

Appendix A: Sample Terms of Reference- Safe Client Handling Multidisciplinary Committee

Goals:

- 1) To support the organization's goal of increased staff and client safety
- 2) To provide the best quality of care to clients while assisting them with positioning and mobility needs
- 3) To reduce the number and severity of staff incidents/accidents related to client handling

Purposes of the Committee:

- 1) To conduct a risk assessment associated with the caregiver, client, environment, equipment and organization.
- 2) To develop policies and procedures related to safe client handling
- 3) To identify desired outcomes based on policies, procedures and best practice
- 4) To participate in the development of equipment selection criteria for client handling equipment and participate in the selection of the equipment.
- 5) To assess learning needs of clinical staff related to safe client handling
- 6) To develop a training program for clinical staff based on the learning-needs assessment and desired outcomes
- 7) To coordinate the implementation of the training program for clinical staff
- 8) To conduct an evaluation of the training program based on the desired outcomes
- 9) To develop an ongoing training program for staff education annually

Accountability:

The Committee is accountable to the senior team through the Client Handling Program Leader. The Committee provides timely progress reports to the senior team, the Joint Occupational Health and Safety Committee, and other committees deemed appropriate by the organization (e.g., Quality Practice Committee).

Membership:

- Senior management
- Client Handling Program Leader
- Managers/supervisors
- Front-line staff
- JHSC
- Physiotherapy and/or Occupational Therapy
- Communications/PR support
- Educational/clinician
- Environmental/plant maintenance
- Union representation
- Purchasing/financial support

Quorum: A majority of members

Agenda and Minutes:

- 1) An agenda will be circulated prior to each meeting of the committee.
- 2) Minutes of the meetings will be distributed to member following each meeting

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Appendix B: Incident/Accident Analysis Collection Tool

Date & Time	Client Handling Activity				Claim Type				Days Lost	Claim Cost	Body Part	Contributing Factor (see legend)	Yr. on Job	Age	Gender	Other Factors
	Non-Wt Bearing		Wt Bearing	Same Surface	First Aid	Med. Aid	Lost Time	Hazard								
	Lift	Lateral Slide	Transfer	Reposition												

Contributing Factor Legend

- 1. People
- 2. Equipment
- 3. Materials
- 4. Environment
- 5. Process

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Appendix C – Incident/Accident Organizational Summary Tool

Year: _____

Dept/ Unit	Type of Client Handling Activity				Incident/Accident Type				Totals			Rating Highest to Lowest**
	Transfer	Lift	Lateral Slide	Reposition	First Aid	Medical Aid	Lost Time	Total Claim Costs	Total Incident/ Accidents	Total Days Lost	Total Claims Cost* \$\$	
Organization TOTAL:												

* From WSIB Claims Cost Statement
 ** Organization’s preference for ranking may be based on total number of incidents, total days lost or total claims cost

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Appendix D: Part 1-Individual Client Mobility Needs Assessment Tool

Unit/Department:							Date:									
Assessment Completed by:							Number of Clients Assessed:									
Client Name/Location	Independent	<u>Non-Weight Bearing Procedures</u>				<u>Weight Bearing Procedures</u>			<u>Reposition</u>			<u>Potential Barriers</u> (check if applicable)				
	Use Checkmark ✓	Lift (Insert # of lifts) and/or Lateral Slide (Insert # of lateral slides)	Transfer (Insert # of transfers)	(Insert # of repositions)	One Person	Two People	Device (Name)	Bed	Wheel chair	Device Name	1	2	3	4	5	Other
Mr. A	Days															
	Afternoons															
	Nights															
Mr. B	Days															
	Afternoons															
	Nights															
Mr. C	Days															
	Afternoons															
	Nights															
Mr. D	Days															
	Afternoons															
	Nights															

a. Manual - the entire weight of the client is lifted by workers.
 b. Mechanical -the entire weight of the client is lifted by a device.

Legend for Potential Barriers

1. environmental (i.e. room size, compatibility between furniture and a lift)
2. client resistance
3. family resistance
4. required equipment unavailable
5. known aggressive behaviour

Other- note any other barriers that impact on the safe handling of client

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Appendix E - Unit/departmental Client Mobility Assessment Summary Tool

Unit/Department:			
Date:			
Assessment Completed by:			
Number of Clients Assessed:			
Lifts and Lateral Slides (Non-Weight Bearing)	Days	Afternoons	Nights
Total number of manual lifts ^a			
Total number of mechanical lifts ^b			
Total number of lateral slides			
<i>Specify the names of the device and the frequency of use</i>			
Transfers (Weight Bearing)	Days	Afternoons	Nights
Total number of one-person transfers			
Total number of two-person transfers			
<i>Specify the types of transfer devices being used and their frequency</i>			
Repositioning	Days	Afternoons	Nights
Total number of bed repositions			
Total number of wheelchair repositions			
<i>Specify the types and frequency of use of repositioning devices</i>			
Potential Barriers	Provide explanation		
Specify the Environmental barriers			
Specify the Client/Family Resistance barriers			
Specify the Equipment barriers			
Specify the Aggressive barriers			
Specify other barriers			

- a. Manual - the entire weight of the client is lifted by workers.
 b. Mechanical - the entire weight of the client is lifted by a device.

