# Safe Patient Handling Standard

*For the latest edition of this document, refer to the People Safety page*

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Exposure to **musculoskeletal injury (MSI)** associated with patient handling is a significant risk factor for healthcare staff. Vancouver Coastal Health (VCH) is committed to minimizing the risk of injury, promoting safe patient handling and improving quality of care outcomes.

## 1.0 Purpose

The **Safe Patient Handling Standard** (hereafter known as the **"Standard"**) outlines the necessary responsibilities, procedures, and tools to ensure that staff exposure to MSI risk factors associated with patient handling is minimized, and eliminated where possible.

1.1 The Standard is an integral part of clinical practice throughout VCH; and harmonizes practices across all Health Authorities in the province.

## 2.0 Scope

This Standard applies to all VCH staff, contractors and students and all VCH sites, facilities, departments, units and programs.

## 3.0 Policy

3.1 The corporate Occupational Health and Safety Policy mandates implementation of and compliance with the Standard by all staff, contractors and students.

3.2 Documentation, forms and tools associated with the Standard will be maintained on the Ergonomics and Musculoskeletal Injury Prevention webpage (One.VCH > Working Here > Safety, Health & Wellness > Safety > Ergonomics and MSIP)

## 4.0 Standard

Staff are expected to use mechanical **Patient Handling Devices** (e.g. ceiling lifts or floor-based lifts) to reduce **Workplace Risk Factors** that place them at risk of an injury.

Staff may only perform manual patient handling activities once it is established that it is safe to do so (refer to the Point of Care Risk Assessment) AND when the following criteria are met for both the patient and the staff:

| Manual Patient Handling Task | Patient Criteria: | Staff Criteria: |
|---|---|---|
| Transfers<br><br>Ambulation<br><br>Repositioning (boosting, turning, moving limbs)<br><br>Care activities (dressing, wound care, washing/pericare) | Follows directions/cueing and cooperate<br><br>AND<br><br>Actively participates in the task. | Guides the patient's movement with minimal physical force without straining*. This can include:<br><br>• Physical cues<br>• Verbal directions |

*Although there is no protective exposure limit weight for patient handling, staff should not manually lift more than 35lb (16kg) in ideal circumstances. This weight limit lowers for non-ideal circumstances, where awkward postures, task frequency and/or duration, or restricted space may be present.

4.1 **Exceptional Care Circumstances** (e.g. emergencies/evacuations) may require the use of non-standard procedures (including manual handling) to ensure the safety of the patient.

When the patient presents with clinical contraindications that prevent staff from using mechanical devices to provide care as outlined in the Standard, the Care Team needs to determine the safest way of providing patient care that minimizes staff exposure to Workplace Risk Factors. This plan needs to be communicated to all staff involved in the patient's care.

## 5.0 Procedure

### 5.1 Assessment

Direct care staff will perform a Point of Care Risk Assessment with all patients before and during patient care to determine whether it is safe to perform the task at that point in time. It requires them to check four components that compose patient care:

1. Self
2. Task
3. Environment
4. Patient/Resident/Client

5.2 **Equipment Use**

Ceiling lifts and mechanical patient handling devices are the optimal control measure and the first choice for MSI prevention.

5.3 **Work Procedures**

For specific patient handling techniques, including lift use, see the Safe Patient Handling Resources (One.VCH > Working Here > Safety, Health & Wellness, >Safety >Ergonomics and MSIP)

## 6.0 Applicable Regulations and Standards

The Standard (and associated forms, tools and documentation) complies with WorkSafeBC's *Occupational Health & Safety Regulation:*

a. Sections 4.47 - 4.53 (the Ergonomics (MSI) Requirements)
b. Section 4.50 (Risk Control)
c. Section 3.12 and 3.13 (Refusal of Unsafe Work; No Discriminatory Action)

## 7.0 Responsibilities

7.1 **Senior Executive Team (SET) and Directors** must ensure:

a. Managers and supervisors are familiar with the contents of the Standard and their responsibilities under the Standard.
b. Resources required for the implementation and administration of the Standard are made available to the managers and their units.

