

# Safe Patient and Resident Handling

## 1. Introduction

### 1.1. Purpose

Exposure to Musculoskeletal Injury (MSI) associated with patient and resident handling is a significant risk factor for health care providers. Providence Health Care (PHC) is committed to minimizing the risk of injury during patient and resident handling and ensuring that safe patient and resident handling is integrated into daily clinical practice.

### 1.2. Scope

This policy applies to all PHC [Staff](#) and all patients and residents admitted or residing in a PHC facility or care home.

### 1.3. Exceptions

Manual lifting of patients or residents may only occur in the following circumstances:

- A medical emergency where there would be detrimental patient or resident outcomes if they are not moved immediately; or
- Where the use of a mechanical lift is clinically contraindicated.

## 2. Policy

A [Patient Handling Device](#) and accompany sling must be used to lift patients or residents at all PHC sites unless the patient or resident has been assessed as having demonstrated consistent ability to move and transfer in a less supported manner. A point of care risk assessment by the staff member must be completed prior to any patient or resident transfer or use of handling device (see [Mobility Decision Support Tool: Appendix B](#) and [Point of Care Risk Assessment: Appendix D](#) )

Patients and residents are not to be lifted manually, unless the situation is an exceptional circumstance as described in 1.3. Ceiling lifts and other mechanical devices are the optimal control measure and first choice for MSI prevention.

Soaker Pads (incontinence pads) must never be used for bed repositioning.

Specific [Safe Patient Handling](#) Techniques can be found on PHC Connect. For additional safety-related resources refer to [My SAFETY at Work](#) on PHC Connect.

## 3. Responsibilities

### 3.1. Managers/Leaders

Managers and Leaders are expected to implement and oversee compliance with this policy.

### 3.2. Staff

All staff are expected to comply with this policy and to take responsibility for their own, their co-workers and patient or resident's health and safety during patient handling activities and to implement procedures specific to their health service delivery area.

Direct care staff will perform a [Point of Care Risk Assessment](#) with all patients and residents before and during care, to determine the safest and most appropriate way to transfer, reposition and provide care.

## 4. Compliance

Managers/Leaders will monitor compliance with this policy at the Program level. Where the policy is not followed, disciplinary consequences will commence with a written warning. Further violations of this policy will be subject to additional actions, up to and including termination of employment.

## 5. Supporting Documents

### 5.1. Guidelines/Procedures/Forms

PHC MSIP intranet page <http://phc-connect/programs/msip/Pages/default.aspx>

## 6. Definitions

**"Patient or Resident handling"** means lifting, lowering, holding, turning, pushing or pulling of patients or residents (or tenants) while assisting them with activities of daily living, transferring and repositioning.

**"Clinical Contraindications"** means a specific situation in which a mechanical lift should not be used because it may be harmful to the patient.

**"Lift"** means any procedure during which the entire or a large part of the weight of the client is lifted or carried against gravity to move from one surface to another.

**"Musculoskeletal injury (MSI)"** means an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissues including a sprain, strain and inflammation, that may be caused or aggravated by work.

**"Patient Handling Device"** includes both mechanical devices and non-mechanical aids. Mechanical devices include ceiling lifts, floor lifts, and sit-stand lifts. Examples of non-mechanical aids include slider sheets, transfer boards, bed ladders, grab bars and triangle trapeze handles.

**"Reposition"** means the movement of a patient or resident on the same surface.

**“Staff”** means all employees (including management and leadership), medical staff (including physicians, midwives, dentists, and nurses), residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHC.

**“Transfer”** means the movement of a patient or resident from one surface to another (i.e. from a bed to a wheelchair, chair or stretcher). This does not require lifting the entire or a large part of the patient or resident’s weight. During a transfer the patient or resident must be able to bear all or a large part of their weight.

## 7. References

Handle With Care: Patient Handling and the Application of Ergonomic (MSI) Requirements, WorkSafeBC (2006).

High-Risk Manual Handling of Patients in HealthCare, WorkSafeBC (2006).

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Nelson, A., Harwood, K., Tracey, C., and Dunn, K. (2008). Myths and facts about safe patient handling in rehabilitation. *Rehabilitation Nursing*, 33 (1), 10-17.

Occupational Health and Safety Regulation for Ergonomics (Section 4.46 - 4.53), WorkSafeBC.

Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53-58.

WorkSafeBC. Preventing Musculoskeletal Injury (MSI): A Guide for Employers and Joint Committees. February 2010.

Provincial Safe Resident handling Standards for Musculoskeletal Injury Prevention in British Columbia. Developed by the Provincial Residential Care Musculoskeletal Injury Prevention Team.

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