

Client Handling Program Development

Frances Ziesmann PT MHM CRSP
PSHSA Consultant
Health and Community Care Team

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ESTABLISHED IN

2009

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Ministry
of Labour**

WE PROVIDE
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& SAFETY

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10,000+
ORGANIZATIONS

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**Education
Healthcare
Emergency Services
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Objectives

- Highlight leading practices and intervention strategies
- Describe concepts of the Occupational Health and Safety Act (OHSA) Internal Responsibility System (IRS)
- Describe elements to success
- Define key client handling definitions
- Describe 5 steps to program development

Objectives

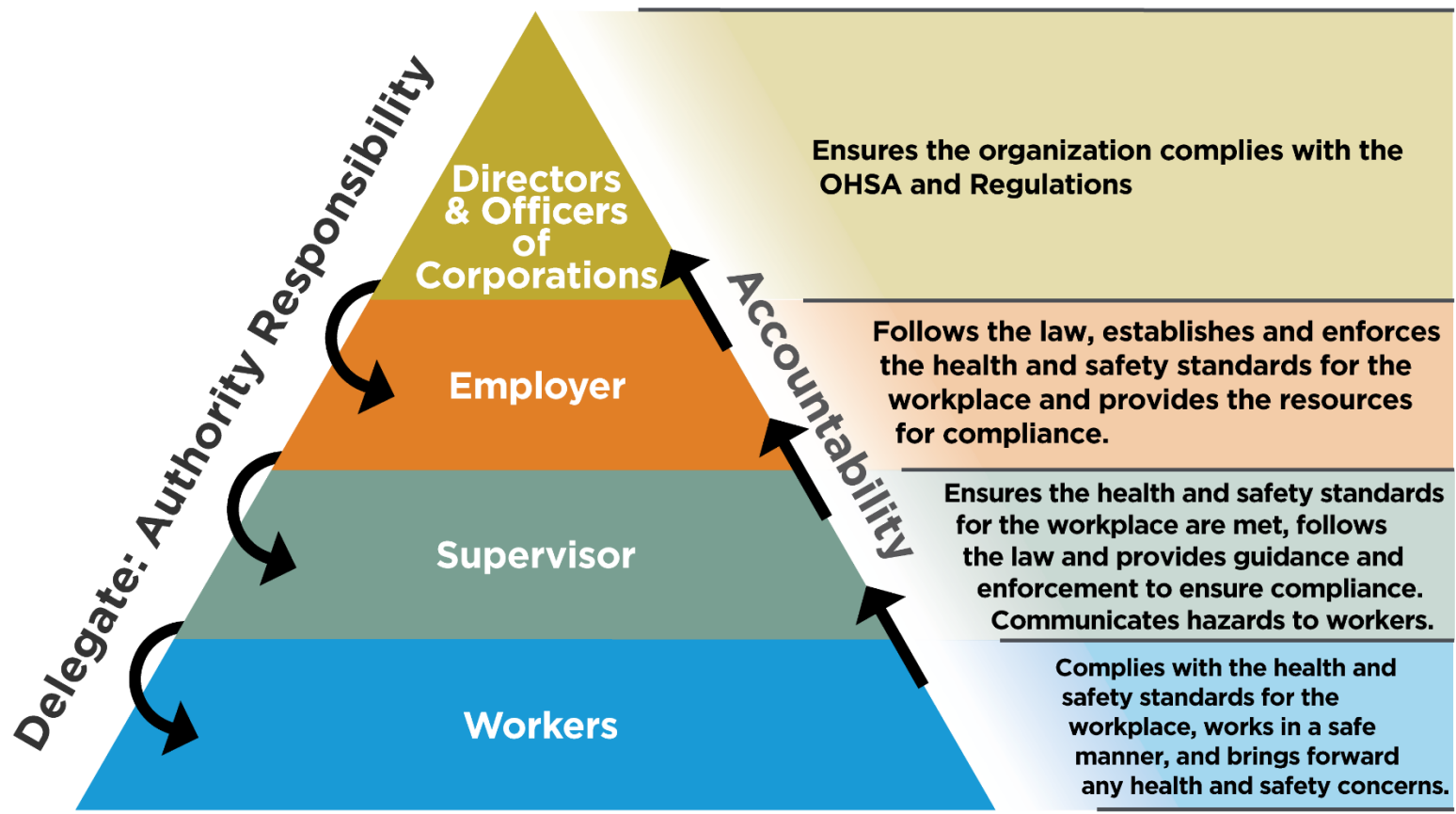
- Highlight Safe Client Handling Program Checklist and Bariatric Program Checklist
- Describe tips for promoting compliance and success