7.2 **Managers and supervisors** must:

a. Be familiar with the contents of the Standard and their responsibilities under the Standard.
b. Implement the Standard as it applies to their department(s)/program(s) and oversee compliance with the Standard.
c. Provide equipment and resources required for the implementation and administration of the Standard.
d. Ensure that their staff are familiar with the contents of the Standard and their responsibilities under the Standard.

e. Ensure staff correctly use, maintain and store (where applicable) patient handling equipment.
f. Facilitate the provision of education (e.g. People Safety online resources) to help staff become familiar with the contents of the Standard
g. Ensure that problems and issues associated with the use of patient handling equipment are documented and corrected as soon as possible.
h. The Manager/Supervisor will monitor compliance at the Department level. Where the Standard is not followed, disciplinary consequences will commence with a written warning. Further violations of this Standard will be subject to additional actions, up to and including termination of employment.

7.3 **Staff** must:

a. Comply with this Standard.
b. Take reasonable care of their own, their co-workers' and patients' health and safety during patient handling activities.
c. Implement the procedures specific to their own health service delivery areas.

7.4 **People Safety** will:

a. Maintain the Safe Patient Handling Standard and related tools and resources.
b. Provide support to managers and supervisors to:
    i. Identify and assess patient handling injuries.
    ii. Develop controls for MSI risk factors.
    iii. Ensure compliance with the Standard.
c. Oversee the patient handling education/training program.
d. Advocate for the provision of safe patient handling equipment to staff by SET, directors or managers.
e. Provide education/training and ongoing support to staff chosen as Department Coaches or a Peer Resource.

7.5 **Joint Health and Safety Committees (JHSCs)** will:

a. Review concerns and make recommendations for improvement of the Standard to site leadership and to People Safety.

7.6 **Contractors (Physicians and others)** will:

a. Comply with the Standard and any other patient handling policies/protocols provided by People Safety.

## 8.0 Record-keeping

8.1 Clinical Education will keep records of new employee training involving the Standard.

8.2 People Safety will keep records of additional employee training involving the Standard.

## 9.0 Evaluation of Standard

The Standard will be reviewed annually, and if needed, will be updated sooner when required based on changes in regulations or operations.

## 10.0 References

**Tools, Forms and Guidelines**

a. MSIP Information
b. Safe Patient Handling Resources
c. Vancouver Community Tools

**Related Policies/Standards**

a. Musculoskeletal Injury Prevention Standard
b. Occupational Health and Safety Policy

## 11.0 Version Control Tables

| Version number | Purpose / Changes | Date |
|---|---|---|
| 1 | Conversion from Policy to Standard | July 2017 |
| 1.2 | Updated links in document to reflect change from VCH Connect to MyVCH | Jan. 2019 |
| 2 | Updated all references of Workplace Health to Employee Safety and added bullet d to 7.4. | Mar. 2020 |
| 3 | Updated links, updated wording of standard to reflect NIOSH language | Sept 2022 |

## Appendix A – Definitions

**"Assess"** includes the formal intake assessment performed by staff as well as the Point of Care Risk Assessment (POC) performed by staff each and every time they provide patient care.

**"Clinical Contraindication"** refers to a specific situation in which mechanical lifting devices should not be used because it may be harmful to the patient. Clinical contraindications are determined by the staff providing care for that patient population and will be unit or patient specific.

**"Exceptional Care Circumstances"** means emergencies (such as a medical emergency or evacuation situations) or when Clinical Contraindications require the use of non-standard procedures to ensure the safety of the patient and staff.

**"Handling"** includes, but is not limited to, activities such as transferring and repositioning of a patient, or bathing, or assisting with hygiene, or making occupied beds and dressing a patient.

**"Musculoskeletal Injury (MSI)"** means an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissues, which include sprains, strains and inflammation that may be caused or aggravated by work.

**"Patient Handling Devices"** include ceiling lifts, floor-based mechanical lifts, transfer boards, assistive bars, slider sheets/boards or transfer belts and others.

**"Patient"** in this document refers to the person receiving care. Depending on the population, it may be used interchangeably with 'Resident' and 'Client.'

**"Point of Care Risk Assessment"** is an assessment performed by all care workers before and during any care task. It asks care workers to determine whether it is safe to perform that task at that particular point in time by asking them to check four components of care: the self, the task, the environment and the Patient.

**"Reposition"** means the movement of a Patient on the same surface.

**"Staff"** means all employees (including management and leadership), medical staff members (including physicians, midwives, dentists and nurse practitioners), residents, fellows and trainees, students, volunteers, contractors and other service providers engaged by VCH.

**"Transfer"** means the movement of a Patient from one surface to another.

**"Workplace Risk Factors"** include force, awkward posture, repetition, duration and local contact stress. These are defined by WorkSafe BC as hazards that may cause or contribute to a MSI. Please refer to WorkSafeBC's Understanding the Risks of MSI guide for more information.