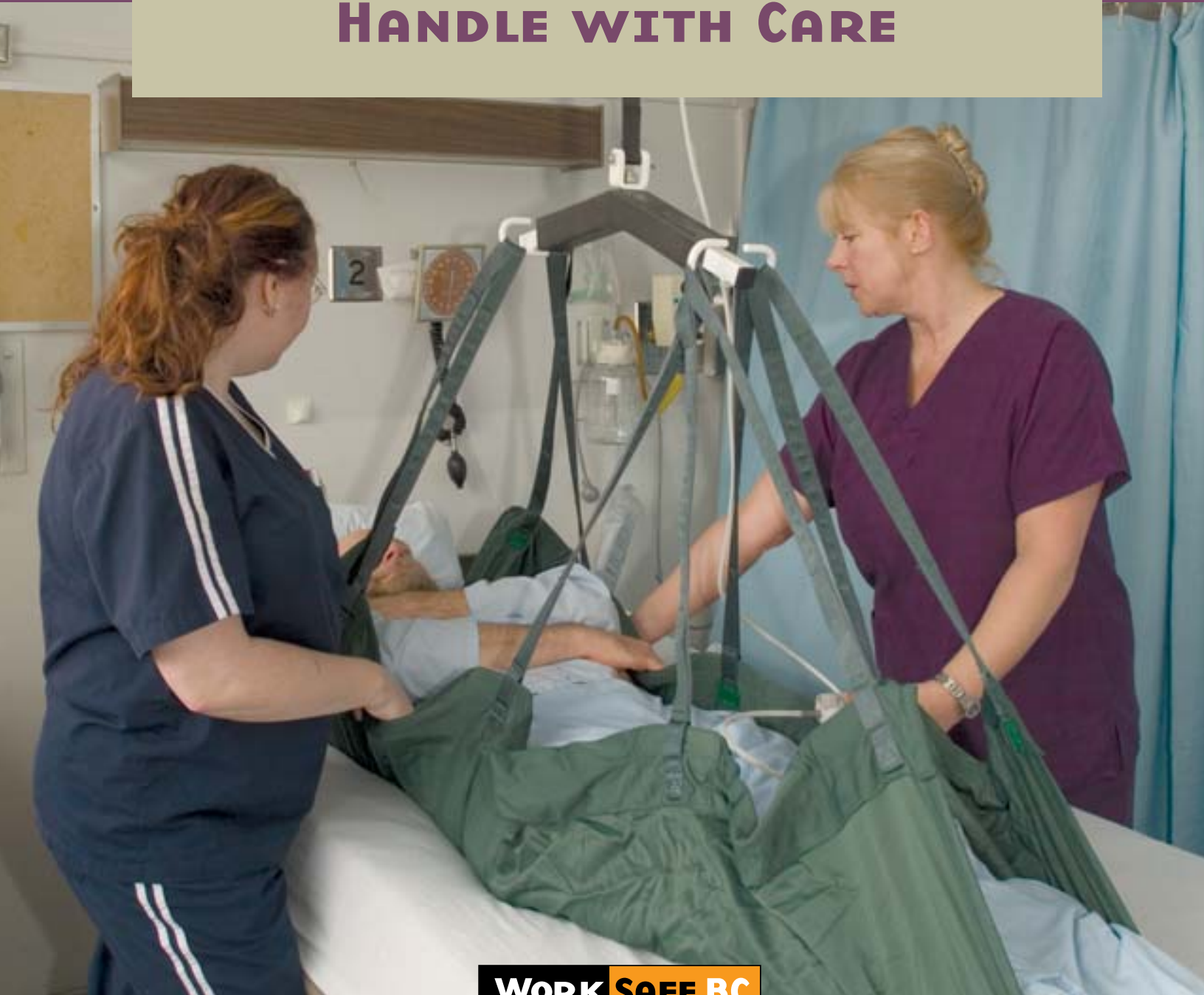


PATIENT HANDLING IN SMALL FACILITIES: A COMPANION GUIDE TO HANDLE WITH CARE



WORK SAFE BC

WORKING TO MAKE A DIFFERENCE
worksafebc.com

WORKERS' COMPENSATION BOARD OF B.C.

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WorkSafeBC (the Workers' Compensation Board) is an independent provincial statutory agency governed by a Board of Directors. It is funded by insurance premiums paid by registered employers and by investment returns. In administering the *Workers Compensation Act*, WorkSafeBC remains separate and distinct from government; however, it is accountable to the public through government in its role of protecting and maintaining the overall well-being of the workers' compensation system.

WorkSafeBC was born out of a compromise between BC's workers and employers in 1917 where workers gave up the right to sue their employers or fellow workers for injuries on the job in return for a no-fault insurance program fully paid for by employers. WorkSafeBC is committed to a safe and healthy workplace, and to providing return-to-work rehabilitation and legislated compensation benefits to workers injured as a result of their employment.

