Safe Patient Handling and Mobility
Roles and Responsibilities for Long-Term Care Facilities

The Rationale
Establishing a Safe Patient Handling and Mobility Policy is as easy as putting pen to paper; however, getting out on the floor and having it become part of the everyday resident care culture is another event. In United Heartland’s Safe Patient Handling and Mobility Program (LC-1400), we provide the basic outline and criteria necessary to have the key elements in place for a successful program. The intent of this document is to help you provide the basic structure necessary to make that program effective and a reality. Your Loss Control representative is always available to you to assist you in your efforts to develop and implement the program.

Roles and Responsibilities
In order for any program to be effective, it must have top management support and the infrastructure in place before a policy can be implemented and effective. Items to consider:
1. Are there an adequate number and type of resident handling aids and mechanical lifts available for the resident census and physical layout?
2. Sufficient number of staff trainers and staffed trained in the use of the aids and equipment.
3. Staff trained and knowledgeable in the objective criteria established for resident assessment.
4. Administrator, Director of Nursing and Supervisor’s support.
5. Other high-risk tasks should also be evaluated as part of your injury-reduction efforts. Items to consider should include, but not be limited to:
   a. Bathing residents in bed.
   b. Making occupied beds.
   c. Dressing residents.
   d. Turning residents in bed.
   e. Long duration tasks.
   f. Cranking beds or working with residents at or near floor level.
   g. Other facility concerns i.e. laundry, use of crank industrial can openers, housekeeping, etc.

Management Responsibilities
1. Support the implementation of the policy.
2. Furnish sufficient lifting equipment/aids for the safe transfer and movement of residents.
3. Provide resources for the routine maintenance of transfer equipment.
4. Provide staffing levels sufficient to comply with the policy.
5. Provide the resources necessary to train/retrain caregivers in the policy and use of the equipment.
6. Encourage the reporting of all incidents of safe resident handling incidents.
7. Enforce the use of program elements.
8. Provide the resources to modify the work envelope, as the opportunities exist to reduce worker injury, i.e. remove the lip to a shower, which requires the need to lift, or transfer the resident when with the lip removed the resident could be wheeled right into the shower.

Supervisor Responsibilities
1. Oversee, enforce and support the implementation and use of the policy.
2. Oversee and ensure the inspection and routine maintenance of transfer equipment.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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3. Provide the resources necessary to train/retrain caregivers in the policy and use of the equipment.
4. Encourage the reporting of all incidents of safe resident handling incidents.
5. Complete a thorough accident investigation.
6. Investigate and development corrective action for work-related injuries, particularly those associated with assisting, repositioning and transferring of residents.

**Employee Responsibility**
1. Comply with all parameters of this policy.
2. To notify supervisors of any injury sustained while performing resident handling tasks.
3. To communicate to supervisors of mechanical lifting devices in need of repair.
4. To communicate to supervisors of changes in resident status affecting the caregivers ability to assist, reposition and transfer residents.
5. To communicate to supervisors opportunities to reduce stressors or tasks associated with high-risk activities associated with resident care, i.e. reduction in transfers, work heights, physical work envelope changes, etc.

**Maintenance**
1. To perform inspection and maintenance of transfer equipment, slings or lateral transfer devices, in a regular, timely fashion to ensure the safe operation and performance for caregiver and resident.
2. To perform emergency repairs immediately on transfer equipment, slings or lateral transfer devices

**Union**
To support and monitor program effectiveness in partnership with the administration.

**Program Implementation**
Gaining worker acceptance, support and commitment are the foundation of the program. Everyone needs to know that this is not just another “program of the week”; thus the support of senior management is crucial in program implementation. Commitment to the program ensures that the resources are provided for budget, materials and equipment, education and the development, implementation and program maintenance.

As with most programs the success is often tied to leadership. The responsibilities should include, but not be limited to:
1. Coordinating resources
2. Program implementation
3. Assessing organizational needs
4. Program assessment and development

Often this person will and should involve others within the committee. Included areas are typically:
1. Director of nursing
2. Employee health nurse
3. Occupational/physical therapy
4. Front line supervision and staff
5. Maintenance

Part of any program is the policy and procedural aspects. Many items need to be considered and identified as part of the development of a program. We have previously identified a means to evaluate residents and the level of transfer that
may be required; however, other considerations need to be taken into account that will impact the resident’s ability to be transferred. For example, besides the amount of time a resident can bear weight, you will also need to evaluate and consider the following:

1. What is the level of the resident’s cooperation?
2. What is the level of the resident’s comprehension?
3. Is the resident combative?
4. Are there applicable conditions likely to affect resident handling?
   a. Surgery
   b. Hip or knee replacements
   c. Amputations
   d. Paralysis
   e. Pressure ulcers
   f. Fractures
   g. Spasms
   h. History of falls
   i. Other

In addition to the key elements identified earlier, the following are additional aspects that need to be considered as part of the program:

1. Initial and ongoing resident assessments:
   a. Time frames for assessments.
   b. Persons responsible for completion.
   c. How to communicate the resident handling technique.
   d. What is the documentation process?

2. Communicating resident transfer needs:
   a. How is CNA or caregiver notified of changes?
   b. Bedside identification, care card, etc.
   c. Ability of caregiver to increase the level of mechanical aid use based on residents.

3. Establishing the handling techniques, equipment and aids that are and will be in use:
   a. Develop and assess the process to establish the need for equipment, type and need.
   b. Process of establishing vendors and suppliers.
   c. Provide for trial and use as part of equipment evaluation process.
   d. Equipment evaluation.
   e. Coordinate with the vendor/supplier for demonstration, use training, inspection and preventive maintenance details.

4. Employee orientation and ongoing training:
   a. Education and training on the Safe Patient Handling program.
   b. No assisting, repositioning or transferring will occur without training of the caregiver.
   c. Retraining requirements.
   d. Objective assessment criteria.
   e. Care plans and understanding bedside (or other i.e. care cards) transfer identification.
   f. Inspection, use and care of equipment.
g. Hands-on demonstration and return of resident. Training should also include the employee being transferred in the equipment that they use daily.

h. Body mechanics.

i. High risk tasks:
   i. Bathing residents in bed
   ii. Making occupied beds
   iii. Dressing residents
   iv. Turning residents in bed
   v. Long duration tasks.

j. Fall or floor transfers

5. Post injury and regular staff training.


7. Equipment inspection and maintenance:
   a. Identification of person(s) responsible for inspection.
   b. Provide a format and documentation for this the inspection and maintenance.
   c. Inventory and maintain records of equipment that needs to be included.
   d. Frequency of inspection.
   e. Equipment specific requirements i.e. cleaning, disinfecting, laundering of slings, lateral transfer devices, etc.

8. Other issues:
   a. Resident family objections.
   b. Environmental obstacles, i.e. small bathrooms, shower areas with lips, small doorways, multiple floors, etc.

9. Implementation
   a. Explain why the program is being implemented.
   b. Discuss program elements.
   c. Discuss expectations.
   d. Outline training and process.
   e. Establish launch date.
   f. Re-evaluate.

There are a number of resources available to assist you in the development and implementation of a safe patient handling program and policy. In addition to the program spelled out here please consider the following resources to assist you in program development. United Heartland’s Loss Control Department is always available to assist you in any aspect of program implementation.

**Additional Source Materials:**

- Centers for Medicare & Medicaid Services-Resident Assessment Instrument
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