Leading Practices and Intervention Strategies

- Senior Management Commitment & Leadership
- Participatory Approach
- Evidence-based Client Handling Prevention Program:
 - Policies, procedures, safe work practices
 - Client mobility assessment and algorithms
 - Provision of adequate and appropriate equipment and environment e.g. space, storage
 - Program monitoring and evaluation

(Owen et al. 2002, Ronald et al. 2002, Fragula & Bailey 2003, Collins et al. 2004, Nelson et al. 2006, Nelson & Baptiste 2006, Villeneuve 2006)

OHSA: Internal Responsibility System



Elements for Success



Recognize, Assess, Control & Evaluate Client Handling Hazards

Legal Responsibilities of Workplace Parties & JHSC

Attitudes, Beliefs and Observable Safe Behaviours and Practices

Sustainable Prevention Program Framework

Review of Key Definitions

- Standardized definitions are fundamental to the success of a safe client handling program
- Enhance communication of safe work practices
- Provide a better understanding of decision making for client handling assessment and algorithms
- Key definitions: lift, lateral slide, transfer, reposition

Definition of Lift

“Non-weight-bearing procedure”

A procedure used to support or carry the entire weight of a person from one surface to another. The client is physically unable to weight-bear (WB) through both arms or legs and/or is mentally unable to co-operate.



Photos courtesy of Arjo Canada Inc.

Definition of Lateral Slide

“Non-weight-bearing procedure”

A procedure used to move a client from one flat surface horizontally to another flat surface. The client is unable to WB through arms or legs and/or is mentally unable to co-operate.

Friction-reducing devices



Definition of Transfer

“Weight-bearing procedure”

A procedure used to assist a client to move from one surface to another. The client must be able to WB through at least one leg or both arms and be mentally able to co-operate and follow instructions.

Assistive transfer devices can be used to reduce the physical demands on the employee.

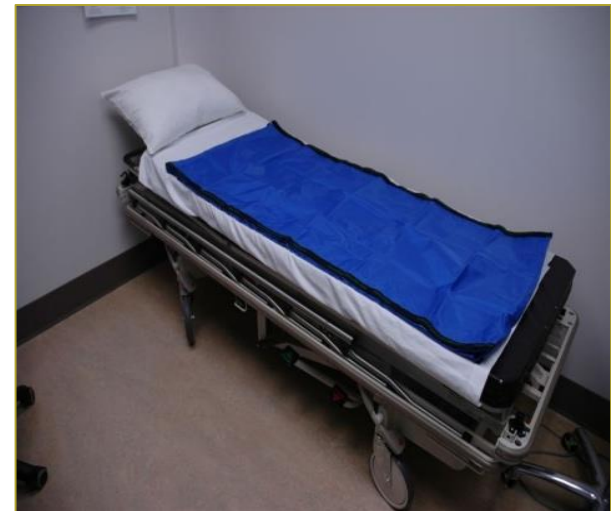


Definition of Repositioning

“Same-surface procedure”

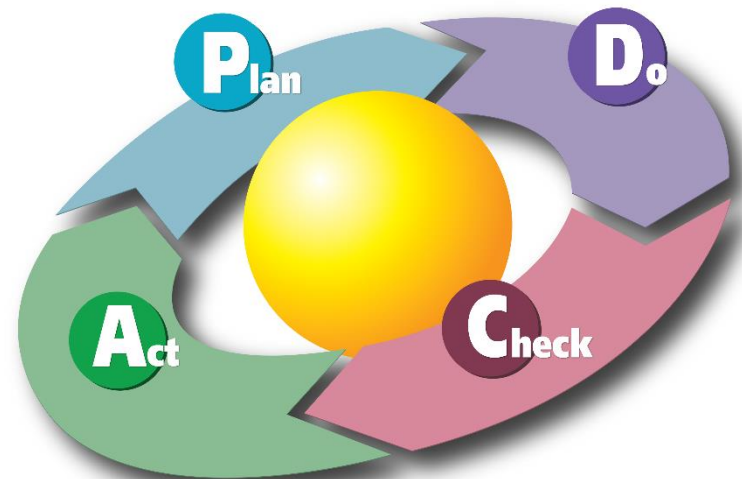
A procedure used to move a client to a new position on the same surface
e.g., move client up in the bed, move resident/client up in chair.