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PATIENT HANDLING IN SMALL FACILITIES: A COMPANION GUIDE TO HANDLE WITH CARE

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Many publications are available on the WorkSafeBC web site. The Occupational Health and Safety Regulation and associated policies and guidelines, as well as excerpts and summaries of the *Workers Compensation Act*, are also available on the web site: WorkSafeBC.com

Some publications are also available for purchase in print:

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Introduction

This handbook illustrates how small facilities within the health care sector can apply WorkSafeBC’s Ergonomics (MSI) Requirements of the Occupational Health and Safety Regulation to their individual facility. It will guide you through the process of identifying, assessing, and controlling the risks of musculoskeletal injuries (MSI) for patient handling.

This handbook is intended for employers, managers, and workers of small facilities within the health care sector in British Columbia. The majority of these facilities will have only one location or one central office where workers are based. Some of these small facilities may include:

- Long-term care facilities
- Home care services
- Group homes

Why should I use this handbook?

Due to their size, small facilities often lack the resources to have a formal joint health and safety committee or a designated MSI prevention advisor. Consequently, this handbook will outline a process in which small facilities within the health care sector should “eliminate or, where that is not practicable, minimize the risks of MSI to workers” (Section 4.50(1) of the OH&S Regulation). The OH&S Regulation itself forms the basis of an effective MSI prevention policy and therefore is an excellent guide to follow.

How should I use this handbook?

Throughout this handbook, the numbers in parentheses refer to the corresponding sections of the Regulation. The process outlined in this handbook follows that of the OH&S Regulation Ergonomics (MSI) Requirements. For more detailed information regarding this process, refer to the WorkSafeBC publication *Handle with Care*.

This process (see the diagram on page 2) outlines how a facility can build an MSI prevention program. It is a process composed of multiple components, preferably starting with risk identification.

What is MSI?

A musculoskeletal injury may involve the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissue. Common MSIs are sprains, strains, and tears.

What are the MSI requirements?

The most updated version can be found online at WorkSafeBC.com in Part 4.46 to 4.53 of the OH&S Regulation.

Prevalence of MSIs?

Within small health care facilities, one in three injuries are MSIs.

Every time a patient needs assistance with moving, there is a risk of injury.

Resource



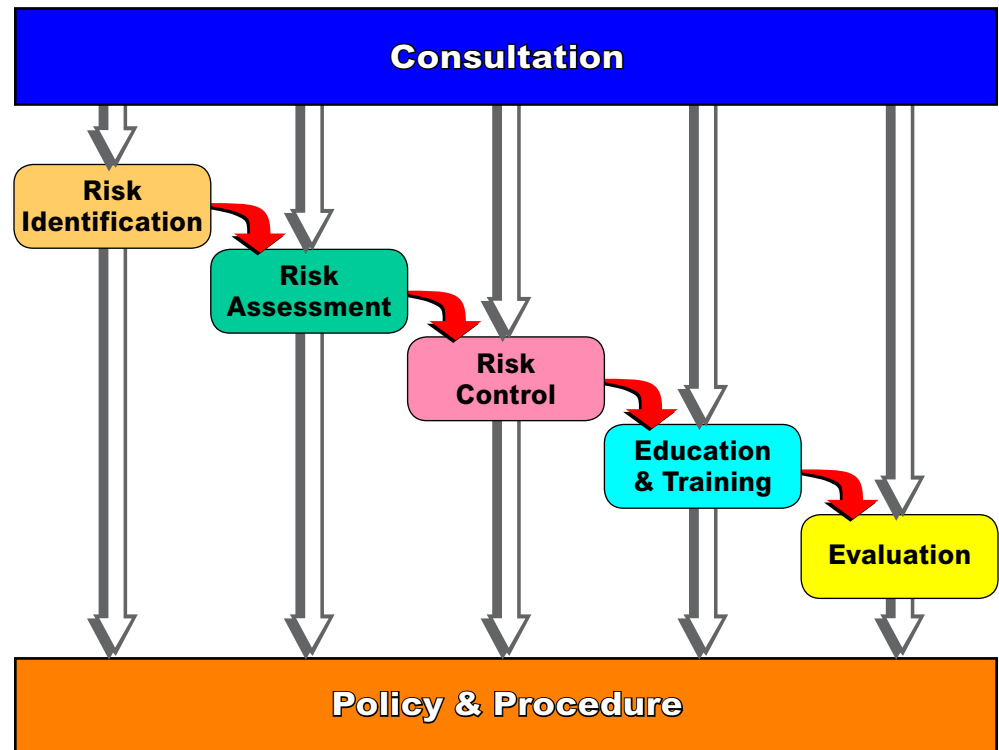
*Handle
with Care*

Go to WorkSafeBC.com, click on Safety at Work, click on Health Care under “Industries.” Then under “Prevention Resources,” click on “MSI and Ergonomics.”

MSI Checklist

Ergonomics (MSI) requirements checklist for patient handling (Appendix A)

Each part listed in the diagram is identified in Sections 4.46 to 4.53 of WorkSafeBC’s Ergonomics (MSI) Requirements of the OH&S Regulation. As illustrated, consultation is a vital component of each part of the process.



