

SAFE PATIENT HANDLING RISK ASSESSMENT

Swedish Medical Center
2007

This risk assessment consists of two parts:

1) **Pre-Site visit forms** (Sections 1 & 2):

To be completed by facility/unit representative, such as the unit manager, prior to the on-site visit

2) **On-Site Risk Assessment forms** (Sections 3 – 7):

To be completed on-site



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Section 1: PRE-SITE VISIT

GENERAL:

Unit specialty_____

Location / campus_____ Floor_____

Future Plans for moving, remodeling, downsizing_____ When?_____

Details_____

Average acuity level of patients (e.g. per Optilink rating)_____

PHYSICAL SPACE:

Number of patient rooms_____ Private_____ Double_____

Number and size of storage rooms_____

Showers(private vs. common area)_____

STAFFING:

Number of FTE's total_____

Number of RN's per Day Shift_____ Evening Shift_____ Night Shift_____

Number of NAC'S per Day Shift_____ Evening shift_____ Night Shift_____

Shift length / times_____

Unique shifts_____

Average years of experience staff_____

Average number of staff turnover per year_____

Number of staff on modified or light duty right now_____ average_____

Number of RN's per patient_____ NAC's per patient_____

Peak work periods_____

What factors are considered when assigning patients to staff?_____

INJURY PROCESS

List the three most common causes of injury on your unit? _____

Examples:

- ☐ Transferring patients to bed or gurney
- ☐ Transferring patients to chair or commode
- ☐ Bed repositioning
- ☐ Walking with patient
- ☐ Other types of patient handling tasks (specify)
- ☐ Manual lifting or handling tasks (specify, i.e. food trays, linen bags)

When an employee is injured what do you do on your unit to prevent the same injury or the same worker being injured? (i.e. root cause analysis, training, etc.) _____

TRAINING

What types of departmental safety training do you do with staff? _____

How often? _____

When do staff train? (i.e. time off, during work, etc.) _____

If during work hours, are replacement staff brought in? _____

What is the maximum length of time per year that you would be willing to give to train staff on safe patient handling?

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Section 2: HANDLING AIDS Unit:

List the handling aids used or available in your unit and whether you own them or borrow them; note where you borrow from. Use the brand name of device if possible.

Examples of handling aids:

Sit-to-Stand Device	Mechanical Floor Lifts	Slider sheets	Cardiac / Geri Chair Ceiling Lifts	Slider board
Hovermatts	Gait Belts	Hoverjack		

Name of handling aid	How many?	Is it based on your unit?	Where is it stored?	How often is it used?	Does it need repair?	When was it last serviced?

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Campus_____

Unit_____

Floor_____

Assessment Team:

Unit Manager_____

Contact Number_____

Other unit workers:

Name / position_____

Name / position_____

Risk Assessment Team: Name_____

Name_____Name_____

Date reviewed_____

Unit Details:

Specialty_____

Section 3: SITE VISIT: OPENING CONFERENCE

UNIT SPECIFIC QUESTIONS:

- Are there any factors on this unit that are unique and may contribute to risk of injury?
- Do you feel you have adequate space in which to maneuver safely with patients?
- Do you have any safe patient handling equipment on your unit? Do you use it? Why or why not?
- What type of safe patient handling equipment do you think would help you the most to reduce injury to staff and patients? Why?

SAFETY

- What type of injury do you think is the most prevalent on your unit?
- Which lifts or transfers are the most difficult and present the highest risk for injury?
- What type of patient conditions contribute to high risk situations?
- What do you think is the best thing that can be done to reduce or minimize injury in a high risk patient handling situation?
- How do you feel about using equipment to transfer and move patients? Please explain your response.

- How likely would you be to use lifting equipment if it was available? (0 = not very likely and 10 = very likely) Why or why not?
- Where would you rate your unit on its Safe Patient Handling Culture? (0 = no awareness or participation in SPH and 10 = our unit exemplifies a SPH culture and we always integrate this philosophy into our work environment)

TRAINING

- Do you feel that you have been adequately trained on the safe patient handling equipment available to you?
- What type of training did you get and when?
- Has there been any follow-up training?
- Would you use an intra-net based refresher training to feel more confident in using the equipment?
- Did you receive training in school on the different types of safe patient handling equipment?

