Safe Patient/Resident Handling
Minimal Lift Policy

Purpose: This policy promotes safe patient/resident handling in all patient care areas. It describes the responsibilities of the employer, directors and employees.

Policy: Iroquois Memorial Hospital will ensure that its patients and residents are cared for safely, while maintaining a safe work environment for employees. It is important that health care professionals practice safe lifting, transporting and proper back care at all times. To achieve this, Iroquois Memorial Hospital and Resident Home has adopted a lifting policy for patient handling. The purpose of a lifting policy is to eliminate manual lifting of patients and residents in all but exceptional or life-threatening situations. Mechanical lifting devices are a key component in this effort.

To accomplish this, direct care workers in patient and resident care areas must assess high-risk patient handling tasks in advance to determine the safest way to accomplish them. Approved mechanical lifting equipment and patient handling aids should be made available to employees and be used by them to avoid the manual handling of patients and residents except when absolutely necessary (for example, in a medical emergency).

GENERAL DUTIES

Compliance: The Workers Compensation Act requires all employees to take reasonable care of their own health and safety, as well as that of their co-workers and patients, by following this policy during patient handling activities. Non-compliance will indicate a need for retraining and possible disciplinary action.

Training: Employees will complete training initially, annually, and as required to correct unsafe work practices and ensure that they understand safe patient handling procedures. The Education Department will maintain training records for all employees.
Mechanical Lifting Equipment and Patient/Resident Handling Aids

Directors will ensure that:
- Minimal Lift Champions (MLC’s) are assigned for each shift on their units
- All staff utilize proper body mechanics and lifting techniques.
- Employees have sufficient access to appropriate mechanical lifting equipment and patient/resident handling aids and the education to use the devices.
- Staff is assigned each shift to ensure the lift devices are accounted for and in working order. (Batteries being charged, slings available, mechanical lifts operating, cable is plugged in, etc.)
- Mechanical lifting equipment and patient/resident handling aids are inspected and maintained regularly to keep the equipment in good working condition.

Directors and employees will ensure that mechanical lifting equipment and patient/resident handling aids are stored conveniently and safely.

Reporting Injuries: Employees must report all injuries resulting from work activities. The Employee Injury/Exposure to Blood and Body Fluid Form is to be used to document all injuries.

DELEGATION OF AUTHORITY AND RESPONSIBILITY:

Administration shall:
- Furnish sufficient lifting equipment and lifting aids to allow staff to use them when needed for safe/patient handling and movement.
- Furnish storage locations for lift equipment and lifting aids.

Directors shall:
- Ensure the staff complies with the Minimal Lift Program and Policies
- Ensure that patient/resident handling tasks are assessed as soon as a patient/resident arrives on the unit and updated periodically or when there is a change in the functional abilities of a patient or resident.
- Ensure that patient/resident handling tasks are assessed before transfers, lifting, and repositioning, and that these tasks are completed safely, using approved mechanical lifting equipment and patient/resident handling aids and appropriate techniques where necessary.
- Each patient’s lift assessment is understood by staff.
- Ensure that mechanical lifting equipment and patient/resident holding aids are available, maintained regularly, in proper working order and stored conveniently and safely.
• Ensure that employees complete initial and ongoing training, as well as any training required if employees demonstrate non-compliance with this safe patient/resident handling policy.
• Assist Occupational Health in the investigation of all incidents in which injuries result from patient or resident handling tasks.

Employees will:
• Comply with this policy.
• Assess patients or residents before conducting patient handling tasks; when necessary.
• Use approved mechanical lifting equipment and patient/resident handling aids when moving/lifting/transferring patients and residents.
• Apply proper body mechanics when using lift devices and all non-patient care lifts (Ex: Lifting a box from the table or floor).
• Notify their director of mechanical lifting equipment or patient/resident handling aids in need of repair.
• Notify their director of any injury sustained while performing patient/resident handling tasks.

METHODS OF COMPLIANCE

Training:  All patient care service departments will receive initial training on patient/resident transfer techniques upon hire and during New Employee Orientation. Employees shall also receive re-training whenever necessary. The training will emphasize:

• Resident Transfer Criteria
• Types of Approved Patient/Resident Transfers
• Types of Non-approved Patient/Resident Transfers
• Gait Belt Transfer Techniques
• Mechanical Lift Uses and Transfer Techniques

All employees shall sign a training record to acknowledge that they received Patient/Resident Transfer Training and that they understood the contents of the training provided.

ACCOUNTABILITY

The Environment of Care Committee is responsible for:
• Directing compliance with this policy
• Reviewing this policy when changes are indicated
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The Occupational Health and Wellness Committee is responsible for:
- Reviewing all lift type injuries
- Reviewing lift procedures that are a breach of policy
- Reporting to the Environment of Care Committee

The Education Director is responsible for:
- Conducting employee training
  - The Patient/Resident Transfer Evaluation Process, to be done by an RN or LPN
  - Documenting and communication of findings
- Obtaining signatures on the training record, from all employees.