Friction-reducing repositioning devices can be used.



5 Steps to Program Development

1. Senior Management Commitment
2. Assess Program Needs
3. Develop Program Components
4. Implement the Program
5. Evaluate the Program



Step 1

Senior Management Commitment

- Securing senior management commitment is the foundation of an effective program
- Providing fiscal and human resources
- Appoint a client handling program leader to oversee implementation and evaluation
- Establish a multidisciplinary committee



Step 2

Assessing Program Needs

Assessments

- Incident/accident statistics analysis
- Client mobility needs
- Equipment inventory and needs
- Environmental barriers
- Organizational client handling climate survey
- Review existing policies and procedures

Step 3

Developing Program Policy

- Purpose
- Scope
- Commitment Statement
- Goals & Objectives
- Definitions
- Roles and Responsibilities



Step 3

Developing Program Procedures

- Client Assessment – Formal, Informal
- Communication and Documentation
- Safe Work Practices CH Techniques
- Safe Operating Procedures – Equipment
- Emergency Procedures e.g. falls
- Equipment Inspections e.g. pre-use, annual
- Preventative Maintenance
- Infection Control and cleaning



Step 3

Developing Program Procedures

- Mandatory Training
- Purchasing Equipment
- Workplace Design and Renovations
- Reporting and Investigation of hazards, incidents and accidents – Root Cause Analysis (PEMEP: people, equipment, materials, environment or process)
- Program Evaluation and Quality Improvement



Step 3

Developing Training and Education

- Identify trainer, champions, coaches, peer resources
- Select training topics
- Develop training content and materials
- Determine training methods e.g. e-learning, classroom, practical session, blended
- Develop methods to evaluate transfer of knowledge to practice



Training Considerations

Training Topics	Attendees	Trainer Options
Program Development	Multidisciplinary Committee	PSHSA or Others
Policies and Procedures	Front-line caregivers, supervisors, management	In-house Trainer
Hazard Awareness & Body Mechanics Client Mobility Assessment Client Handling Techniques	Front-line caregivers and supervisors, managers	In-house trainer or Consultant
Equipment and Slings e.g. safe operating procedures and pre-use inspection	Front-line caregivers and supervisors, managers	In-house trainer or Vendor
Program-Specific Training e.g. spinal cord injury, stroke, amputee	Front-line caregivers and supervisors, managers	In-house or Consultant

Step 4

Implementing the Program

- Identify high risk areas – consider incremental implementation
- Address unit/department gaps e.g. equipment needs, environmental barriers
- Market and communicate program / training
- Schedule Training
 - Training schedule e.g. e-learning, self-study, classroom, practical sessions
 - Reserve training rooms
 - Reserve equipment and materials
 - Schedule trainers, coaches and employees

Evaluating the Program

- Identify the person and/or group who will monitor and annually review the client handing program
- Determine who will be consulted in the evaluation e.g. JHSC
- Identify quality indicators and methods to evaluate the program
- Determine who will receive the evaluation and how accepted quality improvements will be communicated.

Safe Client Handling Program Checklist

1. Senior Management Commitment
2. Client Handling Needs/Risk Assessment
3. Documented Program
4. Training Program
5. Client Mobility Assessment
6. Client Mobility Assessment
Documentation and Communication

Safe Client Handling Program Checklist

7. Informal Mini-Assessment C.A.R.E.
8. Equipment – Availability / Maintenance
9. Environment and equipment Design
10. Incident Reporting / Investigation
11. Program Evaluation and Quality Improvement



