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| LIFTING / HANDLING PROGRAM & MSD MANAGEMENT | | | | NO. | |
| The following elements comprise the basis for Winning Wheels’ comprehensive Resident Handling / Lifting & Ergonomics program:   1. Management Leadership Commitment and Employee Involvement / Participation 2. Ongoing Worksite and Job Hazard Analysis / Hazard Evaluation 3. Hazard Prevention, Reduction, and control 4. Resident Mobility Assessment & Intervention 5. Staff Training & Education (including Musculoskeletal Disorder) management 6. Program Evaluation  ***Management Commitment and Employee Involvement***  Commitment by Winning Wheels management provides the organizational resources and motivation necessary to effectively deal with lifting / handling hazards. Management strives to be visual and plays an active role to illustrate their serious commitment to the program. Top management’s role includes:   * Involvement demonstrated through personal concern for employee safety and health by placing priority on eliminating the lifting/handling hazards. * Implement policies placing safety and health on the same level as resident care. Care procedures and safety and health protection should be integrated and emphasized at new employee orientation and on an ongoing basis. * Assigning and communicating responsibility for various aspects of the lifting/handling program so staff knows what is expected of them. * Commitment to provide the necessary resources and authority so that the program can be properly implemented. * Ensuring that department heads, supervisors, and employees responsible for the lifting/handling program are accountable for carrying out those responsibilities. * Emphasizing the importance of early MSD (Musculoskeletal disorders) and Job Hazard signs and symptoms and informing employees of the proper method of reporting MSD signs and symptoms, and well as the types of risk factors associated with MSD hazards.  Evaluation of Lifting Hazards / Ongoing Worksite Analysis It is the policy of Winning Wheels to evaluate patient handling / lifting hazards on an ongoing basis. Through worksite analysis, specific hazards can be identified and risk factors recognized and corrected. This analysis is done administratively and through routine inspections of existing medical and insurance records, OSHA 300 logs, first aid and accident reports, and observation / feedback on problematic work conditions.  Biological, behavior and lifestyles factors of employees are also considered to ensure a worker is physically capable of performing their job without sustaining an injury. These include personal factors (e.g. age, strength, results of physical examination), innate  attributes (e.g. emotional stress), behavioral factors (shift work / sleep habits) and lifestyle factors (i.e. obesity / substance abuse). | | | | | |
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| **Resident Assessment guidelines for lifting / handling assistance:**  When a worker reports signs or symptoms of an MSD, Winning Wheels administration will make efforts to determine whether the worker’s injury constitutes an “MSD incident”. An MSD incident includes a work-related illness or injury that affects muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels or spinal disks; that requires days away from work, or medical treatment beyond first-aid; or work-related MSD signs or symptoms that last for seven or more consecutive days. Assistance from a healthcare professional may be sought in making this determination. If the worker’s injury qualifies as an MSD incident, as defined above, Winning Wheels will conduct a multi-step job hazard analysis (see attached), and follow-up as indicated with any hazard control measures determined necessary. ***Hazard Prevention and Control*** Lifting / handling hazards can be reduced or eliminated by using one or a combination of the following:   * Engineering / Ergonomics Controls (e.g., work station, tool, and equipment design or redesign) * Work Practice Controls (e.g., proper lifting) * Administrative Controls (e.g., worker rotation, reduced production demands, and increased rest breaks) * Personal Protective Equipment * Medical Management / Communications and Thorough Resident Assessment  Resident, Mobility Assessment & InterventionResident Assessment Residents are assessed upon admission for their mobility needs. The admissions coordinator, Physical Therapist, MDS coordinator, Rehabilitation Nurse or Director of Nursing reviews the resident’s medical record, interviews family or staff from the previous facility, observes the new resident, and assesses the need for assistance with transfers, and ambulation.  Prior to the resident’s admission, an Admission Information sheet is provided to the direct care staff, charge nurse, and other relevant departments. The admission information sheet denotes needs for transfer and ambulation assist, if known (i.e. 1-2 assist, mechanical sling lift, etc.). NOTE: New admissions will be transferred with assist of two unless otherwise indicated by care plan or information briefing sheet.    Upon significant change in resident’s condition (and at least quarterly), the care plan care sheets and medical records are reviewed for possible change in lifting/handling needs with revisions made as necessary.  **Resident Assessment guidelines for lifting / handling assistance:**  The resident is deemed independent and is in need of no lifting / handling assistance if their gait is steady, they are able to bear weight, take steps and / or pivot transfer independently. However, if they lack standing balance and their gait is unsteady, they will need assistance for transfers and mobility. | | | | | |
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| The amount of assistance and the number of staff needed and/or the need for use of a mechanical lift to assist the resident is determined by the Rehabilitation Nurse, Physical Therapist, Director of Nursing or Care plan team, based on direct staff input, and resident’s past history.  If it is determined that a resident cannot safely be transferred with the use of a gait belt and staff assist, then the resident is assessed for the use of a mechanical lift.  A standing mechanical lift is used if a resident is able to bear weight and is able to grasp the bars on the mechanical lift, and is able to stand with the support of the standing mechanical lift.  If a resident is not able to bear weight, grasp the bars on the mechanical lift, or is not able to stand with the support of the mechanical standing lift, then a mechanical sling lift will be used.  A mechanical sling lift may be used for residents in low beds or residents lying on the floor if the resident is not able to self-transfer (unless otherwise indicated by care plan). Documentation - Resident Mobility The resident’s mobility is documented on their individual care plan (i.e. how much assistance they need, or type of mechanical lift that should be used). Changes in resident mobility or transfer procedures are noted on a revised care plan and on the care sheets for direct care staff, and/or by memos routed to direct care staff. Changes in transfer / mobility instructions are posted in resident rooms, as necessary. Staff Training & Education Staff are instructed on proper body mechanics during general orientation by qualified rehabilitation staff and/or by watching videos instructing them in the use of proper body mechanics techniques. Nursing staff are also instructed on the proper use of mechanical lifts and gait belt use, including satisfactorily completing return demonstrations prior to the conclusion of the orientation period, and periodically thereafter. Back support belts are issued to direct care staff during orientation, and employees are instructed in their proper use and application.  Employees are informed about the signs and symptoms of common MSD’s (musculoskeletal disorders). Examples of common MSD’s include: Carpal tunnel syndrome, tendonitis, herniated spinal discs, tension neck syndrome, low back pain and hand-arm vibration syndrome. Common MSD signs include: less gripping strength, less range of motion, loss of muscle function and inability to accomplish everyday tasks. Examples- of common MSD symptoms include: painful  Joints, pain, tingling or numbness in hands or feet; shooting or stabbing pains in arms or legs; swelling or inflammation; pain in wrists, shoulders, forearms and knees; and back or neck pain.  Nursing staff are also trained on lifting techniques and back support belts, transfer techniques, and mechanical lift use during their orientation period and at periodic inservices (at least annually). Return demonstrations on same are conducted routinely and as necessary if performance is deemed to be unsatisfactory and / or if injury occurs.  Nursing assistants are required to complete a 120-hour class to become certified nursing assistant. This class includes instruction, and hands on training on proper lifting / handling techniques, etc. | | | | | |
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| ***Program Evaluation***  It is the policy of Winning Wheels that a comprehensive evaluation of its ergonomics program will be conducted at least every three years to gauge its effectiveness and correct any discovered deficiencies. Winning Wheels will maintain records of employee reports of MSD’s, MSD signs, symptoms and hazards, job hazard analyses and control measures, and records of work restrictions, employee leave usage and healthcare professionals’ opinions. | | | | | |
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