Assessment:

(1) Assessment of risk with regard to patient handling that considers the patient population and environment of care. Patient handling risk assessment performed by safe patient handling committee, include

a. Types of nursing units (acute vs. long-term care). Acute care facilities include hospitals, out-patient surgical centers (excluded from the MN rule), specialty clinics and clinics. An individual is admitted as a patient. Long-term care facilities may provide skilled or non-skilled nursing care and individuals are referred to as residents. Length of stay varies with a relatively short stays (\(\leq 4\) days) for acute and longer stay (\(\geq 7\) days) for long-term.

b. Patient handling tasks- repositioning in bed, bed to chair/wheelchair, bed to gurney and return, gurney to treatment table and return, bed to toilet, floor to bed, any other lift where total body movement of the non-ambulatory patient is required.

c. Patient population – Patient dependency needs including independent, supervision, minimal assistance, maximum assistance, and dependent. (lift algorithm based on FLVA)- patient handling risk assessment performed by safe patient handling committee Acuity level of the individual can change several times during a stay or even hourly in acute care facilities. Acuity levels are impacted by medication change, fatigue or “sundowner’s” effect in long-term care facilities.

d. Physical environment of patient care areas – spatial/design of rooms and procedure areas. Is there enough room to use a lift?

e. Identify problem areas Perform analysis of facility by collecting injury data using Worker’s Comp. first reports, OSHA 300 logs, and any other work-related injury data.

f. Solutions for problem areas – Literature review and success stories- gives evidence based approach to solving the problem.

g. Areas of highest risk for lifting injuries – Departments with high risk or special needs include operating room, emergency department, radiology, critical care, home care, rehabilitation, bariatric unit, orthopedic unit, neurological unit. Acute care can have numerous specialty areas (OR, ED, Radiology, Bariatric, Rehab. Long-term care “high risk” tasks tend to remain constant throughout the facility with relatively few specialty areas.

h. Recommend a mechanism to report, track, and analyze injury trends