Safe Client Handling Program Checklist

ITEM	KEY ELEMENTS CHECKLIST	Yes	No	Action
1.0	There is commitment from senior management to develop, implement and maintain a safe patient/client handling program.			
	<input type="checkbox"/> There is senior leadership commitment including financial and human resources e.g. appointment of a program leader and development of multidisciplinary steering committee to oversee implementation and monitoring of the program			
2.0	The organization has conducted a risk assessment to assess program needs.			
	<input type="checkbox"/> Analysis of incidents, accidents and internal documents <input type="checkbox"/> Assessment of clients' needs <input type="checkbox"/> Assessment of equipment needs <input type="checkbox"/> Assessment of environmental barriers <input type="checkbox"/> Assessment of organizational safety culture e.g. staff survey			
3.0	There is a documented safe patient/client handling program in place.			
	<input type="checkbox"/> Written policy demonstrating senior management commitment, goals and commitment, definitions, roles and responsibilities and commitment to annual evaluation <input type="checkbox"/> Written procedures e.g. client assessment, communication, safe work practices for client handling techniques, safe operating procedures for equipment, training, inspection, preventative maintenance, infection control, reporting and investigation of hazards/incidents/accidents, purchasing of equipment and devices, emergency procedures (e.g. patients/clients who have fallen to the floor), evaluation and quality improvement <input type="checkbox"/> Program is developed and reviewed at least annually in consultation with the Joint Occupational Health and Safety Committee (JHSC)			
4.0	There is a training program that ensures caregivers are skilled in safe patient/client handling. They have received orientation and ongoing training on:			
	<input type="checkbox"/> Patient/client handling policies and procedures <input type="checkbox"/> Patient/client mobility assessment, documentation & communication <input type="checkbox"/> The organizations accepted patient/client handling procedures and techniques e.g. transfers, lifts, lateral slides, and repositioning <input type="checkbox"/> Patient/client handling equipment e.g. mechanical lifts, lateral sliding devices, transfer belts/ boards/disks, bed and chair repositioning devices etc.			
5.0	Patient/client mobility assessments are conducted on patient/client admission within 24 hours and after a change in patient/client condition or status. This includes assessment of:			
	<input type="checkbox"/> Communication (speech, vision, hearing, language, understanding) <input type="checkbox"/> Cognition (memory, judgment, concentration, decision-making) <input type="checkbox"/> Behaviour and Emotional Status (cooperation level) <input type="checkbox"/> Medical Status (condition, devices, pain, medication, skin, fatigue) <input type="checkbox"/> Physical Status (height, weight, sensation, joint range of motion, muscle strength & tone, mobility & balance, ability to weight bear) <input type="checkbox"/> Patient/client clothing and footwear to ensure it is appropriate for the client handling activity <input type="checkbox"/> Other as required.			
6.0	Patient /client mobility assessments are documented and communicated to caregivers e.g.			
	<input type="checkbox"/> Record-chart, care plan, other methods <input type="checkbox"/> Client handling logos <input type="checkbox"/> Verbally			

7.0	Caregivers conduct patient/client mini-assessment to check for any changes in the patient/client's status			
	<input type="checkbox"/> Change in communication <input type="checkbox"/> Change in ability <input type="checkbox"/> Change in resistance or cooperation, and <input type="checkbox"/> Change in equipment and environment			
8.0	Equipment is available to facilitate safe patient/client handling and it is maintained.			
	<input type="checkbox"/> Appropriate types of equipment have been tried and purchased. <input type="checkbox"/> Equipment purchases are based on a client mobility needs assessment and specified purchasing criteria and processes that include stakeholders and the JHSC. <input type="checkbox"/> Equipment meets standards such as CAN/CSA 10535-03 e.g. the standard requires the patient mechanical lift equipment controls to be of the "hold to run" type. This requires the caregiver to physically operate the controls. <input type="checkbox"/> Adequate amount of equipment has been purchased and is available for use <input type="checkbox"/> An equipment inventory has been conducted and maintained <input type="checkbox"/> There is a pre-start up equipment inspection process in place e.g. before initial use <input type="checkbox"/> There is a documented equipment preventative maintenance program based on manufacturer requirements, including an inventory and schedule e.g. batteries, slings, equipment and parts <input type="checkbox"/> Caregivers conduct and document a pre-use inspection of equipment components prior to each use or daily use based on the manufacturer guidelines e.g. daily mechanical lift inspection checklist <input type="checkbox"/> There is defective equipment policy and procedure in place <input type="checkbox"/> Community care providers have a client service agreement that addresses client responsibility for equipment availability, servicing and maintenance			
9.0	Environment and equipment design and planning take into consideration safe patient/client handling.			
	<input type="checkbox"/> Work environment is considered e.g. flooring surfaces appropriate for equipment, adequate lighting is available, comfortable temperatures, colour contrast of surfaces to enhance client depth perception <input type="checkbox"/> Workstation layout and workspace requirements for caregiver, clients/patients and equipment are considered e.g. client rooms, bathrooms, tub and shower rooms. <input type="checkbox"/> Equipment, furniture and tools design is considered that reduces the physical demands of the caregiver and ensures patient/client safety e.g. beds, bed rails, wheel chairs, casters, transfer and lifting devices etc.			
10.0	Incident Reporting and Investigation			
	<input type="checkbox"/> Both patient and employee incidents and accidents are reported and investigated promptly to identify immediate and root causes and implement timely corrective actions. <input type="checkbox"/> Equipment defects, damages and failures are reported to the manufacturer, and as required to Health Canada as required e.g. mechanical lift failures.			
11.0	Program Evaluation			
	<input type="checkbox"/> Quality indicators both leading and lagging have been selected and are used for evaluation. <input type="checkbox"/> There is a process to evaluate the program at least annually in consultation with the JHSC, and implement quality improvements that will reduce the risk of injury to both client/patient and caregivers.			