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Appendix F: Equipment Assessment Tool

Unit /department:		Date:		
Assessment Completed by:				
Equipment	Name	Quantity	Comments	
Reposition	Repositioning/Turning Sheet			
	Anti-slip reposition sheets-chair			
	Other			
Transfer (Weight bearing)	Transfer board			
	Transfer belts (various sizes)			
	Patient handling sling			
	Transfer disc			
	Sit stand device			
	Sit stand device slings			
	Patient turner			
	Glider board			
	Transfer pole			
	Other			
Lift (Non-weight bearing)	Portable mechanical lift			
	Portable mechanical lift -Bariatric			
	Ceiling mechanical lift <ul style="list-style-type: none"> • fixed motor • portable motor 			
	Ceiling mechanical lift-Bariatric <ul style="list-style-type: none"> • fixed motor • portable motor 			
	Shower/Bath Lift			
	Slings			
	Other			
Lateral Slide (Non-weight bearing and reclined)	Slider board			
	Slider sheet			
	Roller board			
	Lateral transfer air mattress technology			
	Mechanized/powerd platform devices			
	Bariatric technologies			
	Other			
General & Speciality Equipment	Grab Bars			
Survey questions		Yes	No	Comments
Does the lifting equipment or comply with the CSA Standard Z10535-03?				
Are there proper slings (size, type) available to suit the clients?				
Are the batteries of the powered lifting devices maintained and changed regularly?				
Is the electrical equipment easy to charge or easy to change the battery?				
Are the slings only used on the equipment it was designed for?				
Do hooks and clasps secure reliably?				
Do casters suit the floor surfaces?				

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Are lifts easy to manoeuvre?			
Are operating controls user friendly?			
Are lifts regularly maintained?			
Do staff routinely use the equipment?			
Have staff had proper training on the use of the devices?			
Are there annual, mandatory training sessions for all staff on the devices?			

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Appendix G: Environmental Assessment Tool

Unit/department:	Date:		
Assessment Completed by:			
Bedroom	Yes	No	Explanation
Is there enough space around all three side of the bed to work?			
Can staff work from either side of the bed?			
Will portable mechanical lift equipment fit underneath the bed?			
Is there an unobstructed path for the portable lift or sit stand device to travel?			
Do the portable mechanical lifts or sit stand devices move through doorway thresholds easily?			
Is the positioning of the lift or sit stand device clear from monitors, IVs etc.?			
Where required, is their adequate space to accommodate bariatric equipment?			
Is the ceiling height and the integrity building structure suitable for ceiling lift system?			
For ceiling lifts, is their suitable space for docking the lift with a safe and suitable electrical power source?			
For ceiling lifts, is the track appropriate with respect to the bed(s)?			
Bathroom	Yes	No	Explanation
Can a mechanical lift be used in the bathroom?			
Is a commode used in the bathroom if a mechanical lift cannot be used?			
Is the weight capacity of the commode appropriate for the client i.e. bariatric commode?			
Is there space on either side of the toilet for a worker?			
Are grab bars situated and designed such that they do not interfere with equipment or workers?			
Tub/shower room	Yes	No	Explanation
Can a mechanical lift be used in the tub/shower rooms?			
Is the flooring slip resistant?			
Can mobile, independent residents transfer easily in to the tub?			
Are clients secure while they are being transported to the tub room?			
Are clients secure while in the tub?			
Equipment Storage	Yes	No	Explanation
Is there designated storage space for the lifts and client handling equipment that is not in the hallway?			
For lifts with removable rechargeable batteries, are batteries stored in a designated and controlled area?			
For lifts being plugged in to recharge, is the recharging zone free from blocking emergency egress?			
Are slings stored in a convenient and accessible location for employee?			

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Appendix H: Organizational Culture Assessment Tool

Unit/department:			
Date:			
Assessment Completed by:			
Issue	YES	NO	Explanation
Are you aware of documented policies and procedures on client handling?			
Have you been trained on the client handling policies and procedures?			
Do you understand your policies and procedures on client handling?			
Do all staff follow the safe client handling or minimal lift policy? If not why?			
Do supervisors/managers enforce the client handling policy and ensure staff follow safe client handling policy and practices?			
Do staff report client handling hazards, incidents and accidents promptly to the supervisors?			
Do supervisors/managers promptly investigate client handling hazards, incidents and accidents and implement timely corrective actions?			
Have you received hands-on practical training on client repositioning, transfer, lifts or any other appropriate procedures?			
Is there sufficient staff and time to carry out transfers, lifts and/ or repositioning procedures?			
Have you received formal instruction and demonstration on use of assistive devices, transfer and lifting equipment on your unit?			
Do you receive at least annual re-training in your client handling programs that includes policy/procedure review, practical hands-on client handling and equipment specific training?			
Do you feel comfortable using all the client handling equipment on your unit? If not, which ones are you not comfortable with?			
Do two staff participate in the operation of client mechanical devices i.e. lift, sit-stand device?			
If casual and/or agency staff work in your facility are they trained in the use of client handling equipment, policies and procedures?			
Is there sufficient equipment for lifting, transferring and repositioning?			
Do you have sufficient time to use lift, transfer or repositioning equipment?			
Is equipment stored properly and not left in hallways?			
Are there issues with defective, broken or un-serviced client handling equipment or beds that impact your use of the equipment and client handling tasks?			
Is the battery charging procedures for equipment followed?			
Do clients and their families co-operate with decisions around client handling?			
Have you been trained in initial client mobility assessments and do you complete these assessments?			
Are initial client mobility assessment conducted on new clients within 24 hours of admission?			
Do you know how to conduct a client mobility review?			
Do you conduct a client mobility review prior to moving a client?			
Do staff conduct and document inspections of equipment and slings prior to use?			
Do staff prepare for transfers, lifts and repositioning by <ul style="list-style-type: none"> • Reviewing the client profile • Speaking with the client • Adjusting the height of the bed or equipment • Preparing the environment • Readying themselves • Coordinating the effort with their partner 			

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Community Care Specific Issues			
Are there issues with funding for equipment?			
Are there issues with preventative maintenance of equipment and maintenance of documents?			
Does the Client Service Agreement have language that supports a safe handling of clients program?			
Does the issue of client directed care pose any potential barriers?			
Does the client's home pose any environmental barriers?			
Do the Community Care Access Centres provide you with accurate client mobility information?			

Appendix I – Departmental Summary of Client Handling Needs

Unit/Department:		Date:	
Assessment completed by:			
Client Mobility Summary			
Client	Days	Evenings	Nights
Transfers			
Lifts (mechanical)			
Lifts (manual)			
Lateral slide/transfer			
Repositioning			
Independent			
Other barriers			
List of Client Handling Equipment and Devices			
Mechanical Lifts		Assistive Devices	
Identified Equipment Needs			
Mechanical Lifts		Assistive Devices	
Identified Environmental Barriers			
Environmental Barriers		Recommended Action	
Identified Organizational Barriers			
Organization Barriers		Recommended Action	

Appendix J – Guideline for Minimal Lift (Client Handling) Policy and Procedure Development (under review)

Organization Name

Departmental policy identifier:

(Indicate which department is responsible for this policy and any numeric identifier that is used)

Subject: Minimal Lift Policy (Client Handling Policy)

Date approved:

Approved by: (Senior management)

Date reviewed:

Commitment Statement

This organization is committed to providing a safe and healthy working environment for all staff and clients. Our organization will demonstrate its commitment by providing financial, physical and human resources to ensure that mechanical lifts are used for the lifting of the total body weight of the client, that lateral slide procedures and devices are used for non-weight bearing clients who require moving horizontally from one surface to another, and that assistive devices are used where appropriate for client transfers and repositioning.

This policy applies to day-to-day client handling activities. Unique client needs, unusual occurrences or emergencies will be addressed in other policies (e.g., emergency response) or by the management team. The organization is committed to annually reviewing and evaluating the program in consultation with the JHSC and stakeholders.

Goals

- Decrease the physical demands of client handling tasks
- Decrease the risk of musculoskeletal disorders associated with client handling tasks
- Promote and support the health and safety of all clients and employees
- Provide equipment, resources and effective training

Objectives (ensure objectives are measurable)

- Promote and ensure the consistent application of safe client lift, transfer and repositioning techniques
- Ensure all clients are assessed for their mobility status
- Ensure all caregivers continually review all risk factors related to client mobility
- Promote the use of mechanical client lift devices and transfer aids
- Ensure caregivers have the appropriate training and skills with respect to client mobility assessment, client handling techniques and use of all available assistive or mechanical devices

Definitions

Lift: A procedure used to support and carry the entire weight of a person from one surface to another. A lift is used to move a client who is physically unable to weight-bear through his/her arms or legs, and/or is mentally unable to co-operate in the procedure. A lift may be accomplished manually by at least two caregivers or mechanically using a lifting device.

Lateral Slide (or Transfer): A procedure used to move a reclined client from one flat surface horizontally to another flat surface. The client is unable to weight-bear through their arms or legs and/or is mentally unable to co-operate with the procedure. The client may not be able and/or permitted to sit or use a mechanical lifting device. Friction-reducing sliding devices such as slider sheets, slider boards, air mattress technologies, mechanized or powered platform devices should be used when appropriate.

Note: This procedure is sometimes referred to as a *lateral transfer*". However, by definition, the term "transfer" implies that the client is weight-bearing and this is typically a non-weight-bearing procedure. The term *lateral slide* is preferred.

Transfer: A procedure used to assist a client to move from one surface to another. The client must be able to weight-bear through at least one leg or both arms, and mentally able to co-operate and follow instructions. Assistive devices, such as a transfer belt, transfer board, transfer disk or sit-stand equipment should be used when appropriate.

Repositioning: A procedure used to move a client to a new position on the same surface such as up in bed or in a chair. The client may or may not assist in the procedure. Friction-reducing devices such as repositioning sheets should be used when appropriate.

Manual Handling: The lifting, transferring or repositioning of a client without the use of an assistive device (e.g., mechanical lift, transfer belt).

Roles and Responsibilities of Workplace Parties

All workplace parties are required to comply with the outlined policy and procedures.

Employer

- Enforce the policy, procedures and program
- Provide equipment, necessary resources and initial and ongoing staff training
- Maintain the Safe Handling of Clients Program through Continuous Quality Improvement
- Annually evaluate and update the program
- Take every reasonable precaution for the protection of the worker and client

Supervisors

- Enforce program through regular monitoring strategies
- Conduct accident/incident investigations
- Report all findings of investigations senior management
- Ensure all staff are trained in the use of client handling equipment
- Maintain training records
- Ensure all new staff receive general and site-specific orientation to the policy and program
- Maintain equipment assigned to their department
- Conduct pre-start-up inspections of equipment
- Include the auditing of worker practice in the planned inspections and report on findings to senior management
- Ensure that all new clients have a mobility assessment within 24 hours of admission and determine lift/transfer/repositioning technique and equipment

