Allina-wide Policy: **Safe Patient Moving**  
Reference #: SYS-ES-EHS-409

**Origination Date:** 6/2004  
**Revised Date:** 4/2008, 10/2010  
**Next Review Date:** 12/2013  

**Approval Date:** 12/2010  
**Approved By:** Quality, Safety and Accreditation Council

**Allina-Wide Policy Ownership Group:** Allina Safe Patient Moving Council  
**Allina Policy Information Resource:** Health and Safety Specialists

<table>
<thead>
<tr>
<th>Stakeholder Groups:</th>
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<tr>
<td>Safe Patient Moving Council</td>
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<td>Employee Health &amp; Safety Council</td>
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**SCOPE:**

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<thead>
<tr>
<th>Sites, Facilities, Business Units</th>
<th>Departments, Divisions, Operational Areas</th>
<th>People applicable to (MD, NP, Administration, Contractors etc.)</th>
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<tr>
<td>Allina Hospitals and Clinics (including Home and Community Services).</td>
<td>All patient care areas</td>
<td>All caregivers who may assist patients in moving</td>
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**POLICY STATEMENT:**

It is the policy of Allina Hospitals & Clinics that when patients receiving care require assistance from Allina employees to move (such as assisted transferring, lifting or repositioning), that assistance is provided in a manner that is safe for both the patient and employee. Specifically, mechanical lifting equipment and/or other approved patient moving aids should be used in all circumstances when lifting/moving patients except when absolutely necessary, such as in a medical emergency or as part of the patient's care plan.

Specific goals are to:

- reduce to “0” all patient moving health effects for both employees and patients.
- reduce the lifting demands for patient moving tasks to or below 32lbs.
- reduce maximum push pull demands to 44 pounds peak and 29 pounds for sustained pushes, as measured by a force dynamometer, of patients in or on beds, gurneys, stretchers, wheelchairs or other wheeled equipment.
DEFINITIONS:
Allina Safe Patient Moving Council: the system-level labor management council with representation from each Allina business units where patient moving is performed by Allina staff. The Council meets the requirements of the MN statutes. An Ambulatory Safe Patient Moving subcommittee that addresses the specific needs of Home, Hospice & Palliative care, PEI, Clinics and other ambulatory care patient services as they arise reports to the overall council.

Patient Moving Tasks: Patient moving tasks that have a risk of harm to the employee providing care or to the patient receiving care. These include, but are not limited to transferring (such as from wheelchair to bed or exam table), lifting, repositioning, boosting, ambulating, stabilizing/restraining, moving patient post-fall, turning patients in bed, and positioning limbs.

Manual moving: Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids that reduce forces on the caregiver’s musculoskeletal structure.

Patient Moving Equipment /Aids: Mechanical equipment and approved patient moving aids used to assist in patient lift, transfer or repositioning activities. These include but are not limited to lateral transfer devices, full lifts, stand assist lifts, friction-reducing devices, high-low exam tables, motorized carts, sliding boards and transfer/gait belts. Mechanical aids are preferred where feasible as the best means of reducing force required by caregiver and thus best reduce the risk of injury.

PROCEDURES:
Assessment for Safe Patient Moving should be done for each patient as or before the patient enters our facility and at each relevant step in the care delivery process.

The assessment is performed for each patient using to determine:
1. whether moving a patient is necessary
2. if the moving presents a hazard and
3. type of lifting equipment/devices, procedures and the number of employees for safely moving a patient

Assuring Availability of Mechanical lifting devices and other equipment/aids
As appropriate to each setting, specific mechanical lifting devices and other equipment/aids (for example high-low tables and slider boards in the clinics and mobile or ceiling lifts in hospitals) will be readily accessible to employees and kept in proper working order. Mechanical lifting devices and other approved patient moving aids will be used in accordance with instructions and training.

Training
Staff will at a minimum complete didactic and hands-on Safe Patient Moving training initially on hire or new assignment and as required to assure compliance with safe use
of equipment, as determined by the Allina Safe Patient Moving Council. Training should be updated at a minimum when new equipment or procedures are introduced.

Training content, attendance and qualifications of trainer should be documented and training records kept for three (3) years. Basic hands-on training should be done using Allina Safe Patient Moving Competency Checklists.

ADDENDUMS: See Addendum A

REFERENCES:
Patient Safety Center of Inquiry (2001) Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement; (Tampa, FL), Veterans Health Administration and Department of Defense

Related Regulation and Laws:
MINNESOTA STATUTES 2007 182.6551 to 182.6553 the "Safe Patient Handling Act."
(https://www.revisor.mn.gov/statutes/?id=182.6554
MINNESOTA STATUTES 2009 182.6554, 182.6554 "Safe Patient Handling in Clinical Settings".
https://www.revisor.mn.gov/statutes/?id=182.6554

Alternate Search Terms:
Safe Patient handling and movement, patient handling ergonomics

Related Policies:

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Policies Replacing:

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Appendix A Safe Patient Moving Roles and Responsibilities

Executive and Senior Corporate Leaders shall:
1. Demonstrate serious commitment by continued visible involvement and support to System-Wide Safe Patient Moving efforts.
2. Provide authority and resources to implement the Safe Patient Moving Policy, track progress and reward success.
3. Explicitly hold employees (including management at all levels as well as front-line staff) responsible and accountable for safe patient moving.

