

Safe Patient Handling

Minnesota Statutes 182.6553

and

Minnesota Statutes 182.6554

Establishing a Safe Patient
Handling Program

Safe Patient Handling

The main focus is on using equipment vs. people to perform lifts, transfers, repositioning and other movements of patients that place a higher level of stress on the caregiver.

Safe Patient Handling Act

M.S. 182.6553

-- Who is covered --

● Health care facility

- Hospitals
- Outpatient surgical centers
- Nursing homes

● Direct patient care workers

- Directly providing physical care to patients

Minnesota Statutes 182.6553

Safe Patient Handling

- Safe patient handling committee
- Written safe patient handling program

Safe Patient Handling Committee

Formed by July 1, 2008

Safe Patient Handling Committee

- Create a SPH committee or assign to existing committee -- by July 1, 2008
 - Membership requirements:
 - at least half the members are nonmanagerial nurses and other direct care staff
 - direct patient care worker unions will select members appropriate to the number of employees represented



SPH Committee

- Multi-site facilities may have one committee serve each site
 - each facility must be represented
 - or a committee can be established at each site
- Employees must be compensated for their time spent on committee activities

SPH Committee

Patient Handling Hazard Assessment

SPH Committee Duties

Hazard Assessment

- Assessment of hazards related to patient handling tasks

SPH Committee Duties

Hazard Assessment

- Identifies problems and solutions

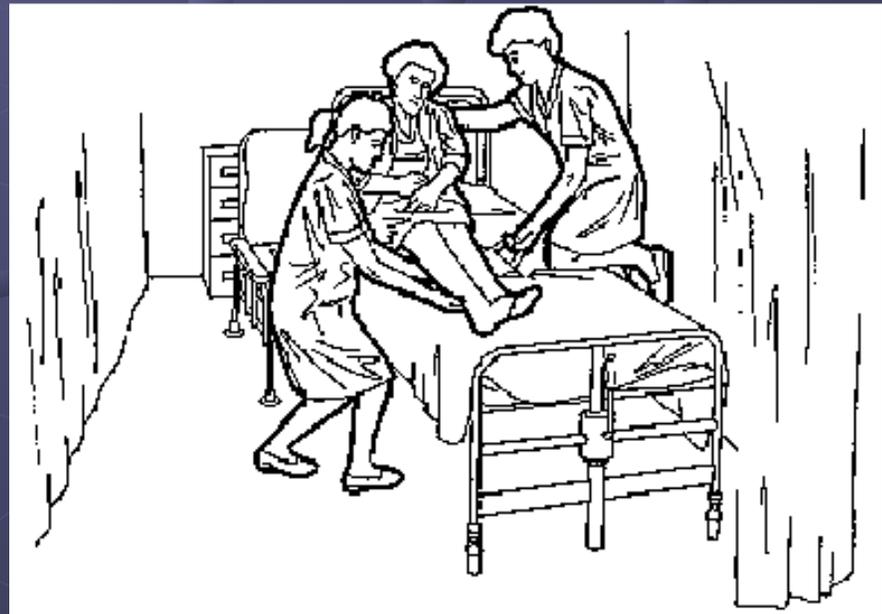
SPH Committee Duties

- Assessment of Injury Rates

Assessment of Hazards

-- Additional considerations --

- staffing per patient
- peak work load periods
- scheduling practices



SPH Committee Equipment Recommendations

- Purchase
- Use
- Maintenance

SPH Committee Training

- Make recommendations about training of direct patient care workers about the use of SPH equipment, initially and periodically afterwards



Recommended Training Program

- Goal – to promote use of safe patient handling and movement techniques



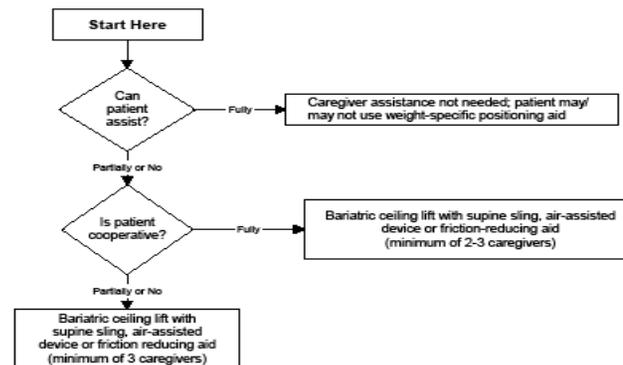
- Objective – attendees will use best-practice techniques

Recommended Training Program

● Course content

- Proper lift, transfer and repositioning methods
- Proper application and use of equipment

Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed
rev. 1/3/08



- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with drawsheet, under patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
 - Dyoem (TM)
 - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
 - Posey-Grip (TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Figure 1. Basic Algorithm 3: Bariatric Reposition in Bed

SPH Committee

-- Duties of the committee --

- Based on findings, formulate and implement recommendations

ceiling lift systems



update care plans

transfer aides

floor-based lifts



SPH Committee

-- Duties of the committee --

- Recommend procedures to ensure remodeling of patient care areas accommodates SPH equipment
 - Evaluate if the change will affect worker safety
 - Room size/configuration
 - Accessibility
 - Ability to accommodate appropriate use of safe patient handling equipment

Facility 'Change Analysis'



SPH Committee Program Evaluation

Conduct annual evaluations of the safe patient handling implementation plan and progress toward goals established in the safe patient handling policy

SPH Committee Program Evaluation

What are effectiveness measures?