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- Ensure appropriate technique is communicated in client's care plan
- Take every reasonable precaution for the protection of the worker and client

Workers

- Comply with policy and procedures at all times
- Participate in regular training as established by the organization
- Adhere to the designated lift/transfer status as identified on each client's care plan
- Report any unsafe acts, hazards, equipment problems, change in client mobility status or any other untoward issue immediately to the supervisor or delegate
- Report any incidents, accidents and near misses to the supervisor immediately and co-operate in the investigation as required by management

Joint Health and Safety Committee

- Review incident/accident data related to client handling
- Inspect client handling activities as part of the monthly workplace inspection process
- Review policy and program annually
- Make recommendations in writing to management

Procedures

Client Assessments

- Upon admission or within 24 hours, the Team Leader or the assigned nurse completes and documents her assessment using the Client Mobility Assessment form.
- Each client must have a completed Client Mobility Assessment form on their chart.
- A client-handling technique will be identified for each client on their plan of care.
- The assigned caregiver can carry out client handling techniques that are different than those identified on the care plan only if it entails upgrading the amount of assistance. This must then be immediately followed by a request for an updated assessment.
- Any downgrading of assistance can only be approved after a formal client mobility assessment.
- The Client Mobility Assessment will be reviewed and updated as required.

Communication

- Staff completing client assessments will communicate the details of the assessment in the client profile/care plan. This will include the selected client handling technique, the amount of staff assistance required, the equipment and devices required and any other pertinent information.
- Areas where a client handling logo system is approved may use logo cards depicting the appropriate client handling technique.
- Where appropriate, staff will communicate client handling findings verbally to other caregivers (e.g., during shift change or client rounds).

Client Handling Techniques and Equipment

- Staff performing client handling must be trained and are required to follow the standard procedures outlined by the facility for client transfer, lateral slide, lift and repositioning or other procedures to ensure safe and consistent performance of client handling techniques
- Staff using client handling equipment must be trained and are required to use the equipment as outlined in standard operating procedures and the manufacturers' guidelines.

Training

- Mandatory orientation training will be provided to all new staff required to perform client handling activities and this will include: musculoskeletal disorder awareness and prevention, written policy and procedures and compliance expectations, client handling assessment, communication and documentation, practical training in accepted client handling techniques and the use of equipment and devices. Staff will also be trained in site specific-client issues and equipment.
- Mandatory ongoing review training will be provided to all staff at least annually.
- Records of training will be documented and maintained by Human Resources, with copies to each manager.

Pre-use Inspection of Equipment by Staff

- A designated shift is responsible to change the batteries on a daily basis and place in battery charger.
- Any unsafe equipment and/or sling shall be removed from service and labelled immediately, and a maintenance request form forwarded to the maintenance department.
- Nursing staff are responsible for inspecting the slings and reporting wear and tear to the charge nurse. A form should be completed and forwarded to the designated authority.
- A designated shift is responsible for assessing the inventory of slings on the unit.
- All staff are responsible for ensuring that the mechanical lift equipment is in proper working condition. Concerns are to be addressed to the designated authority.
- Equipment is to be checked at each shift and the checklist log maintained.

Preventive Maintenance of Equipment

- Environmental Services will oversee the equipment preventive maintenance program.
- All equipment will be maintained in safe operating condition.
- Orders for and completion of preventive maintenance programs on all mechanical client lift equipment will be carried out as recommended by the manufacturers.
- Complete and accurate documentation of preventive maintenance will be maintained as per preventive maintenance policy and procedure.

Infection Control and Cleaning

- Housekeeping is responsible for disinfecting the mechanical lifts and devices on a daily basis. Also refer to manufacturers' guidelines.
- All slings shall be laundered as per manufacturers' guidelines and the schedule established by infection control.
- Any soiled slings shall be removed from service until laundered.
- Client handling lifts and devices being used in rooms identified with isolation precautions must be disinfected by housekeeping as per facility policy and procedure prior to removing the equipment from the room.

Reporting and Investigation Hazards, Accident and Incidents

- All staff are required to report client handling hazards, accidents and incidents promptly to their supervisor for follow-up, investigation to determine root cause of the event, and implementation of appropriate corrective actions.
- The hazard, accident or incident will be reported on the appropriate reporting and

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investigation forms.

- Supervisors will ensure that the reports and investigation documents are completed within the required reporting timelines and submitted to the administrator.
- Summary of client handling hazards, accidents and incidents is to be reviewed by the client handling committee and JHSC.

Purchasing of Equipment and Devices

- Purchasing Services will oversee the purchase of client handling equipment and devices, once the purchase has been approved by management.
- The type of equipment to be purchased will be based on the client handling program needs assessment and re-assessment.
- Purchasing will consult vendors and suppliers and arrange unit-specific trials with end-users.
- Equipment will be evaluated based on pre-established criteria developed by the client handling committee (e.g. meets required standards, maintenance requirements, ease of use, storage requirements, cost, vendor training, safe features, staff feedback, etc.).
- See corporate policy and procedures regarding the processes for approval to purchase minor equipment and capital budget requests.

Program Evaluation and Quality Improvement

The Safe Handling of Clients program will be evaluated annually, as per the HCRFR, sec. 9(2) in consultation with the JHSC. Senior management will approve the program revisions. The following qualitative and quantitative program indicators will be collected in a timely manner by the designated authority and forwarded to the program leader, who will collate, analyze and summarize the data and make recommendations for program enhancements to senior management:

- Employee incidents/accidents
- Accident investigations
- Near misses/hazards
- Equipment inspections
- Planned monthly inspections – auditing of worker practice, etc.

Any changes to the program will be documented and communicated immediately to all affected staff and management. The designated authority will implement any changes within their area and will keep the program leader informed.

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Appendix K- Client Mobility Assessment Tool – Physical

Client Name:		Date:
Unit/Department:		
Client Weight:		Client Height:
Diagnosis:		
Sensory		
Are the client's senses impaired (touch, proprioception, body awareness, vision, hearing)?	Yes	Comments:
	No	
Range of Motion (ROM) Indicate G = good, F = fair, P = poor		Comments:
Shoulder (flexion, extension and abduction)	Left	
	Right	
Elbow (flexion and extension)	Left	
	Right	
Wrist and fingers (flexion and extension)	Left	
	Right	
Hip (flexion and extension)	Left	
	Right	
Knee (flexion and extension)	Left	
	Right	
Ankle (plantar/dorsiflexion)	Left	
	Right	
Muscle Strength Indicate G = good, F= fair, P = poor		Comments
Shoulder (flexors, extensors and abductors)	Left	
	Right	
Elbow (flexors and extensors)	Left	
	Right	
Wrist (flexors and extensors)	Left	
	Right	
Grip	Left	
	Right	
Hip (flexors and extensors)	Left	
	Right	
Knee (flexors and extensors)	Left	
	Right	
Ankle (plantar flexors and dorsiflexors)	Left	
	Right	
Muscle Tone	Spastic <input type="checkbox"/> Rigid <input type="checkbox"/> Flaccid <input type="checkbox"/> Other <input type="checkbox"/>	Specify areas of abnormal tone, if any.
Mobility and Balance Indicate G = good, F=fair, P = poor		Comments
Ability to roll from side to side	Left	
	Right	
Ability to sit up unassisted	Left	
	Right	
Ability to maintain sitting balance		
Ability to stand		
Ability to maintain standing balance		

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Other		
Weight-bearing Status		Comments
Can the client weight-bear through at least two arms, or one or both legs? Note if client can: Fully weight-bear (FWB) or Partially weight-bear (PWB)	Yes	<input type="checkbox"/> Both Arms <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Both Legs <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Right Leg <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Left Leg <input type="checkbox"/> FWB <input type="checkbox"/> PWB
	No	
Coordination		Comments
Upper extremity	Left	
	Right	
Lower extremity	Left	
	Right	

Sample Grading Guide: Client Mobility Assessment (Physical)*			
Test	Grade		
	Good	Fair	Poor
Range of motion	Within normal limits for the age of the client and not interfering with client handling	Some restrictions and additional precautions may be required for client handling	Very restricted and very likely to interfere with some client handling procedures
Strength	Good strength and able to tolerate strong resistance	Some strength and able to tolerate some resistance but may fatigue	Very weak, unable to tolerate any resistance or minimal resistance, fatigues very quickly
Mobility and balance	Independent or requires minimal supervision	Requires some assistance from caregiver(s)	Requires considerable assistance from caregivers or is unable to perform the task

* Other grading methods may be used, e.g., standard muscle testing grading for strength, goniometry measurements for range of motion, etc.

Appendix L– Sample Client Mobility Assessment Summary Form

Questions	Yes	No
Can the client bear weight through one leg or both arms, when moving from one surface to another?		
Is the client consistent and reliable in bearing weight?		
Can the client communicate with you?		
Can the client follow commands?		
Is the client free from pain or medical devices that may interfere with carrying out the procedure?		
Is the client co-operative and non-aggressive?		
Is the client's ROM suitable for performing a transfer?		
Is the client's strength suitable for performing a transfer?		
Are the client's mobility and balance suitable for performing a transfer?		
Analysis	Transfer Procedure If ALL answers are YES	Lift Procedure* If ANY answers are NO
Identify the type of transfer or lift		
Also ensure: <ul style="list-style-type: none"> • All equipment and environmental factors are suitable • All caregivers are able to perform the task 		

* If a client is unable to use a mechanical lift, a lateral slide procedure may be considered.

Appendix M – Client Mini-Assessment (C.A.R.E.)

Client Mini-Assessment (C.A.R.E.)	
Before moving a client check for:	
Communication	
• Change in ability to communicate?	<input type="checkbox"/> Yes
• Change in ability to follow simple commands?	<input type="checkbox"/> No
• Change in eye contact?	
Ability	
• Change in medical condition?	<input type="checkbox"/> Yes
• Change in physical ability (strength, active movement of limbs and trunk)?	<input type="checkbox"/> No
• Change in range of motion?	
• Change in energy level?	
• Change in mental alertness?	
Resistance	
• Change in participation or co-operation level?	<input type="checkbox"/> Yes
• Change in level of aggression?	<input type="checkbox"/> No
Equipment/Environment	
• Change in availability of equipment and correct accessories (e.g., slings)?	<input type="checkbox"/> Yes
• Change in travel path e.g., obstacles along the travel path?	<input type="checkbox"/> No
• Change in equipment function and position, etc.?	
• Change in correct positioning of bed, equipment, etc.?	

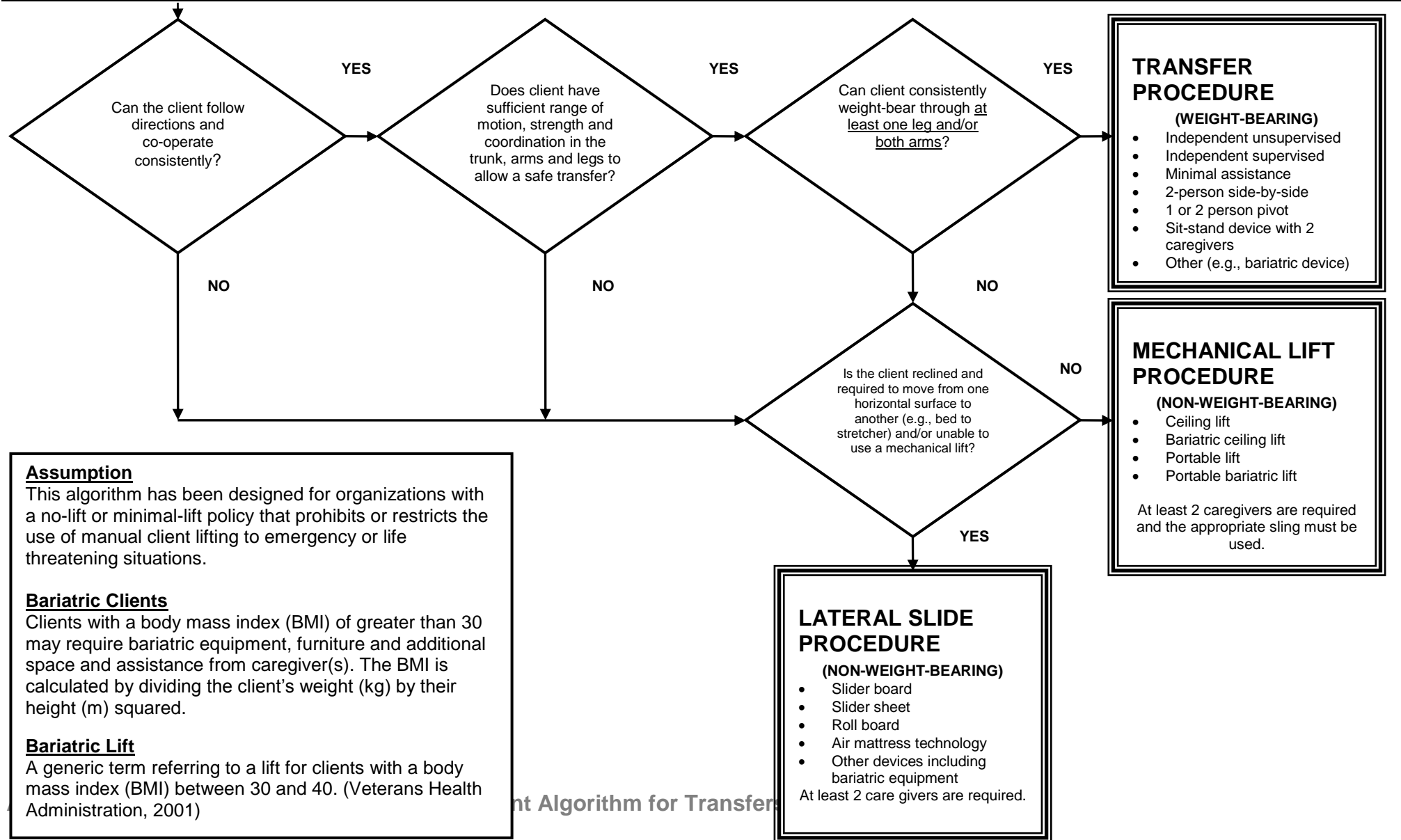
No: If the answer to all of the following questions is No, the caregiver can proceed with the prescribed procedure.

Yes: If the answer to one or more of the questions is Yes, the ongoing client assessment should be completed to determine an appropriate procedure.

Appendix N – Sample Client Mobility Assessment Algorithm

Prior to proceeding with the Client Mobility Assessment:

- a) Ensure the client is medically safe to move, and assess their height and weight
- b) Assess the client's pain level and medical devices to ensure they can proceed with a client handling procedure
- c) Ensure environmental conditions and equipment are suitable to perform the task
- d) Ensure the caregivers are trained and competent to perform the tasks



Assumption

This algorithm has been designed for organizations with a no-lift or minimal-lift policy that prohibits or restricts the use of manual client lifting to emergency or life threatening situations.

Bariatric Clients

Clients with a body mass index (BMI) of greater than 30 may require bariatric equipment, furniture and additional space and assistance from caregiver(s). The BMI is calculated by dividing the client's weight (kg) by their height (m) squared.

Bariatric Lift

A generic term referring to a lift for clients with a body mass index (BMI) between 30 and 40. (Veterans Health Administration, 2001)

LATERAL SLIDE PROCEDURE

(NON-WEIGHT-BEARING)

- Slider board
 - Slider sheet
 - Roll board
 - Air mattress technology
 - Other devices including bariatric equipment
- At least 2 care givers are required.