The Nurses are responsible for:
- Enforcing the policy
- Completing initial and ongoing training, as well as, any training required if employees demonstrate non-compliance with this safe patient/resident handling policy
- Evaluating patients/residents for transfer ability
  - Re-evaluations may be necessary as the patient’s condition improves/declines
- Observing patient/resident transfers done by Nursing Assistants to see that the use of gait belts/mechanical lifts/patient handling equipment and techniques are in accordance with this policy.
- Completing the documentation
- Transfer Re-evaluations as the patient’s condition improves or declines
- Communicate findings/changes to the caregivers
  - Throughout the work shift
  - At shift change

The Nursing Assistants are responsible for:
- Following the directions provided by The Patient/Resident Transfer Evaluation
  - Nursing Assistants may choose to use more help than The Patient/Resident Transfer Evaluation indicates, NEVER less.
- Communicating changes in patient/resident condition/ability to transfer to the Charge Nurse.
- Using gait belts/mechanical lifts/patient handle aids/transfer techniques in accordance with this policy.

All patient Care Services Department Employees are responsible for:
- Attending required training.
PATIENT/RESIDENT CRITERIA

A Gait Belt is Required When:
- The Patient/Resident needs Staff “Hands On” help to:
  - Stand
  - Transfer
  - Ambulate
- The Patient/Resident Requires Staff Help for:
  - Support
  - Balance

Criteria for Standing, One Healthcare Worker using a Gait Belt for Assisted Patient/Resident Transfers
- The Patient/Resident must:
  - Be predictable and cooperative
  - Be able to follow simple directions
  - Be motivated to maintain ability to transfer as independently as possible
  - Have a history of being able to bear weight well during transfers
  - Need minimal (up to 25 pounds) assistance

- Two Healthcare Workers to Assist Using a Gait Belt
- Patient/Resident must:
  - Be predictable and cooperative
  - Be able to follow simple directions
  - Be motivated to maintain ability to transfer as independently as possible
  - Have a history of being able:
    - to bear weight on at least one leg well OR
    - be able to bear weight moderately well on both legs (up to 50 pounds, 25 pounds per worker)

Mechanically Assisted Patient/Resident Transfers, requiring two or more healthcare workers, are for:
- Heavy Patient/Residents
- Non-weight bearing Patients/Residents
- Difficult to move Patients/ Residents
- Patient/Resident exhibiting combative behavior

VERA-LIFT Sit to Stand Transfers
- Back Belt Single Strap connection to VERA-LIFT
- Patient/Resident Must Be:
- Cooperative and able to follow simple directions
- Able to put both feet on the base of the VERA-LIFT and bear some weight
- Able to hold onto hand grips with both hands
- Able to lean back into the lifting belt at least slightly

- **Back Belt Crossed Strap Connection to VERA-LIFT with Knee Strap Fastened must be used if the Patient/Resident has:**
  - A history of knees not holding his/her weight
  - The ability to hold one or both hand grips
  - A history of occasional unpredictable behavior without combativeness (ex. Residents with dementia)

Patients/Resident whose behavior during transfers is often unpredictable or combative during transfers must be transferred with the VANDER-LIFT.

**To do a VERA-LIFT seated Transfer the Patient/Resident must:**
- Be able to sit erect
- Have no medical conditions that could be aggravated by putting pressure on the knees

**VANDER-LIFT Transfers**

- **Must be used to transfer patients/residents who:**
  - Require more than 50# of assistance AND
  - Are non-weight bearing and have contraindications to putting pressure on knees OR
  - Are uncomfortable using the VERA-LIFT sitting sling OR
  - Have fallen to the floor or onto their knees
  - Require an abduction pillow or regular pillow between knees during transfers
  - Are on a floor mattress (Use to transfer to and from mattress)

Patients/Residents with Fractures may use the VANDER-LIFT as long as the resident’s medical condition won’t be aggravated by the lifting procedure. May need to use the Supine Sling.

**SLIPP Transfers**

- From bed to bed
- From bed to cart
- From cart to bed
- From cart to cart

The patient/resident must be supine or prone.
HOVERMATT Transfers

- From bed to bed
- From bed to cart
- From cart to bed
- From cart to cart
- Repositioning up or down when the patient/resident is in bed or on a cart
- Repositioning from side to side when the patient/resident is in bed or on a cart
- Roll the patient onto one side.

The patient/resident must be supine or prone.
Must have access to an electrical source.

