management monthly.

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- b. Oversee accident investigation process which is outlined in the EOC Safety Program policy.
  - c. Analyze data collected to develop corrective actions, which will be implemented to increase the effectiveness of the SPH Program.
- F. Lifting Devices and Equipment:
- a. Lifting Devices and Equipment will be maintained regularly and kept in proper working order. Annual preventative maintenance for all powered lift devices is coordinated by Clinical Engineering.
  - b. A Patient Mobilization Assessment shall be used to help determine placement of lateral transfer device and/or the use of any specific type of lift device
  - c. Lifting Devices and Equipment are available and accessible for use by trained patient care providers (Note: Lifting devices and equipment can be located using UCSF Awarepoint site). If a particular piece of lift equipment is required for a patient transfer and is not available on the unit, it may be borrowed from the unit where it is located and after use, appropriately cleaned/disinfected and returned.
  - d. Patient lift and transport devices are considered in-use devices and can be staged in the corridor for immediate use when assigned to a particular patient.
  - e. Equipment Request form is presented in Appendix B.
- G. SPH Training:
- 1. Training will be provided by personnel with expertise in SPH Practices, including the use of Lifting Devices and Equipment and Manual Lifting.
  - 2. Training content is tailored for the specific venue and audience and can include, but is not limited to the following topics:
    - a. The importance of using SPH Practices
    - b. Basic ergonomics
    - c. How to properly assess patients
    - d. Lift equipment demonstrations
    - e. Hands on practice with the lift equipment
  - 3. Department specific training will be provided to all employees whose work assignments include being present on patient care units that effectively address the activities they are reasonably anticipated to perform under the Plan.
    - a. Initial training shall be provided when the SPH Plan is first established, to all new employees, and to all employees given new job assignments for which training has not previously been received;
    - b. Refresher training shall be provided annually to employees in patient care areas and their supervisors.
    - c. Additional training shall be provided on the unit when new equipment or work practices are introduced. The additional training may be limited to addressing the new equipment or work practices.

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4. All personnel involved in mobilizing patients are required to complete SPH Training on the Learning Management System. The training covers the following topics:
    - a. SPH Legislation (AB 1136)
    - b. SPH Plan
      - Written Plan
      - Unit Specific Plan
      - Role of the Registered Nurse
      - Expectations of other Caregivers
    - c. Right to Refuse
    - d. Factor that lead to Employee injuries
      - Types of movements (lifting, moving, turning, repositioning, ambulation)
      - Physical and mechanical factors
      - Common types of injuries
      - What to do if you are injured
    - e. SPH Policy
      - Recognize situations where SPH is required
      - Patient handling tasks
      - Communicating with the patient
      - Medical emergencies
      - How to locate trained personnel
      - Patient handling equipment
    - f. How to Prevent Injuries
      - Create a Plan of Care
      - Anticipate patient mobility needs
      - Anticipate special patient needs
      - Available resources for patient handling
      - Review of available algorithms
  5. The Medical Center-SPH Intranet site shall be used for resources in the development of Unit-Specific SPH Plans. The website shall contain the following:
    - Lift and lateral transfer device instructional videos
    - Sample Unit SPH Plans
    - SPH algorithms
    - Patient Mobility Assessments
    - Lift and lateral transfer device training content and competencies
    - Lift and lateral transfer device instruction manuals and guides
- H. Compliance and Reporting of Injuries and Incidents:
- a. It is the duty of UCSF caregivers to create and maintain a safe work environment for their own health and safety, as well as that of their co-workers and their patients during patient handling activities.

- b. Caregivers, who refuse to lift, reposition, or transfer a patient due to concerns about patient or worker safety or the lack of trained personnel or equipment shall not be the subject of disciplinary action by the Medical Center or any of its managers or employees, based upon the refusal.
- c. All employees are expected to report an injury, incident to themselves, or lift refusal to their immediate supervisor and through the [UCSF Medical Center Incident Reporting System](#) (See 3.06.03 Incident Reporting Policy) under the category *Employee Event*. Managers are expected to conduct investigations into all employee injuries and/or concerns and to document any follow up and corrective actions resulting from their investigation as “work done on file” in the Incident Reporting system.
- d. Non-adherence to safety policies and procedures including this Policy will result in measures described in the corrective action progressive disciplinary process.

## VI. POLICY RESPONSIBILITY

If there are questions about this specific policy, please contact Medical Center Human Resources at 353-4685 or 353-4688.

## VII. HISTORY OF POLICY

New policy issued in February 2013 by the Director of Human Resources and the Medical Center Safety Officer.

## VIII. APPENDICES

[Departmental Plan  
Request for Safe Patient Handling Equipment](#)

## IX. APPROVALS

Reviewed:	Matt Carlson, Safety Officer	July 2014
	Safe Patient Handling Work Group	July 2014
Approved:	EOC Committee	July 2014