Establishing Your Safe Patient Handling Committee
For nursing homes, hospitals and outpatient surgical centers

**Step 1: Your Safe Patient Handling Committee (by July 1, 2008)**
- Committee can be newly formed or portion of an existing committee (i.e. safety committee). Members of the portion of an already existing committee must meet the same distribution as outlined below.

- Participants distribution (50% non-managerial nurses and other direct patient care workers)

- Union (union selects the 50% non-managerial committee members proportionate to its representation of nurses and other direct patient care workers).

- Health care organization with more than one covered facility
  - One committee for multiple facilities distribution (50% non-managerial nurses and other direct patient care workers plus each facility must be represented on committee)

  Each Facility has own committee adhering to the participant distribution outlined above

- Employees on SPH committee must be compensated by their employer for all hours spent on committee business

**Step 2: Committee Duties**
- Patient handling hazard assessment
  - Considers patient handling tasks, type of nursing units, patient populations, and physical environment
  - Identifies problems and solutions
  - Identifies areas of highest risk for lifting injuries
  - Recommends a mechanism to report, track and analyze injury trends

- Recommendations on the purchase, use, maintenance, of an adequate supply of appropriate SPH equipment

- Recommendations on training of nurses and other direct patient care workers on use of safe patient handling equipment
  - Initially when equipment arrives
  - Periodically afterwards

- Conduct annual evaluations of SPH plan and progress toward goals established in the SPH policy (goal of minimizing manual lifting of patients by January 1, 2011)

Source: DLI Workplace Safety Consultation, St. Paul, Minnesota.