Public Services Health and Safety Association

Draft Safe Bariatric Patient Handling Program Checklist

ITEM	KEY ELEMENTS CHECKLIST	Yes	No	Partial	Action Plan	Responsible Person	Target Date
1.0	There is commitment from senior management to develop, implement and maintain a safe bariatric patient handling program.						
	<input type="checkbox"/> There is senior leadership commitment including financial and human resources e.g. appointment of a program leader and development of multidisciplinary steering committee to oversee implementation and monitoring of the patient handling program which includes bariatric patient client handling						
2.0	The organization has conducted a risk assessment to assess bariatric patient handling program needs.						
	<input type="checkbox"/> Analysis of incidents, accidents and internal documents <input type="checkbox"/> Assessment of bariatric patient mobility needs <input type="checkbox"/> Assessment of bariatric equipment needs <input type="checkbox"/> Assessment of environmental barriers for bariatric patients <input type="checkbox"/> Assessment of organizational safety culture e.g. staff survey						
3.0	There is a documented safe patient handling program in place that includes bariatrics.						
	<input type="checkbox"/> Written policy demonstrating senior management commitment, goals and commitment, definitions, roles and responsibilities and commitment to annual evaluation <input type="checkbox"/> Written procedures e.g. patient assessment, communication, safe work practices for patient handling techniques, safe operating procedures for equipment, training, inspection, preventative maintenance, infection control, reporting and investigation of hazards/incidents/accidents, purchasing of equipment and devices, emergency procedures (e.g. bariatric patients who have fallen to the floor), evaluation and quality improvement <input type="checkbox"/> Program is developed and reviewed at least annually in consultation with the Joint Occupational Health and Safety Committee (JHSC)						
4.0	There is a training program that ensures caregivers are skilled in safe patient handling of bariatric patients. They have received orientation and ongoing training on:						
	<input type="checkbox"/> Bariatric patient handling policy, procedures and safe work practices <input type="checkbox"/> Patient mobility assessment, documentation & communication <input type="checkbox"/> The organizations accepted patient handling procedures and techniques for bariatric patients e.g. transfers, lifts, lateral slides, and repositioning <input type="checkbox"/> Bariatric patient handling equipment e.g. mechanical lifts and slings, limb slings, pannus slings, lateral sliding devices, transfer belts/boards/disks, bed and chair repositioning devices etc. <input type="checkbox"/> Other bariatric equipment e.g. beds, wheel chairs, chairs etc.						

