HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: SAFE PATIENT HANDLING & TRANSFER **Effective Date: 10/2010**
Policy Number: 150 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Our hospital wants to ensure that its patients are cared for safely, while maintaining a safe work environment for employees. To accomplish this, Back Injury Prevention education is implemented for all direct care givers upon hire and annually thereafter. Direct patient care staff should assess the patient handling tasks in advance to determine the safest way to accomplish them. Additionally, lifting equipment, mechanical and non-mechanical, should be used to prevent manual lifting and handling of patients except when absolutely necessary, such as in a medical emergency.

II. DEFINITIONS

Health care worker – an individual providing direct patient care services who may be required to lift, transfer, reposition, or move a patient.

Nurse – an advanced practice nurse, a registered nurse, or a licensed practical nurse licensed under the Illinois Nurse Practice Act.

III. RESPONSIBILITY

All nurses and health care workers

IV. EQUIPMENT

N/A

V. PROCEDURES
INFECTION CONTROL: CATEGORY II

A. EMPLOYEES

1. Compliance

a. It is the duty of employees to take reasonable care of their own health and safety, as well as that of their own co-workers and their patients during patient handling activities by following this policy. Non-compliance will indicate a need for retraining by supervisor and corrective action to be taken as necessary.

b. A nurse may refuse to perform or be involved in patient handling or movement that the nurse in good faith believes will expose a patient or nurse or other health care worker to an unacceptable risk of injury.

c. An analysis of the safety risks posed by the handling needs of patient populations served by the hospital and the physical environment in which the patient handling movement occurs will be periodically performed by the Health Safety Committee.

d. The Health Safety Committee will evaluate this periodic analysis and will discuss alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment.

e. The Health Safety Committee in collaboration with Risk Management and Human Resources will annually report to the Quality Improvement/Risk Management Committee and Nurse Staffing Committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.

f. In developing architectural plans for construction or remodeling of the hospital or unit of the hospital in which patient handling and movement occurs, consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment.

2. Safe Patient Handling and Movement Requirements

a. Use mechanical lifting devices and other approved patient handling aids for patient handling and movement tasks except for emergency, life threatening, or otherwise exceptional circumstances.

b. Use mechanical lifting devices and other approved patient handling aids in accordance with instructions and training.

c. All nurses will attend an annual inservice on identification, assessment, and control of risks of injury to patients and nurses and other health care workers during patient handling.

3. Reporting of Injuries/Incidents

a. Direct care staff shall complete the appropriate incident form before leaving their shift.

b. Direct care staff shall report all incidents/injuries from patient handling and movement within 24 hours of the incident/injury to the Human Resources Department and the Risk Manager.

B. PATIENT HANDLING & MOVEMENT STRATEGIES:

1. Determining Transfer Assistance

a. Ask the following questions to decide if the patient requires the assistance of 1 or 2 staff members or a mechanical lift to safely transfer - **Is the patient able to:**

- Follow commands?
- Move body to assist with rolling or supine to sit?
- Move all 4 extremities?
- Scoot bottom to edge of bed or chair in sitting?
- Stand up with a small amount of assist?

b) If the patient is able to complete most of these tasks, then he/she will most likely require 1 staff member to transfer.

c) However, patients that are unable to follow commands, are combative and have limited abilities will require the assistance of 2 staff members or the use of mechanical lift device.

d) <u>Patients with little to no ability to stand should be transferred with a mechanical lift</u>.

2. <u>Positioning a Patient in Bed</u>

a. Raise the bed to staff member's waist level before beginning any repositioning of the patient. This will decrease bending forward, which could cause injury.

b. Have the patient grasp bed rail and do as much of the turning from side to side as he is able to do.

c. Bringing the outside leg over and in front of the inside leg will help the patient maintain a side lying position.

d. A transfer slide should be used when scooting the patient to the head of the bed. Lower the head of the bed, then raise the foot of the bed slightly to have an incline. Have the patient to attempt to help by pushing with legs and using arms on bedrails to move up in the bed. <u>Use 2 staff members whenever possible</u>. Check with nurse to make sure patient has no medical conditions that would preclude the use of this position.

e. If only 1 staff member is available, use the bed pad to pull the patient up. Do this by first pulling the patient up on one side with the bed pad, then move to the other side and pull the patient up. **This 1 person technique should only be used if the patient is light or can provide substantial help.**

3. <u>Transferring a Patient from Bed to Gurney</u>

a. Before moving the patient, raise or lower the bed so that it is the same height as the stretcher.

b. Lock the brakes on the bed and the stretcher.

c. Make sure the bed and the stretcher are as close together as possible to prevent gaps in the surface.

d. Inform the patient of what you are about to do. Instruct the patient on how he/she can provide assistance during the transfer.

e. If the patient is able to assist, instruct the patient to slide over from the bed onto the stretcher and assist him to do so. Place the stretcher's far side rail up to allow the patient to grasp and assist in pulling himself over.

f. If the patient is unable to assist, use the bed pad or a draw sheet to pull the patient over toward the stretcher. Take extra time with patients who are at risk for skin shearing or breakdown. Use at least 2 staff members. A mechanical device may be used.

g. Once the patient is on the stretcher, raise both side rails before transporting.