TRANSFER PROCEDURE

(WEIGHT-BEARING)

- Independent unsupervised
- Independent supervised
- Minimal assistance
- 2-person side-by-side
- 1 or 2 person pivot
- Sit-stand device with 2 caregivers
- Other (e.g., bariatric device)

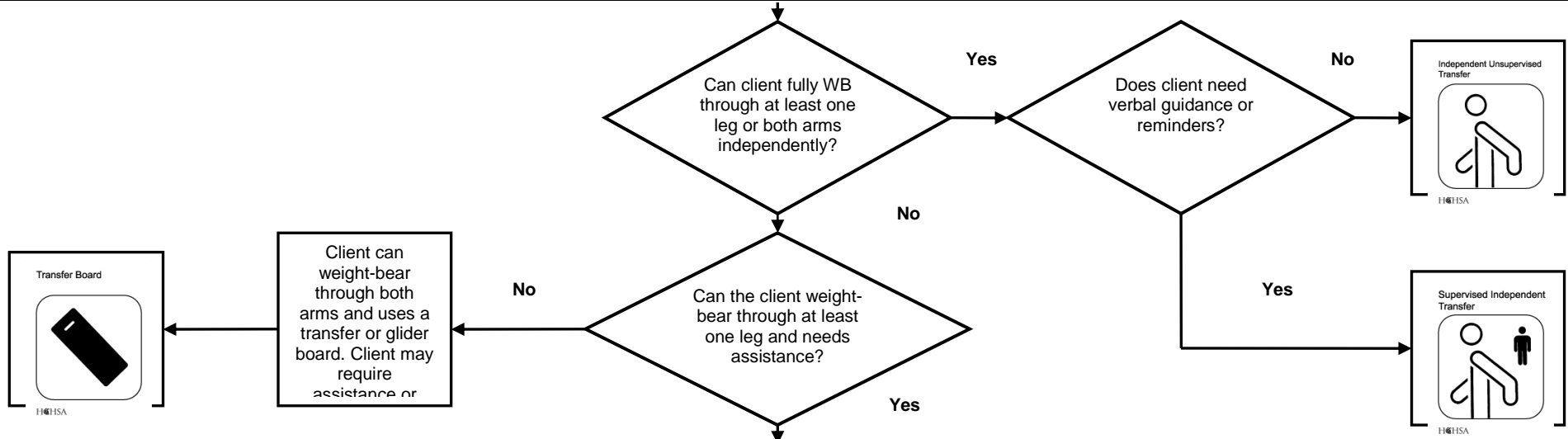
MECHANICAL LIFT PROCEDURE

(NON-WEIGHT-BEARING)

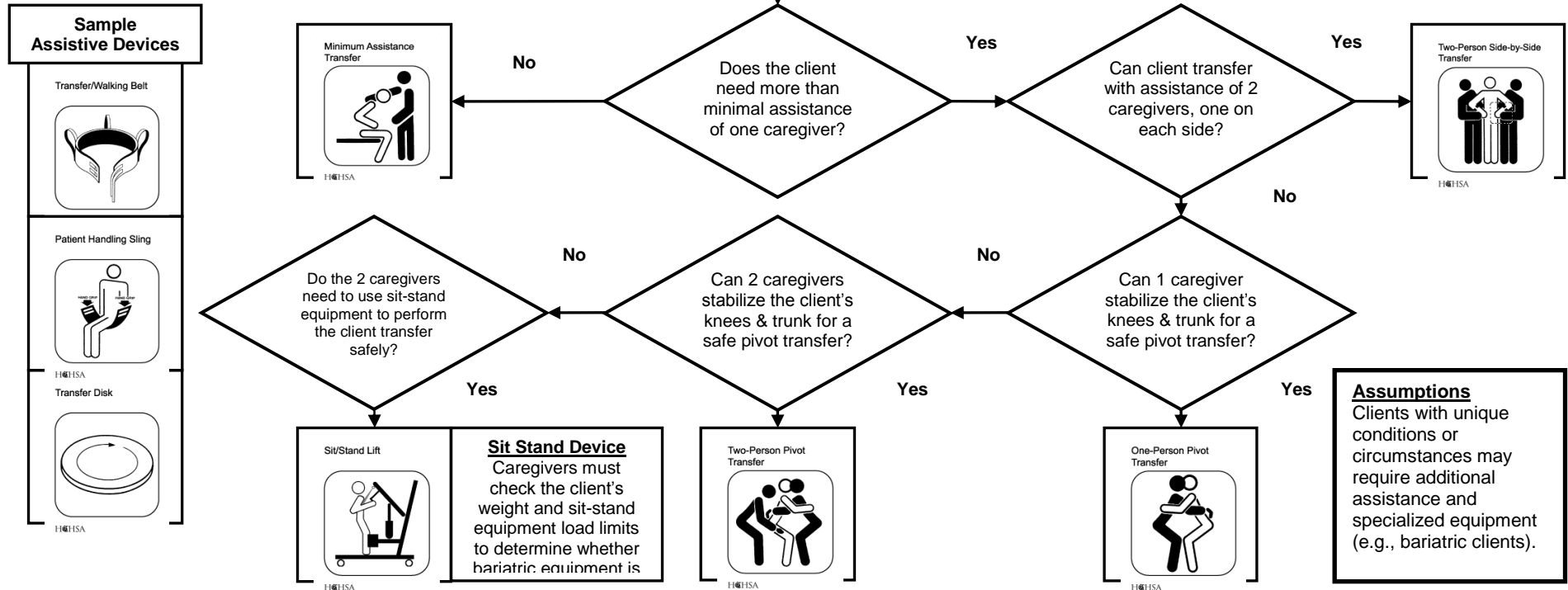
- Ceiling lift
 - Bariatric ceiling lift
 - Portable lift
 - Portable bariatric lift
- At least 2 caregivers are required and the appropriate sling must be used.