OTHER

- What is done when a piece of equipment is broken? Who takes care of reporting? Repairs?
- What method does the staff use to communicate injury risks, potential problems, etc. on the unit?
- How comfortable do you feel on a 0 – 10 scale in reporting patient or environmental risks on your unit? (0 = not comfortable identifying or reporting and 10 = very comfortable in identifying and reporting risks)
- How willing is staff to assist with transfers if needed? (0 = not willing / too busy and 10 = always willing and able to assist with a transfer) Is there a policy on the unit for assisting with transfers, mobility, etc.?
- How often do you assist the transporters in transferring your patients? (0 = never and 10 = always)
- How willing do you think staff will be to accept and use safe patient handling equipment vs. lifting? (0 = not willing to accept or use equipment and 10 = very enthusiastic about accepting and using the equipment) Why or why not?
- If you had a wish for one best device / thing to promote safe patient handling on your unit, what would that be?

Section 4: Current Safe Patient Handling Techniques

INSTRUCTIONS:

Please list all possible handling techniques and any equipment used to accomplish the patient mobility categories discussed. Use the following scale to describe the amount of assistance you are giving the patient with all movement categories mentioned.

Definitions of mobility:

Contact Guard Assist / Min. assist / Mod Assist:

Patient does 50-100% of task *or more* but may be unsteady, unpredictable, have a motor planning deficit and /or a weight bearing restriction of either or both UE or LE.

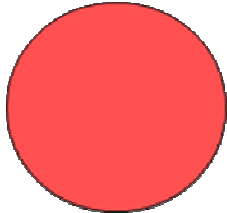
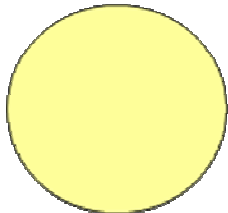
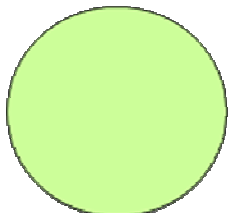
Total Assist / Max Assist:

Patient performs 0-50% or less of task and demonstrates any of the following:
poor safety awareness, serious gait impairment, poor sitting balance and / or weight bearing restriction of either or both UE or LE.

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Patient Movement Classifications (PMC)

This chart is a summary of the Patient Movement Classification System, part of the Safe Patient Handling Program. Use this after assessing the patient to assign the Patient Movement Classification (PMC), to communicate the patient's current movement capacity. For more detail regarding specific devices and the number of caregivers for each category and piece of equipment, refer to the color-coded Patient Movement Classification System.

	Factors	PMC
Total Assist Max Assist 0 % ↓ 50%	PATIENT PERFORMS 0-50% OR LESS OF TASK AND DEMONSTRATES ONE OR MORE OF THE FOLLOWING <ul style="list-style-type: none"> • Partial to non-weight bearing with UE / LE or in the presence of any medical precaution / restriction which would limit their use. • Poor sitting balance at edge of bed • Behavior uncooperative / aggressive • Cognitive / Motor planning deficits; impulsive; poor safety awareness. • Serious gait impairment. 	
Mod Assist Min Assist Contact Guard Assist 50% ↓ 100%	PATIENT PERFORMS 50-75% OF THE TASK BUT MAY BE UNPREDICTABLE AND DEMONSTRATES ONE OR MORE OF THE FOLLOWING: <ul style="list-style-type: none"> • Partial to non-weight bearing with UE / LE or in the presence of any medical precaution / restriction which would limit their use • Patient may be uncooperative or aggressive • Cognitive or motor planning deficit • Patient has moderately impaired balance or unsteady gait • May need help with assistive device or medical equipment (i.e. I.V. pole, etc.) • Inconsistent due to pain 	
Supervision Modified Independent	PATIENT PERFORMS 100% OF TASK BUT REQUIRES ASSISTANCE SETTING UP / USING EQUIPMENT: <ul style="list-style-type: none"> • Patient typically performs 100% of task but requires assistance setting up / using equipment: • Patient cooperative on all movement • May walk with or without equipment unassisted physically; may need verbal cues. • Needs an assistive device or is slow but does not require physical assist 	

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LATERAL TRANSFER IN SUPINE (i.e. bed to gurney to bed)