Business Unit Leaders shall:
1. Support a safe culture within their facility.
2. Provide authority and resources to implement the Safe Patient Moving Policy, track progress and reward success, including the development of local SPM Super User groups; caregivers who train others on importance of equipment to prevent injury, champion its consistent use, and are go-to people for problem solving difficult lifts.
3. Furnish sufficient lifting equipment/aids to staff use for all required patient moving. Purchase must be based on data—e.g., safe patient moving risk factors identified for that facility.
4. Furnish acceptable storage locations for lifting equipment/aids so that they are available to staff.
5. Provide for routine maintenance of equipment
6. Provide for staff resources sufficient to comply with this policy.

Department or Clinic Managers shall:
1. Promote safe patient moving by example and by consistent enforcement of this policy.
2. Ensure mechanical lifting devices and other equipment/aids are available, maintained regularly, in proper working order, and stored conveniently and safely.
3. Analyze safety events, health effects/injuries /good catches using a non-blaming approach and root-cause analysis to prevent re-occurrence.
4. Ensure high-risk patient moving tasks are assessed prior to initiation and are completed safely, using mechanical lifting devices and other approved patient handling aids and appropriate techniques.
5. Ensure employees complete initial and annual training and can demonstrate competence in the standard operating procedures.
6. Refer staff reporting health effects (such as significant musculoskeletal symptoms) or injuries to Occupational Health as soon as possible for evaluation and potential treatment.
Patient Care Employees shall:
1. Actively engage in the development of safe patient moving practices and comply with all elements of this policy.
2. Consistently use proper techniques, mechanical lifting devices, and other/or approved equipment/aids during performance of patient moving tasks.
3. Notify manager of any health effect or injury sustained while performing patient handling tasks.
4. Notify manager of need for re-training in use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Notify manager of mechanical lifting devices in need of repair or is missing.

Facilities Engineer Departments or designees shall:
1. Provide input on equipment selection from a maintenance perspective.
2. Maintain mechanical lifting devices in proper working order through rigorous preventative maintenance and prompt response to breakdowns.
3. Work with vendors to assure integrity of equipment.

Site Safe Patient Moving Leads shall:
1. Develop and implement a site-specific Safe Patient Moving program required by this policy and evaluate compliance and program effectiveness.
2. Coordinate the local SPM safe patient moving implementation team.
3. Coordinate selection of Allina standard safe patient moving equipment for the site, including sharing actively with employees, corporate partners and peers from other facilities.
4. Assure site employees receive training in safe patient moving appropriate to their role at the site (e.g., supervisors, caregivers or engineers).
5. Conduct work site inspections and assess compliance with this policy (such as ready accessibility to well-maintained SPM equipment and use of same where required).

Local Safe Patient Moving Implementation team shall:
1. Work in collaboration with the Business Unit Safety Lead to assure that direct caregivers receive Safe Patient Moving education & hands-on training upon hire and annually using the materials developed by the Allina Safe Patient Moving Council, to be followed by departmental hands-on training and patient population-specific training as needed.
2. Be a champion for the consistent use of equipment.
3. Be a resource for solving difficult moves and local SPM issues, and
4. Surface concerns and new ideas up to the Safe Patient Moving Council for consideration through the Business Unit safety Leader.
The Allina Safe Patient Moving Council shall:

1. periodically assess patient handling risk across the system using data trends and other evidence to identify areas of highest risk for patient moving-related injuries;
2. establish standards on the purchase, use, and maintenance of an adequate supply of appropriate safe patient handling equipment;
3. establish standards on training direct patient care workers on use of safe patient handling equipment, initially when the equipment arrives at the facility and periodically afterwards;
4. conduct annual evaluations of the safe patient handling implementation plan and progress toward goals established in the safe patient handling policy; and
5. ensure, in conjunction with Safe Patient Moving site leads and Allina Design and Construction, that remodeling and new construction includes design considerations for safe patient handling (such as no carpeting in areas where beds are moved, ceiling lifts where appropriate, adequate elevators space & etc).

Allina Employee Health Services shall:

1. Perform evaluations of employee’s medical fitness to use safe patient moving devices when indicated (for example, if an employee has been given physical work restrictions).
2. Provide initial assessment of employees who report health effects or injury related to patient moving.
3. Collect source data and track information relating to patient moving through Employee Incident reporting system and;
4. Report hazards identified via incident reporting to employee supervisor and safety leader.

Allina System Office Quality and Safety Staff shall:

1. Keep abreast of new developments in safe patient movement and handling research and best practices for introduction into Allina.
2. Evaluate patient moving related injuries on a system level, propose appropriate interventions evaluate the effectiveness of the interventions and provide information back to site leads.
3. Provide support for system-wide coordination of policy implementation, evaluation and continuous improvements in safe patient moving.
4. Support site safe patient moving leaders in identifying patient moving hazards in their facility, evaluation of program effectiveness and compliance and in selection of appropriate Patient Moving Aids as needed.
Infection Control shall:
Provide IC expertise to the equipment selection process and as regards appropriate cleaning methods.