A checklist has been provided (Appendix A) to help ensure each part of the process has been completed.

Consultation

Throughout the process of following the Ergonomics (MSI) Requirements, it is necessary to consult with workers to obtain their input into decisions and evaluations.

Why do I need to consult with workers?

Past experience shows that workers are often the best source of information for identifying, assessing, and controlling the risks of MSI. Workers can provide valuable information on which controls are likely to succeed and which will not. Having some input within their workplace can also encourage worker “buy-in” and improve the likelihood of success.

With which workers do I need to consult?

One way for small facilities to achieve effective consultation is to form an MSI prevention team composed of workers familiar with the various hazards associated with the work performed. The employer can put this team in charge of the process of identifying, assessing, and controlling risk factors; however, the employer is legally responsible for the entire process. The team shall also communicate with workers who have reported signs and symptoms of MSI and a representative sample of workers who carry out the work being assessed.

When do I need to consult with workers?

Consultation must be part of all components and thus should be an ongoing practice in MSI prevention. Ongoing consultation means continually getting ideas and opinions from workers as well as regular feedback after changes take place.

According to the OH&S Regulation (Section 4.53), the participation of the workers’ health and safety representative(s) is required during the following stages:

- Identification, assessment, and control of risk factors
- Development of worker education and training
- Evaluation of risk control measures

MSI Prevention Team

The MSI prevention team should be comprised of:

- Employer
- Management
- Health care workers
- Maintenance workers
- Health and safety representative

How is consultation conducted?

The process of worker consultation may include the following activities:

- Brainstorm ways to improve safety during regular safety meetings
- Ask workers' opinions regarding selection and use of new equipment
- Speak to workers about potential risks while they perform their jobs
- Ask workers for input during staff meetings
- Conduct interviews with workers

OH&S Regulation 4.53 Consultation

- (1) The employer must consult with the joint committee or the worker health and safety representative, as applicable, with respect to the following when they are required by the Ergonomics (MSI) Requirements:
 - (a) risk identification, assessment and control;
 - (b) the content and provision of worker education and training;
 - (c) the evaluation of the compliance measures taken.
- (2) The employer must, when performing a risk assessment, consult with
 - (a) workers with signs or symptoms of MSI, and
 - (b) a representative sample of the workers who are required to carry out the work being assessed.

Risk Identification

The Ergonomics (MSI) Requirements (Section 4.47) state that employers must identify work activities and workplace conditions that may expose workers to a risk of MSI. The OH&S Regulation (Section 4.49) directs the employer and MSI prevention team by listing common risk factors that must be considered when identifying risks.

Who should identify risk factors?

Because the MSI prevention team members are knowledgeable of the work process and should be trained in the recognition and interpretation of MSI risk factors, they are an appropriate group to identify these risk factors.

How do I identify risk factors?

Risk identification can be achieved by reviewing and analyzing information such as:

- Accident report forms
- First aid reports
- Worker complaints
- MSI checklists
- WorkSafeBC injury statistics
- Communication with colleagues in other facilities

This information, along with employee and manager experience of physically demanding tasks, will help you identify and set priorities for tasks that are to be assessed for risk control.

Creating a log of MSIs will allow the facility to create a baseline, identify trends, and set goals and targets for injury reduction (Appendix B). Be as specific as possible when recording injuries. The type of information to collect and log when identifying risks includes:

- Type of injury
- Area of body injured
- Task or activity performed at time of injury
- Description of incident
- Location at the time of injury
- Number of days lost due to injury

When should risk identification occur?

Ideally, risk identification should take place before incidents occur; for example, whenever new patients, equipment, or activities are introduced into the workplace.

What is a Risk Factor?

A risk factor is something that may cause or contribute to an injury.

MSI Training

- Berrington Training Services
- Care Institute of Health and Safety Inc.
- Camosun College
- First Response Training and Safety Systems Ltd.
- Kwantlen University College
- Malaspina University College
- Northern Lights College
- Quesnel School District, Continuing and Adult Education
- University College of the Fraser Valley

MSI Checklists

Go to WorkSafeBC.com, click on Safety at Work, and click on Ergonomics, under “Topics.” Then click on MSI Risk Factor Identification Worksheet.

WorkSafeBC Stats

Go to WorkSafeBC.com, click on Safety at Work, and click on Health Care, under “Industries.” Then, click on Statistics under “References.”

Resources

MSI Log (Appendix B)



*High-Risk
Manual Handling
of Patients in
Healthcare*

Go to WorkSafeBC.com, click on Safety at Work, click on Health Care under “Industries.” Then under “Prevention Resources,” click on “MSI and Ergonomics.”

Incorporate risk identification when making plans for new facilities, residences, or work practices and when planning renovations to existing facilities. Risk identification may also be included as part of regular workplace inspections. Risk identification may also occur after incidents occur to establish the extent to which MSI risk factors may have contributed to an incident and to prevent similar incidents from recurring.