5.0	Patient mobility assessments are conducted on patient admission - within 24 hours and after a change in patient condition or status. This includes assessment of:						
	<input type="checkbox"/> Communication (speech, vision, hearing, language, understanding) <input type="checkbox"/> Cognition (memory, judgment, concentration, decision-making) <input type="checkbox"/> Behaviour and Emotional Status (cooperation level) <input type="checkbox"/> Medical Status (condition, devices, pain, medication, skin, fatigue) <input type="checkbox"/> Physical Status (height, weight, sensation, joint range of motion, muscle strength & tone, mobility & balance, ability to weight bear) <input type="checkbox"/> Patient clothing and footwear to ensure it is appropriate for the patient handling activity <input type="checkbox"/> Special needs of the bariatric patient						
6.0	Patient mobility assessments and plans are documented and communicated to caregivers e.g.						
	<input type="checkbox"/> Record-chart, care plan, other methods <input type="checkbox"/> Patient handling logos <input type="checkbox"/> Verbally						
7.0	Caregivers conduct patient mini-assessment to check for any changes in the patient's status						
	<input type="checkbox"/> Change in communication <input type="checkbox"/> Change in ability <input type="checkbox"/> Change in resistance or cooperation, and <input type="checkbox"/> Change in equipment and environment						
8.0	Equipment is available to facilitate safe patient handling of the bariatric patient and it is maintained.						
	<input type="checkbox"/> Appropriate types of equipment have been trialed and purchased for the bariatric patient <input type="checkbox"/> Bariatric equipment purchases are based on the patient mobility needs assessment, specified purchasing criteria and processes that include stakeholders and the JHSC. <input type="checkbox"/> Equipment meets standards such as CAN/CSA 10535-03 e.g. the standard requires the patient mechanical lift equipment controls to be of the "hold to run" type. This requires the caregiver to physically operate the controls. <input type="checkbox"/> Adequate amount of bariatric equipment has been purchased and is available for use <input type="checkbox"/> A bariatric equipment inventory has been conducted and maintained <input type="checkbox"/> There is a pre-start up equipment inspection process in place for mechanical bariatric equipment (as per manufacturer guidelines) e.g. before initial use <input type="checkbox"/> There is a documented equipment preventative maintenance program based on manufacturer requirements, including an inventory and schedule e.g. batteries, slings, equipment and parts <input type="checkbox"/> Caregivers conduct and document a pre-use inspection of equipment components prior to each use or daily use based on the manufacturer guidelines e.g. daily mechanical lift inspection checklist <input type="checkbox"/> There is defective equipment policy and procedure in place						

9.0	Environment and equipment design and planning take into consideration safe bariatric patient handling.						
	<input type="checkbox"/> Work environment is considered e.g. flooring surfaces appropriate for equipment, adequate lighting is available, comfortable temperatures, colour contrast of surfaces to enhance patient depth perception <input type="checkbox"/> Bariatric workspace requirements for caregiver, bariatric patients and equipment are considered e.g. patient rooms, bathrooms and floor mount toilets, tub and shower rooms. <input type="checkbox"/> Equipment, furniture and tools design is considered for the bariatric patient that reduces the physical demands of the caregiver and ensures bariatric patient safety e.g. beds, bed rails, wheel chairs, casters, transfer and lifting devices etc. <input type="checkbox"/> Special consideration is given to load limits for furniture, equipment and toilets						
10.0	Incident Reporting and Investigation						
	<input type="checkbox"/> Both patient and employee incidents and accidents are reported and investigated promptly to identify immediate and root causes and implement timely corrective actions. <input type="checkbox"/> Equipment defects, damages and failures are reported to the manufacturer, and as required to Health Canada as required e.g. mechanical lift failures.						
11.0	Bariatric Patient Handling Program Evaluation						
	<input type="checkbox"/> Quality indicators both leading and lagging have been selected and are used for evaluation. <input type="checkbox"/> There is a process to evaluate the program at least annually in consultation with the JHSC, and implement quality improvements that will reduce the risk of injury to both patient and caregivers. <input type="checkbox"/> Program changes are communicated						

Tips for Promoting Program Compliance

- Ensure all managers, supervisors and employees are well educated on the policy, procedures and their roles and responsibilities
- Promote awareness of client handling issues, and the impact on client care & quality of employee work-life
- Provide ongoing marketing of the program
- Encourage reporting of hazards & incidents

Tips for Promoting Program Compliance

- Encourage supervisor and front line employee participation and ownership
- Identify unit champions to facilitate program implementation, problem solving of client handling issues and onsite training
- Ensure JHSC & supervisors conduct regular workplace inspections that include client handling hazard identification

Tips for Promoting Program Compliance

- Include H&S as an agenda item at dept. meetings and in performance appraisals – include client handling safety
- Ensure reported client handling hazards and incidents are properly investigated for root causes and ensure meaningful corrective actions are implemented using a systems approach.

Tips for Promoting Program Compliance

- Accountability
 - Employer/management to enforce client handling policies & procedures
 - Ensure managers/supervisors monitor/audit program
- Acknowledge “good catches” & quality improvements, and celebrate successes
- Foster a positive safety culture for both employees and clients/patients/residents





Thank you!



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Public Services Health &
Safety Association on
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youtube.com/PSHSA



416-250-2131
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