CGA / Min. Assit / Mod. Assist:

Technique One

Technique Two

TOTAL ASSIST / MAX ASSIST

Technique One

Technique Two

BED REPOSITIONING TRANSFER

CGA / Min. Assit / Mod. Assist:

Technique One

Technique Two

TOTAL ASSIST / MAX ASSIST

Technique One

Technique Two

BED-TO-CHAIR-TO-BED TRANSFER

CGA / Min. Assit / Mod. Assist:

Technique One

Technique Two

TOTAL ASSIST / MAX ASSIST

Technique One

Technique Two

TOILETING

CGA / Min. Assit / Mod. Assist:

Technique One

Technique Two

TOTAL ASSIST / MAX ASSIST

Technique One

Technique Two

BATHING

CGA / Min. Assit / Mod. Assist:

Technique One

Technique Two

TOTAL ASSIST / MAX ASSIST

Technique One

Technique Two

FLOOR TRANSFERS

- Are patient falls to the floor frequent on your unit?
- How many per month do you estimate?
- What is your procedure when someone falls to the floor?
- Do you use any equipment to transfer someone off the floor?
- How many people do you use to perform this transfer?
- Do you feel this is a safe method?
- Do you feel there are times it would be appropriate for you to treat / or make the patient comfortable on the floor until a safe method of transferring arrives?

Additional Comments:

MANUAL HANDLING CONCERNS (OTHER THAN PATIENT HANDLING)

Example: laundry bags / carts, patient equipment, unit equipment, food trays, heavy or awkward objects which may need to be moved (IV pumps, etc.); anything other than direct patient movement.

Describe the manual handling issue:

1) **Problem:**

Solution:

2) **Problem:**

Solution:

3) **Problem:**

Solution:

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

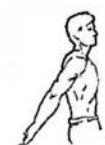
Shoulder



*Forward reach
higher than 45°*



Shoulder abduction



Extension



*Shoulder girdle
elevation*

Neck



Extension



Side bend

Wrist



Flexion



Extension



Deviation

Section 5: WORK ENVIRONMENT RISK ASSESSMENT**PHYSICAL DEMANDS WORK ASSESSMENT**

RISK FACTOR	NUMBER OF OCCURANCES	TASK / OBSERVATIONS / COMMENTS
Employee appears to lift 50% or more of the patient's weight		
Poor communication between employees assisting each other with patient care (i.e. 2 person assist, bed mobility, etc.).		
Employee fails to use available safe lifting equipment while walking, transferring, assisting patient.		
Awkward Postures: Back (refer to chart)		
Awkward Postures: Shoulder (refer to chart)		
Awkward Postures: Neck (refer to chart)		
Awkward Postures: Wrist / Hand (refer to chart)		
Employee performs quick or jerky movements (running, rushing while performing task)		
Employee supports a body part or holds position for a sustained period.		
Employees contact sharp or hard surfaces with parts of their bodies (wrists / knees/ etc.)		
Employee is off balance while transferring or assisting patient.		

Section 5: WORK ENVIRONMENT RISK ASSESSMENT**ENVIRONMENTAL RISK ASSESSMENT**

RISK FACTOR	NUMBER OF OCCURANCES OBSERVED	COMMENTS
Insufficient room to perform safe patient transfers / movement (i.e. clutter, too much equipment in room)		
Patient equipment in disrepair (old, worn, missing parts, etc.)		
Uneven / damaged floor surfaces.		
Protruding objects / sharp edges for patient / staff contact with movement.		
Potential ceiling barriers for overhead lift installation.		
Storage space cluttered / unorganized / inaccessible.		
Not room to accommodate mobile lifting device or W/C transfer.		

Under Bed Clearance / Minimum height_____

Section 6: UNIT STORAGE AREAS

Area One

Location:

Contents:

Comments:

Layout / Picture:



Area Two

Location:

Contents:

Comments:

Layout / Picture:



Area Three

Location:

Contents:

Comments:

Layout / Picture:



General Observation / Notes

Section 7: Closing Conference Notes

SUMMMARY

Problem List:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Recommendations for immediate action / Short term interventions: (not involving equipment purchase)

- 1.
- 2.
- 3.
- 4.

Equipment Recommendations: (long term planning)

1.

2.

3.

4.

5.

6.

Other: