Safe Student Handling & Mobility Program for Schools

The Rationale
For decades, long-term care facilities and other related medical services, as well as social service agencies and schools have been providing training on body mechanics, proper lifting technique and “how to safely perform two-person transfers.” To date the results have been marginal at best.

Numerous studies have been conducted over the past 20 years showing that manually transferring people cannot be performed safely for either the person (i.e.; resident, student, participant, client, patient) or the caregiver. It has been stated by Friele and Knibbe that emphasis only on training in body mechanics implies that a person can do anything with his or her body, as long as correct body mechanics is used.

OSHA and the Bureau of Labor and Statistic’s (BLS) have indicated that “Nursing home facilities ranked third highest in nonfatal occupational injuries and illnesses among U.S. industries with over 200,000 injuries and illnesses, behind couriers and air transportation. This is more than double the incident rate of 4.2 for industry as a whole.”

Nursing aides, orderlies and attendants had a MSD (musculoskeletal disorders) rate of 252 cases per 10,000 workers, a rate more than seven times the national MSD average for all occupations based on injuries in 2007.

Our own data shows that 45% of those who have had a back injury will have a repeat occurrence, with 58% having that second occurrence within the next year. Almost one in five will have the second episode within the next 3 months. The number of convalescent or long-term care facility repeaters is double that of any of our other business sectors.

For all of the above reasons United Heartland has developed the following Safe Student Handling and Mobility program. It is our hope this program will provide a foundation for accounts, including schools, to develop a program to reduce work related injuries associated with assisting, repositioning and transferring.

Program Goals and Objectives
The goal(s) and objectives of United Heartland’s Safe Student Handling and Mobility program are:
1. To reduce the injury potential for both the student as well as caregiver during transferring.
2. To facilitate the safe use transfer aids and equipment.
3. To provide an objective, easy to understand, consistent means of evaluating student transfer needs.
4. To provide a consistent technique for the assisting, repositioning, or transfer of students.
5. To encourage maximum participation within a Safe Student Handling and Mobility program.

The Program
1. Written requirements
Development and implementation of a written Safe Student Handling and Mobility program. Policies and procedures should include, but not be limited to, addressing all student transfers and transfer devices: Lateral transfers, assisting of students, and the use of gait belts/walking belts, sit-to-stand devices, etc. The written policy should address management’s commitment, task assessment process, responsibility and accountability and the handling of special considerations, i.e. bariatric transfers, combative students, students who are prone to falling, etc.

1 Friele RD, Knibbe JJ. Monitoring the barriers with the use of student lifts in home care as perceived by the nursing personnel. In, Occupational Health For The Health Care Workers (Hagberg et al eds.) Landsberg Germany 1995, 360-363.
2. Objective criteria to be determined for transferring of students.  
Minimum suggested guidelines are:
   a. Student can be standing for 4 seconds bearing weight without assistance. Gait belt or walking belt transfer.
   b. Student can stand for less than 4 seconds bearing weight with some assistance. Sit-to-stand mechanical lift transfer.
   c. Student is non-weight bearing. Total body transfer.
   d. Fallen student. A total body transfer should be utilized, unless the student can get up on his or her own.
   e. Lateral transfer devices (LTD) or friction-reducing devices (FRD) to be used for lateral transfers or repositioning. Draw sheets, trash bags, incontinence pads, etc. cannot be used in place of FRD or LTD.
   f. 2 persons must be present for all mechanical-aided transfers and repositioning.
   g. The caregiver can at any time increase the level of transfer from what is stated in the care plan based on the student’s ability to assist or comprehend the transfer (i.e. sit-to-stand transfer could be increased to a total lift transfer, however the caregiver can never reduce the level of device use.)

3. Quality Assurance
   a. Regular observation of the transferring of students should take place through unannounced evaluations.
   b. Transfer incidents/injuries will go through a loss review process.
   c. Quarterly comparison of equipment vs. transfer needs should be written and documented.

4. Education and Training. Staff training to include initial, annual, and as required to correct improper use/understanding of safe student handling and mobility. Training should include post-loss training with documentation following any injury or incident involving transferring, repositioning or assisting of a student or training event. All employee training should be “hands on” with return demonstration to include personal employee participation as a student for each device. The written component should include:
   a. All new hires before being assigned to a floor and/or transferring regardless of experience.
   b. After all transfer-related incidents.
   c. After an employee has been off of work on a leave lasting longer than 90 days.
   d. Annually.
   e. Topics should include but not be limited to:
      i. Dealing with combative students.
      ii. Use of mechanical lifts.
      iii. Use of lateral transfer devices.
      iv. Repositioning of students in wheel chair, Geri chair or bed.
      v. Transfer reduction and/or planning of transfers.
      vi. Transfer reduction i.e. use of wheelchair scales. Transfer from bed to shower chair vs. bed to wheelchair to shower chair. Use of shower chair for toileting etc.

5. Progressive step disciplinary program.
   Equipment inspection and maintenance.
   a. Prior to all transfers.
   b. Daily visual by staff.
   c. Preventive Maintenance. Monthly formal inspection with documentation by lift.

2 Additional consideration or time may be necessary for the assisting, repositioning or transferring of obese or bariatric students. If the person has varying levels of ability to assist due to fatigue, medications, medical condition, etc., then an assessment should be performed before each task is performed. In these cases more time may be required to be added to the assessment criteria.
There are a number of resources available to assist you in the development and implementation of a Safe Student Handling and Mobility program and policy. In addition to the program spelled out here, please consider the following resources to assist you in program development. Our Loss Control Department is always available to assist you in any aspect of program implementation.

**Additional Source Materials:**

- Centers for Medicare & Medicaid Services – Patient Assessment Instrument
- U.S. Department of Labor, OSHA, [www.OSHA.gov](http://www.OSHA.gov) – Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders
- Health Care Health & Safety Association of Ontario, Handle With Care: A Comprehensive Approach To Developing And Implementing A Client Handling Program
- National Back Pain Association In Collaboration With The Royal College Of Nursing – The Guide To The Handling Of Patients Introducing A Safer Handling Policy
- American Nurses Association – [www.nursingworld.org](http://www.nursingworld.org)