4. <u>Assisting Patient from Supine to Sitting on Edge of Bed</u>

a. Have the patient roll onto his side and bring patient legs off the bed (if patient is on hip or back precautions, consult with Physical Therapy for different approach).

b. Support the patient at the shoulder and have the patient try to push up from the bed using opposite arm from where you are assisting.

c. Once the patient is about ½ the way upright, have the patient try to push up from the bed using opposite arm from where you are assisting.

d. To assist the patient into a supine position from a sitting position, assist the patient to lie down on side, then bring legs up on the bed.

5. <u>Bed to Chair Transfer</u>

a. Before moving the patient, make sure the chair is positioned as close to the bed as possible. It should not be directly side by side, but at a slight angle toward the bed.

b. Assist the patient to a sitting position as described in Supine to Sit instructions.

c. Make sure the patient is as far forward on the edge of the bed as possible and feet are on the floor. Patient should be angled slightly to the chair.

d. Explain in simple commands what you expect the patient to do and have the patient repeat back to you the instructions before starting the transfer.

e. Have the patient lean forward safely as much as possible, having him to use his arms to push up from the bed. Once the patient has pushed up from the bed, instruct him to reach with hand closest to the chair for the armrest of the chair.

f. Assist with lifting the patient by using a **gait belt** or by supporting the patient underneath the buttocks and at the shoulder. The patient should be leaning across your shoulder.

g. If the patient is able to stand, have the patient stand upright and place his hands on your shoulders or arms for support.

h. Assist or have the patient to turn buttocks towards the chair and assist the patient slowly to the chair surface.

i. Ask the patient to reach back for the armrests when lowering to chair surface.

6. <u>Chair to Bed Transfer</u>

a. Make sure the chair is positioned as close to the bed and angled toward the head of the bed as much as possible.

b. Assist the patient to scoot to the edge of the chair seat, placing his hands on the armrests to assist with pushing up. Instruct the patient to lean forward.

c. Support and lift the patient by **gait belt** or by placing hands under the buttocks.

d. Once the buttocks have been lifted high enough to clear the armrest, assist the patient to pivot towards the bed. Assist patient to slowly sit down.

e. If the patient can stand, have him stand upright and place his hands on your shoulders or arms for support.

f. Have the patient pivot on feet to turn buttocks towards the chair and assist the patient to slowly sit down.

7. **Two Person Assist Transfers**

   a. Use the basic techniques described in the preceding procedures.

   b. Before moving the patient, determine what the plan will be and the cue on which the patient will be moved.

   c. Both staff members need to position themselves as closely to the patient as possible, usually with one in front of the patient and one behind the patient. If staff is unable to get behind the patient, standing to the side is acceptable.

   d. Use of a gait belt with 2 person assist transfers is recommended.

8. **Mechanical Lifting Device**

   a. In addition to the physical layout of the workplace, equipment, staffing, and workload, the approach to the lift is a key element to reducing staff injuries.

   b. Proper documentation and communication should inform the staff of the patient's abilities, transfer needs, physical stability, and tendency if any, toward aggressive acts.

   c. The staff should anticipate what actions would be necessary if the patient falls.

   d. The procedure for the transfer should be clearly communicated and understood by any other staff assisting and the patient.

   e. The staff should assess the patient, even briefly, before every transfer.

   f. The patient should be transported the shortest possible distance by the lifting device. The mechanical lifting device should not be used to transport the patient or resident outside the room.

   g. Try to maintain eye contact with the patient and communicate while the lift is in progress.

   h. Never allow the patient to grasp you around the neck as this could result in injury.

   i. Agree on the timing of the lift with the patient and other staff and count together.

   j. Assure the path of the transfer or lift is clear from obstructions and that furniture and aids that the patient is being transferred to are properly placed and secure.

C. KEY POINTS

1. For semi-ambulatory or ambulatory patients, always assure that appropriate footwear is in place. Treaded socks supplied by the hospital or other non-skid footwear are required.
2. Always assess patient prior to repositioning or transferring to determine assistance needed.
3. Always maintain patient dignity while ambulating patient by assuring body is adequately clothed, hygiene needs are met and appropriate footwear is in place.
4. Be alert to increased risk for falls when patients are in a room with a bright pink leaf shape on the door to their room.

VI. DOCUMENTATION

N/A