- Injury reduction
- Compliance with SPH program requirements



SPH Committee
Program Evaluation
-- Effectiveness measures --

Leading indicators

SPH Committee

Effective Committees

(suggested practices for an effective committee)

- Establish the committee function, individual roles/responsibilities (committee charter)
- Recruit members with genuine interest
- 2+ year term; don't replace more than half of the members at one time
- Establish meeting ground rules
- Keep everyone involved; no one individual dominates
- Agenda/meeting minutes
- Consensus decisionmaking
- Facilitation skills

Written Safe Patient Handling Program

Completed by July 1, 2008

Written Safe Patient Handling Program

By July 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility's plan to achieve by Jan. 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment.

Safe Patient Handling Program

● A written safe patient handling policy must contain the following elements:

- Assessment of hazards (with regard to patient handling)
- Acquisition of SPH equipment
- Training
- Modifications/construction
- Periodic evaluations

Safe Patient Handling
Program

SPH Written Program

- Assessment of hazards related to patient handling tasks



SPH Written Program

- Acquisition of an adequate supply of appropriate safe patient handling equipment

SPH Written Program

● Training

SPH Written Program

- Modifications/construction to patient/resident area

SPH Written Program

- Periodic evaluation of program

Pre-existing SPH Programs

Facilities that have adopted an SPH program meeting M.S. 182.6553, Subd. 1 requirements

and

Facilities that have established a safe patient handling committee

Will be considered in compliance

Minnesota Statutes

182.6554

Safe Patient Handling in
Clinical Settings

M.S. 182.6554

Safe Patient Handling in Clinical Settings

● Who is covered

- Clinical settings that move patients means:

- Physician

- Dental

- Other outpatient care facilities (except outpatient surgical settings)

- Where service requires movement of patients from point to point as part of the scope of service

Written Safe Patient
Handling Plan
M.S. 182.6554

Completed by July 1, 2010

Written Safe Patient Handling Plan M.S. 182.6554

By July 1, 2010, every clinical setting that moves patients in the state shall develop a written safe patient handling plan to achieve by Jan. 1, 2012, the goal of ensuring the safe handling of patients by minimizing manual lifting of patients by direct patient care workers and by utilizing safe patient handling equipment.

Safe Patient Handling Plan

M.S. 182.6554

- A written safe patient handling plan must contain following elements:
 - Assessment of hazards (with regard to patient handling)
 - Acquisition of SPH equipment
 - Training
 - Modifications/construction
 - Periodic evaluations

Safe Patient Handling Plan

M.S. 182.6554

A health care organization with more than one covered clinical setting that moves patients may establish a plan at each clinical setting or establish one plan to serve this function for all clinical settings.

MNOSHA Compliance

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

No written policy

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

A written policy that does not include the elements of program development set forth in the statutes

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

By July 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility's plan to achieve by Jan. 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment.

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

Lack of a safe patient handling committee

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

Lack of membership make-up of the safe patient handling committee as established in the Safe Patient Handling Act

MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

Lack of an effective committee

MNOSHA Compliance

Citations after Jan. 1, 2011

M.S. 182.6553

Lack of identification of hazards in
regard to patient handling

MNOSHA Compliance

Citations after Jan. 1, 2011

M.S. 182.6553

Lack of appropriate safe patient
handling equipment

MNOSHA Compliance

Citations after Jan. 1, 2011

M.S. 182.6553

Lack of an effective training program
about safe patient handling

MNOSHA Compliance

Citations after Jan. 1, 2011

M.S. 182.6553

Lack of a method to assure that any modification or addition to the physical structure of the facility includes consideration of patient handling tasks and the goal of minimizing manual lifting

MNOSHA Compliance

Citations after Jan. 1, 2011

M.S. 182.6553

Lack of periodic evaluations of the
patient handling program

MNOSHA Compliance

Citations before Jan. 1, 2012

M.S. 182.6554

No written policy

MNOSHA Compliance

Citations before Jan. 1, 2012

M.S. 182.6554

A written policy that does not include the elements
of program development set forth in the statute

Reference Web Sites

OSHA – eTools and compliance assistance

www.osha.gov/dts/osta/oshasoft

NIOSH – Safe lifting and movement of nursing home residents

www.cdc.gov/niosh/docs/2006-117

Patient Safety Center

www.visn8.med.va.gov/patientsafetycenter

Resource guide for implementing an SPH program in acute care

www.aohp.org/About/documents/GSBeyond.pdf

- Go to www.osha.gov
- Select “Inspection data”
- Select “Establishment Specific Injury & Illness Data”

Safety Grants

- Up to \$10,000 matching funds for projects designed to reduce the risk of injury/illness
 - Includes equipment and training
- Employer must have workers' compensation insurance
- Must come under MNOSHA jurisdiction
- Written report from a qualified safety professional or safety committee with recommendations
- Project consistent with recommendations
- Must have knowledge and experience to complete project
- Must be able to match grant money awarded
- **Invoices dated prior to contract date not eligible**

Call: (651) 284-5060

Contact Information

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