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The client mobility assessment determined that: The client is able to follow directions and co-operate; has sufficient range of motion, strength and coordination in the trunk, arms and legs to allow a safe transfer; and is able to weight-bear (WB) through at least one leg or both arms. **The next step is to determine a safe type of transfer method.**



Determine a safe transfer procedure based on the type and amount of assistance required. Assistive devices may be used. Bariatric clients may require additional assistance/equipment.



Assumptions
Clients with unique conditions or circumstances may require additional assistance and specialized equipment (e.g., bariatric clients).

Appendix P – Client Mobility Plan

Client Name:		Client Weight:	
Date:		Room:	
Procedure	Type	4	Equipment (check all that apply)
Reposition	Up in bed Turn in bed In chair		Repositioning/turning sheet Anti-slip reposition sheets (chair)
Transfer (Weight-bearing)	Independent unsupervised Independent supervised Minimal assistance Two-person side-by-side One-person pivot Two-person pivot Mechanical transfer device		Transfer board Transfer belt (size S-M-L-XL) Patient handling sling Transfer disk Patient turner Glider board Sit-stand device
Lift (Non-weight-bearing)	Lifting device Side-by-side Front and back Shoulder		Portable mechanical lift Bariatric portable mechanical lift Ceiling mechanical lift Bariatric ceiling mechanical lift Specify equipment and sling size:
Lateral slide (Non-weight-bearing and reclined)	Bed to/from stretcher or bed Bed to/from reclined chair		Slider board Slider sheet Roller board Mechanized/powered platform device Lateral air mattress/slide technology
Other (specify)			

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Appendix Q – Sample Daily Mechanical Lift Inspection Checklist

Complete one form per mechanical lift.

Inspections for the Week of: _____

Type of Lift:	Identification/Serial Number:							
Unit/Department Location:								
Visual Inspection	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Date and Comments
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
Portable Floor Lift Frame								
• Wheels (castors) in good working order								
• Wheels (castors) firmly attached to base of lift								
• Brakes are operational								
• Nuts and screws are secure								
• No cracks or sharp edges on frame								
Slings								
• No frayed edges								
• No holes								
• No ripped, loose stitching								
• Manufacturers instructions are readable								
Ceiling/Wall-mounted Lifts								
• Lift strap (between motor and spreader bar) – no signs of fraying								
• Track – flush against surface (ceiling or wall)								
• Ceiling track end plates/stops are secure								
• No signs of loose hardware								
Operational Inspection (test functioning of equipment)								
• All hand controls (up, down, traverse) functional								
• Emergency controls operational								
• Return to charge feature, if available, is the <u>operator activated</u> type and is operational (applies to ceiling lifts only)								
• No unusual noises								
• Floor lift base width adjusts								
• Floor lift boom moves through full range								
• Ceiling/wall lift – no kinks, twists in the line connecting motor to controls								

All shortcomings must be documented, supervisor informed and equipment tagged and removed from service.

Note: This form should be customized to meet manufacturers' recommended inspection elements.

Appendix R: Client Handling Program Action Plan

Department: _____ **Completed by:** _____ **Date:** _____

Issue	Action	Responsibility	Target Date	Completion Date

Appendix S – Manager Monthly Report of Employee Incidents/Accidents Related to Client Handling Activities

Department:	
Date:	
Manager:	
Number of Incidents/Accidents and Near Misses by Claim Type	Comments
Near miss/hazard:	
First aid:	
Medical aid:	
Lost-time:	
Total:	
Number of Incidents by Body Part	Comments
Back:	
Shoulders:	
Upper extremities:	
Lower extremities:	
Head:	
Other:	
Number of Incidents/Accidents/Near Misses by Client Handling Activity	Comments
Client lift:	
Client lateral slide/transfer:	
Client transfer:	
Client repositioning:	
Number of Incidents/Accidents by Causative Factor	Comments
Lack of initial documented assessment of client:	
No reassessment of client completed:	
Equipment unavailable:	
Equipment malfunction:	
Environmental issue (wet floor, room clutter, etc.):	
Employee non-compliance:	
Other:	
Type and Number of Supervisors' Corrective Actions	Comments

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Appendix T – Manager Monthly Client Handling Program Performance Audit Tool

Department:	Date:
Manager:	
Client Mobility Assessments	Comments
Initial assessment completed within 24 hours of admission	
Ongoing assessments of clients completed and documented prior to every client handling procedure	
Mini assessments conducted prior to each manoeuvre	
Current information related to client mobility documented and communicated	
Acceptable methods of client handling documented on client profile	
Client Mobility Assessments	Comments
Staff perform acceptable techniques during client handling activities	
Staff perform client transfers, lifts and repositioning competently	
Equipment Use	Comments
Total body lifts used consistently and correctly	
Stand-assist lifts used consistently and correctly	
Ambulation lifts used consistently and correctly	
Bath/shower lifts used consistently and correctly	
Lifts completed with two staff members	
Transfer devices used consistently and correctly	
Repositioning devices used consistently and correctly	
Staff Education and Training	Comments
All new staff oriented to program – general and site-specific	
Annual training completed and training records up to date	
Staff can demonstrate knowledge with program policies/procedures/processes	
Maintenance and Equipment	Comments
Pre-start-up inspections of equipment completed and recorded daily	
All equipment in good working order	
Slings laundered as per protocol	
Equipment disinfected as per protocol	
Equipment stored appropriately	
Batteries charged	
Equipment preventive maintenance completed and documented as per schedule	
Out-of-service equipment tagged appropriately and reported to Maintenance via maintenance requisition	