HOYER LIFT Transfers

- From bed to bed
- From cart to bed and vice versa
- From bed to chair, commode, etc. and vice versa

The patient resident must be able to tolerate sitting.
The Hoyer Lift is not able to lift from the floor.

Patients/Residents who are on the floor, have fallen/slid to the floor or are kneeling on the floor must be assessed for injury by the nurse prior to the staff assisting the patient/resident off the floor. When no injuries are found that would be aggravated by the lifting procedure:

- Residents who are able to get up/stand unassisted should be allowed to do so without staff “hands on” assistance (staff may demonstrate or cue patient/resident)
- Residents who require staff assistance to get up/stand:
  - MUST BE LIFTED USING A VANDER-LIFT ONLY. (Gait belt and VERA-LIFT transfers are NEVER acceptable from knee/floor height.)
- If the patient/resident is kneeling and cannot stand without assistance:
  - Assist the patient/resident to a seated position on the floor
  - Straighten the patient/resident’s legs in front of him/her
  - Assist the patient/resident to a lying position
  - Lift the patient/resident using the VANDER-LIFT

Combative Resident Transfers

Patient/Residents exhibiting combative behavior should not be transferred while being combative:
Safe Patient/Resident Handling, No Lift Policy con’t

- Delay transfers for patient/residents exhibiting combative behaviors unless:
  - A delay puts the patient/resident or others at risk of probable injury OR
  - Patient/resident frequently exhibits combative behavior during transfers and a delay would not eliminate the behavior.
  - Sufficient staff members MUST be present to control the resident’s behavior to prevent injury to the resident or to the staff

Transfers Into and Out of Vehicles

Patients/Residents who are transferred by one or two Nursing Assistants and a gait belt:

- May be transferred into and out of a vehicle as long as:
  - The patient/resident is able to take a few steps backwards AND
  - There is sufficient room for the required number of staff to perform the transfer

When there is not enough room for two healthcare workers to safely perform a gait belt transfer into or out of a vehicle, the VERA-LIFT with a sitting sling of the VANDER-LIFT must be used in order for the staff to transfer the resident.

Patients/Residents who are transferred by a VERA-LIFT must be transferred into and out of a vehicle using the sitting sling:

- If there is not sufficient room to maneuver the lift, the resident may only be transferred by:
  - VANDER-LIFT or
  - Transported by wheelchair accessible vehicle

Patients/Residents who are transferred by the use of a VANDER-LIFT must be transferred into and out of a vehicle using the VANDER-LIFT.

- If there is not sufficient room to maneuver the lift, the patient/resident may not be transferred by facility staff. The patient/resident may be transported by wheelchair accessible vehicle or ambulance.
### UNACCEPTABLE PATIENT/RESIDENT TRANSFERS

The Following Patient/Resident Transfer Techniques are Unacceptable

<table>
<thead>
<tr>
<th>Type of Transfer</th>
<th>Hazards for Staff</th>
<th>Hazards for Patient/Residents</th>
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<tbody>
<tr>
<td><strong>Under Arm</strong></td>
<td>Increases the risk of one-sided injury of neck, shoulder, arm, back and hip; (strain/sprains, muscle, tendon and ligament tears on the side of the body the HCW is lifting with. Increase chance of permanently disabling disc injury, rib injuries, injuries caused by combative residents. Increased chance of developing “tennis elbow”. Increases the chance of a fall, often when the weight is above 25 pounds per staff member.</td>
<td>Increases the chance of:</td>
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<td>• Muscle, tendon, ligament tears</td>
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<td>• Dislocation of shoulder</td>
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<td>• Torn arteries and/or veins</td>
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<td>• Rib fractures</td>
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<td>• Being dropped</td>
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<td><strong>Arm/Leg</strong></td>
<td>Increases the risk of one sided injury of the neck, shoulder, arm, back, hip on the side of the body supporting the patient’s/resident’s legs; increased risk of permanently disabling disc injury, increased risk of injury from combative patient/resident, often causing a weight increase of 25 pounds or more per staff member.</td>
<td>Increased chance of shoulder injury (depending on technique staff members use to support the patient’s/resident’s back), Increased chance of being dropped.</td>
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<td>(Draw Sheet*, Towel, Sling Transfers)</td>
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<td><strong>Around the Body</strong></td>
<td>Increase chance of neck, shoulder, upper back, lower back injury because patient/resident will usually hold onto staff member around the neck/shoulder, increasing the chance of permanent disability, increased risk of injury from combative patient/resident, often causing a weight increase of 25 pounds or more per staff member.</td>
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When in doubt about how to transfer a patient/resident safely, contact the nurses trained to do transfer evaluations or your director/house supervisor.

- **NOTE:** The draw sheet will be permitted for use with the SLIPP. Follow the SLIPP directions closely. The draw sheet is used for sliding the patient/resident, not lifting, when using the SLIPP.
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