OH&S Regulation 4.47 Risk Identification

The employer must identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI).

OH&S Regulation 4.49 Risk Factors

The following factors must be considered, where applicable, in the identification and assessment of the risk of MSI:

- (a) the physical demands of work activities, including
 - (i) force required,
 - (ii) repetition,
 - (iii) duration,
 - (iv) work postures, and
 - (v) local contact stresses;
- (b) aspects of the layout and condition of the workplace or workstation, including
 - (i) working reaches,
 - (ii) working heights,
 - (iii) seating, and
 - (iv) floor surfaces;
- (c) the characteristics of objects handled, including
 - (i) size and shape,
 - (ii) load condition and weight distribution, and
 - (iii) container, tool and equipment handles;
- (d) the environmental conditions, including cold temperature;
- (e) the following characteristics of the organization of work:
 - (i) work-recovery cycles;
 - (ii) task variability;
 - (iii) work rate.

Risk Assessment

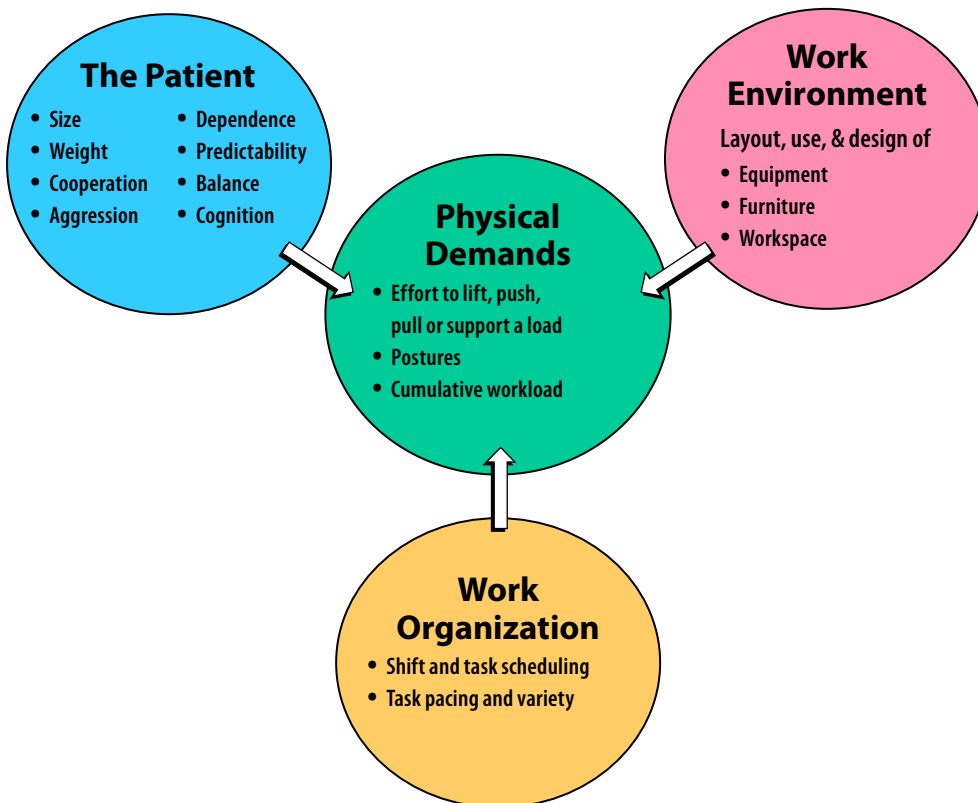
Risk identification will give the employer and the MSI prevention team an idea of the high-risk tasks that occur as well as where they occur at their facility. Once risk factors are identified, Section 4.48 of the OH&S Regulation requires that the risk to workers is assessed.

What is a risk assessment?

A risk assessment determines the likelihood of risk factors leading to a musculoskeletal injury (MSI). The risk assessment enables the employer and MSI prevention team to prioritize the highest risk of injury and determine sufficient controls.

What are some of the common risk factors?

Section 4.49 of the OH&S Regulation outlines the factors that must be taken into consideration when assessing risk. Some common risk factors in a health care setting include:



The physical demands of patient handling are often the most common risk factors and must be considered when assessing risk. The physical demands risk factors listed in Section 4.49 of the OH&S Regulation can be defined as follows:

- **Force** refers to the effort a worker exerts to overcome the weight of a load or to grip something. The greater the force exerted, the greater the risk of developing an MSI. The types of activity that require force include lifting, lowering, carrying, gripping, pushing, and pulling.
- **Repetition** refers to the repeated use of the same muscles with insufficient time for rest or recovery.
- **Duration** refers to the length of time a worker is exposed to a particular risk and should be considered along with other risk factors in determining the level of risk.
- **Work posture** refers to the relative position of different parts of the body. Working in awkward postures increases the stress on the muscles, tendons, and other soft tissues and decreases their strength and efficiency. Static postures are postures held for a long time without movement.
- **Contact stress** occurs when hard or sharp objects come in contact with the skin and can injure the nerves and tissues under the skin.

The other three types of risk factors are often called contributing factors because they contribute to the level of risk posed by the physical demands. These contributing risk factors include the patients' characteristics, work environment, and work organization.

Characteristics of the patient that must be considered:

- **Size and shape** refers to a patient's size. Assisting large patients requires more force to move, may restrict vision, and result in more awkward postures. However, the risk of manually assisting a small patient is often underestimated.
- **Condition and weight distribution** refers to the patient's physical condition and weight. When selecting the appropriate handling method, consider the patient's ability to assist with the transfer. Aspects to consider include cognition, functional ability, predictability, aggression, and frailty.

Aspects of the work environment that must be considered:

- **Workspace layout and design** refers to heights and reaches of patient transferring points, access to controls, ease of manoeuvring beds, and wheelchairs.

-
- **Equipment** refers to availability and usability of mechanical lifts, slide equipment, or other transfer assist devices.
 - **Furniture** refers to appropriateness of furniture and its placement to allow for safe work practices.

Aspects of the work organization that must be considered:

- **Work recovery cycles** refers to opportunities to rest body parts that perform physical activities.
- **Task variability** refers to the degree with which workers perform the same or similar tasks over a prolonged period without sufficient rest.
- **Work rate** refers to the speed with which a task is carried out.

For more information regarding all types of risk factors in patient handling and how to perform a risk assessment, refer to WorkSafeBC's *Handle with Care* guide.

Who performs a risk assessment?

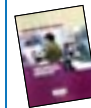
The MSI prevention team should carry out the risk assessment. Through their experience in the workplace, MSI prevention team members should be knowledgeable of the work activities and have a good understanding of the physical demands.

As a member of the MSI prevention team, and according to the Ergonomics (MSI) Requirements, the workers' health and safety representative will participate in this process. Workers with signs and symptoms of MSI, and a representative sample of workers who carry out the work being assessed, also must be consulted.

When should a risk assessment be performed?

A risk assessment should be performed on tasks that pose or may pose a significant risk of injury to workers. The risk assessment should be performed prior to an injury occurring and as a result of an incident, injury, or close call. In all facilities where people need assistance in moving, it is necessary to assess the risk with each new patient at intake, as their degree of functional ability will vary. A patient's functional ability can also vary daily or hourly, requiring a risk assessment to be performed before every patient handling activity.

Resource



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Sample Risk Assessment



*Handle
with Care*

(Form 2)

Blank Physical Demands Risk Assessment Form

(Appendix C)

How is a risk assessment performed?

In general, occupations can be broken down into activities, and those activities can be further broken down into individual tasks. For example, a care aide's job may include getting a client up in the morning; the tasks may include sitting the client up in bed, moving them to the side of the bed, and transferring the client from the bed to a chair.

The risk identification will identify a list of tasks and their associated risk factors. The risk assessment must then be performed on those tasks that are likely to pose a risk of injury. Ensure that the risk to all workers is considered. In addition to the tasks themselves, the overall work environment may pose risks to workers. (A blank physical demands risk assessment form can be found in Appendix C.)

Risk assessment outcomes include:

- Identification of all risk factors associated with each task
- Determination of what contributed to the risk factors
- Ideas on how to control those risks

Does the risk assessment need to be written down?

Having a formalized written record of the risk assessment is not required; however, it is encouraged for a number of reasons. First, the risks associated with certain handling techniques or situations can be recorded in the patient care plans or activities of daily living charts and can then be referenced by care staff prior to each transfer. Second, a written record is useful if a WorkSafeBC Prevention Officer asks to review the risk assessment for a facility.

"Fast tracking" means going directly to a risk control without a formal assessment when obvious control methods exist. These informal assessments do not need to be recorded.

OH&S Regulation 4.48 Risk Assessment

When factors that may expose workers to a risk of MSI have been identified, the employer must ensure that the risk to workers is assessed.

Risk Control

According to Section 4.50 of the OH&S Regulation, the employer must eliminate and if that is not reasonably capable of being done minimize the risk of MSI to workers.

What types of risk controls exist?

Within patient handling tasks, two major types of risk control measures exist:

- **Engineering controls** include modifying the physical environment, equipment, or materials (e.g., ceiling lifts, slide sheets)
- **Administrative controls** include improving the work organization through the use and scheduling of resources and staff (e.g., team lifting)

What is the risk control process?

Based on the degree of risk identified in the risk assessment and consultation with workers, the MSI prevention team decides which risk should be addressed first and what control measures they will require. When considering what control measures to implement, it is important to involve all persons who may be affected; these workers will often have valuable insight as to what has and has not worked in the past.

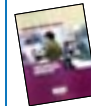
Sometimes the necessary controls cannot be implemented immediately; in which case, the employer must implement interim control measures in order to establish a safe system of work.

Resources for Patient Handling Controls



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*Transfer Assist
Device for Safer
Handling of
Patients*

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🔗 MSI and Ergonomics



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Is it possible to eliminate all risks?

Even when the risk control measures have been implemented, and certain risks have been eliminated, some degree of risk will remain. Any remaining risk factors should be identified, assessed, and minimized. Employers should educate and train workers regarding safe work practices in relation to these remaining risk factors.

OH&S Regulation 4.50 Risk Control

- (1) The employer must eliminate or, if that is not practicable, minimize the risk of MSI to workers.
- (2) Personal protective equipment may only be used as a substitute for engineering or administrative controls if it is used in circumstances in which those controls are not practicable.
- (3) The employer must, without delay, implement interim control measures when the introduction of permanent control measures will be delayed.

Education and Training

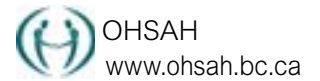
According to the OH&S Regulation (Section 4.51), employers must ensure that workers at risk of MSI can identifying risks and recognize the signs and symptoms of MSIs and their related health effects. Employers must also train workers in the specific use of control measures.

OH&S Regulation 4.51 Education and training

- (1) The employer must ensure that a worker who may be exposed to a risk of MSI is educated in risk identification related to the work, including the recognition of early signs and symptoms of MSIs and their potential health effects.
- (2) The employer must ensure that a worker to be assigned to work which requires specific measures to control the risk of MSI is trained in the use of those measures, including, where applicable, work procedures, mechanical aids and personal protective equipment.

Educational Resources

WorkSafeBC.com



Evaluation

Employers must also ensure that control measures are evaluated to determine their effectiveness in reducing the risk of MSI. This evaluation may be coordinated by the MSI prevention team. Comparing the level of risk before and after any control measures are implemented can demonstrate the effectiveness of the control measures. The overall MSI prevention program must be evaluated at least once each year to ensure it continues to eliminate and minimize risks.

OH&S Regulation 4.52 Evaluation

- (1) The employer must monitor the effectiveness of the measures taken to comply with the Ergonomics (MSI) Requirements and ensure they are reviewed at least annually.
- (2) When the monitoring required by subsection (1) identifies deficiencies, they must be corrected without undue delay.

Policy and Procedure

A written policy can provide guiding principles, objectives, goals, and can allocate duties.

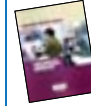
Why have an MSI prevention policy?

An MSI prevention policy is one way a facility can demonstrate its commitment to managing the risk of MSI within a facility. MSI prevention documentation can establish:

- A general MSI prevention policy for employers and workers
- Specific additional policies that focus on high-risk activities such as patient handling
- A structure that allows for allocation of responsibilities and for policy implementation

A sample patient handling policy is included in Appendix D and can be easily adapted for an individual facility. More information on policy development can be found in *Handle with Care*.

Resource



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🔗 Health Care

🔗 MSI and Ergonomics

Appendices

**Appendix A: Ergonomics (MSI) requirements checklist
for patient handling**

Appendix B: Sample MSI Log

Appendix C: Physical demands risk assessment
(Handle with Care pg 79,83-85)

Appendix D: Safe patient handling policy
(Appendix III Handle with Care pg 119-122)

Appendix A: Ergonomics (MSI) requirements checklist for patient handling

Parts	Assigned to:	Yes	No
1. Consultation Have you created an MSI prevention team with workers familiar with the various jobs and a workers' health and safety representative?			
2. Risk Identification a. Have you and the MSI prevention team identified tasks with risk of MSI? b. Have you along with the MSI prevention team identified risk factors of those tasks? (OHSR 4.47) c. Have you created an MSI log?			
3. Risk Assessment a. Have you and the MSI prevention team assessed the risk factors to determine the degree of risk to workers? (OHSR 4.48) b. Have you consulted with workers and a representative sample of other workers who perform the same tasks? (OHSR 4.53 (2)(b)) c. Do you have a written record of the risk assessments?			
4. Risk Control a. Have you consulted with workers regarding the implementation of controls? b. Have you and the MSI prevention team implemented control measures, where required, to eliminate or minimize the risk of MSI to workers? (OHSR 4.50 (1))			
5. Education & Training a. Have you consulted with the MSI prevention team regarding the development of worker education and training? (OHSR 4.53 (1)(b)) b. Have you educated workers about the risk factors, signs and symptoms of injury, and potential health effects? (OHSR 4.51 (1)) c. Have you trained workers in the use of control measures? (OHSR 4.51 (2))			
6. Evaluation a. Have you evaluated control measures to determine their effectiveness to eliminate or minimize the risk of MSI? (OHSR 4.52 (1)) b. Have you re-examined the task(s) where risk has not been effectively controlled? c. Have you consulted with the MSI prevention team regarding the evaluation of the compliance measures? (OHSR 4.53 (1)(c))			
7. Policy & Procedure Have you created policy and procedures regarding high risk activities and allocation of duties?			

If you answered "No" to any questions, please revisit that part.

Appendix B: Sample MSI Log

Musculoskeletal Injury Log

Date: January 2006

Type of Injury	Area of Body	Task/Activity	Description of Incident	Location	Days Lost
Muscle strain	Lower back	Patient transfer from toilet to chair	Bending & lifting patient when felt sharp pain in back	Extended care residence bathroom	5 days

Appendix C: Physical demands risk assessment

(Form 2 Handle with Care pg 79,83-85)

Form 2: Physical demands risk assessment

This risk assessment form is a tool for examining the physical demands of patient handling procedures in health care facilities. This form should be used in conjunction with Form 4: Work environment risk assessment (see page 89).

Instructions

Follow these guidelines when conducting a risk assessment of physical demands:

- Determine which patient handling procedure you will be assessing.
- Observe the procedure in several different locations where it typically occurs.
- Observe a representative sample of workers who typically perform the procedure.
- Summarize your observations in the Observations column.
- Refer to the illustrations on page 85 to get a better idea of awkward postures you should be looking for. Circle any awkward postures you identify.

Note: The Risk Factor column provides examples that you can use as a starting point when you are observing a patient handling procedure. However, make sure you consider factors beyond those suggested in the form when conducting a risk assessment.

For a completed example, see page 80. For a blank form, see page 83.

Physical demands risk assessment

Procedure assessed: _____ Date: _____

Assessment completed by: _____

Risk factor	Observations
Workers lift all or a significant portion of the patient's or resident's weight, or apply force vertically.	
Workers mainly use their arms or backs to apply force.	
Workers use forceful grips with wrists in an awkward posture.	
Workers exert force while in awkward postures (for example, stooped, twisted, reaching forward, or reaching overhead).	
Workers perform tasks with their backs in awkward postures (stooped, twisted, bent to the side, bent backward, or bent forward).	
Workers lift or pull patients or residents at a distance from them (for example, with bed rails up, arms on wheelchairs, furniture near the bed, or IV bag stands in the way).	
Workers conduct transfers or assists while in postures that may put them off balance.	
Workers pull with their arms in awkward postures (for example, behind the body).	
Workers support a body part or hold a position for a sustained period (for example, holding patients or residents away from them while cleaning them in bed).	
Workers support patients or residents while performing care tasks (for example, cleaning after toileting or removing clothing in preparation for toileting).	
Workers perform quick or jerky movements.	
Workers do not use draw sheets or low friction slide sheets during transfers or repositioning.	
Workers reposition patients with only one foot on the floor.	
Workers do not move their feet while twisting their torsos or turning their upper bodies to move patients or residents.	
Workers contact sharp or hard surfaces with parts of their bodies (for example, wrists or knees).	
Workers repeat the same motion throughout the work day (for example, repeatedly cranking manual adjustments for beds).	

Awkward postures

Use these illustrations to help you identify awkward postures when completing the physical demands risk assessment form. Circle any awkward postures you identify.

Back



Side bend



Forward bend



Twist



Extension

Shoulder



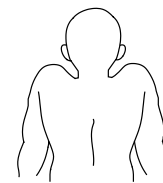
Forward reach
higher than 45°



Shoulder abduction



Extension



Shoulder girdle
elevation

Neck



Extension



Side bend

Wrist



Flexion



Extension



Deviation

Appendix D: Safe patient handling policy

(Appendix III Handle with Care pg 119-122)

1. Purpose

This policy promotes safe patient handling in high-risk patient and resident care areas. It describes the responsibilities of the employer, supervisors, and workers in this facility.

2. Definitions

Manual lifting may occur when workers lift, transfer, or reposition patients.

Lift refers to the lifting of the whole or a large part of the weight of a patient.

Transfer refers to the movement of a patient from one surface to another.

Reposition refers to the movement of a patient on the same surface.

Mechanical lifting equipment refers to equipment used to lift, transfer, or reposition patients. Examples include portable base lifts, ceiling lifts, and stand assist lifts.

Patient handling aids refers to equipment used to assist with lifting, transferring, or repositioning tasks. Examples include gait belts with handles, stand assist aids, slide boards, and low-friction slide devices.

3. No-lift policy

[Insert name of facility] will ensure that its patients and residents are cared for safely, while maintaining a safe work environment for workers. To achieve this, [the facility] has adopted a no-lift policy for patient handling. The aim of a no-lift policy is to eliminate manual lifting of patients and residents in all but exceptional or life-threatening situations.

To accomplish this, direct care workers in patient and resident care areas must assess high-risk patient handling tasks in advance to determine the safest way to accomplish them. Approved mechanical lifting equipment and patient handling aids should be made available to workers and be used by them to avoid the manual handling of patients and residents except when absolutely necessary (for example, in a medical emergency).

4. General duties

Compliance

The *Workers Compensation Act* requires all employees (including managers, supervisors, and workers) to take reasonable care of their own health and safety, as well as that of their co-workers and patients, by following this policy during patient handling activities. Non-compliance will indicate a need for retraining and possibly disciplinary action.

Patient handling requirements

Workers will:

- Be aware of the facility's policy for safe handling of patients and residents
- Avoid hazardous patient handling tasks whenever possible
- Use approved mechanical lifting equipment and patient handling aids, where appropriate, for patient handling tasks, except when manual lifting is absolutely necessary (for example, in a medical emergency)
- Use approved mechanical lifting equipment and patient handling aids in accordance with instructions and training
- Follow established handling protocols developed by the joint health and safety committee

Training

Workers will complete training initially, annually, and as required to correct unsafe work practices and ensure that they understand safe patient handling procedures. The employer must maintain training records for all employees.

Mechanical lifting equipment and patient handling aids

Supervisors will ensure that:

- Workers have sufficient access to appropriate mechanical lifting equipment and patient handling aids
- Mechanical lifting equipment and patient handling aids are inspected and maintained regularly so they are kept in good working order

Supervisors and workers will ensure that mechanical lifting equipment and patient handling aids are stored conveniently and safely.

Reporting injuries and other incidents

Workers must report all injuries and other incidents resulting from work activities.

The employer must maintain first aid records, incident reports, and supplemental injury statistics, as required by the facility and the Workers' Compensation Board.

5. Delegation of authority and responsibility

The employer will:

- Support the implementation of this policy
- Supply sufficient mechanical lifting equipment and patient handling aids so workers have access to them when necessary for safe patient handling
- Supply acceptable storage locations for mechanical lifting equipment and patient handling aids
- Provide sufficient staffing levels to comply with this policy

Supervisors will:

- Ensure that patient handling tasks are assessed as soon as a patient arrives at the facility and updated periodically or when there is a change in the functional abilities of a patient or resident
- Ensure that patient handling tasks are assessed before transfers, lifting, and repositioning, and that these tasks are completed safely, using approved mechanical lifting equipment and patient handling aids and appropriate techniques where necessary
- Ensure that mechanical lifting equipment and patient handling aids are available, maintained regularly, in proper working order, and stored conveniently and safely
- Ensure that workers complete initial and ongoing training, as well as any training required if workers demonstrate non-compliance with this safe patient handling policy
- Maintain training records
- Investigate all incidents in which injuries result from patient handling tasks
- Maintain incident reports and supplemental injury statistics, as required by the facility

Workers will:

- Comply with this policy (and supplemental patient handling support material)
- Where necessary, assess patients or residents before conducting patient handling tasks
- Use approved mechanical lifting equipment and patient handling aids during performance of high-risk patient handling tasks
- Notify supervisors of injuries sustained while performing patient handling tasks
- Notify supervisors of a need for retraining in the use of mechanical lifting equipment, patient handling aids, and lifting or moving techniques
- Notify supervisors of mechanical lifting equipment or patient handling aids in need of repair
- Supply feedback to supervisors on safe patient handling protocols or equipment

Engineering service workers will ensure that mechanical lifting equipment is installed and maintained in proper working order.

WorkSafeBC offices

Visit our web site at WorkSafeBC.com

Abbotsford

2774 Trethewey Street V2T 3R1
Phone 604 276-3100
1 800 292-2219
Fax 604 556-2077

Burnaby

450 – 6450 Roberts Street V5G 4E1
Phone 604 276-3100
1 888 621-7233
Fax 604 232-5950

Coquitlam

104 – 3020 Lincoln Avenue V3B 6B4
Phone 604 276-3100
1 888 967-5377
Fax 604 232-1946

Courtenay

801 30th Street V9N 8G6
Phone 250 334-8765
1 800 663-7921
Fax 250 334-8757

Kamloops

321 Battle Street V2C 6P1
Phone 250 371-6003
1 800 663-3935
Fax 250 371-6031

Kelowna

110 – 2045 Enterprise Way V1Y 9T5
Phone 250 717-4313
1 888 922-4466
Fax 250 717-4380

Nanaimo

4980 Wills Road V9T 6C6
Phone 250 751-8040
1 800 663-7382
Fax 250 751-8046

Nelson

524 Kootenay Street V1L 6B4
Phone 250 352-2824
1 800 663-4962
Fax 250 352-1816

North Vancouver

400 – 224 Esplanade W. V7M 1A4
Phone 604 276-3100
1 888 875-6999
Fax 604 232-1558

Prince George

1066 Vancouver Street V2L 5M4
Phone 250 561-3700
1 800 663-6623
Fax 250 561-3710

Surrey

100 – 5500 152 Street V3S 5J9
Phone 604 276-3100
1 888 621-7233
Fax 604 232-7077

Terrace

4450 Lakelse Avenue V8G 1P2
Phone 250 615-6605
1 800 663-3871
Fax 250 615-6633

Victoria

4514 Chatterton Way V8X 5H2
Phone 250 881-3418
1 800 663-7593
Fax 250 881-3482

Head Office / Richmond

Prevention Information Line:
Phone 604 276-3100
1 888 621-7233 (621-SAFE)

Administration:

6951 Westminster Highway
Phone 604 273-2266

Mailing Address:

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

After Hours

Health & Safety Emergency
604 273-7711
1 866 922-4357 (WCB-HELP)

