|  |  |
| --- | --- |
|  SAFE PATIENT LIFTING POLICY | NO.  |
| PURPOSE: The Safe Patient Lifting Policy exists to ensure a safe working environment for resident handlers.STATEMENT: The Policy is to be reviewed & signed by staff that perform or may perform resident handling. The safety committee will review this policy annually with changes made accordingly.PROCESS AND PROCEDURES:* Initial screening will be performed on residents to assess transfer & ambulating status.
* Resident transfer status will be reviewed via care-plan time frame and on an as needed basis.
* The transfers will be designated into one of the following categories:

 I=Independent 1=1 person transfer ( minimal assistance from the caregiver and is able to statically stand for  4 seconds) (Limited Assist) 2=2 person transfer (should only be used when patient is not medically appropriate (Sit to Stand or  Total Lift) (Extensive Assist) SSS=Sit to Stand with Standard Sling with 2 caregivers (Extensive Assist) SSC=Sit to Stand with Carrier Sling with 2 caregivers (Extensive Assist) H=Total Lift Transfer (“Hoyer Type”) with 2 caregivers (Extensive Assist)* Gait belt usage is mandatory for resident handling with the exception of bed mobility & medical contraindications. The gait belt will be considered a part of the certified nursing assistant’s uniform. An ambulating belt may be used as an appropriate substitute.
* Resident transfer status will be properly communicated with care plan card, coding system or in patient list located at nursing station.
* Should a resident fall to the floor, the resident will be first be assessed by a nurse. If the resident is deemed medically appropriate to transfer from the floor, a full size mechanical (“Hoyer type”) lift will be used. If the resident is not medically appropriate to transfer from the floor, emergency medical technicians will be notified and said technicians will transfer the resident.
* Staff with patient contact will report any changes in transfer status to nurse and program champion.
* Caregivers (frontline staff) are NOT permitted to upgrade a resident’s transferring status prior to transfer assessment being conducted by the program champion.
* Caregivers (frontline staff) may at downgrade the resident’s transferring status based on objective finding and in compliance with this policy.
* Staff is responsible for reporting maintenance concerns to the appropriate responsible party. (i.e. batteries are maintaining charge would be reported to maintenance department.)
* Maintenance department will conduct maintenance of lifting equipment periodically.

  |
| Approved: | Effective Date: | Revision Date:3/17 | Change No.: | Page: 1 of 2 |

|  |  |
| --- | --- |
|  SAFE PATIENT LIFTING POLICY | NO.  |
| * Laundry staff, maintenance staff and staffing with patient contact will conduct inspection of slings; if slings are found to be impaired then sling is to be removed from use.

 DISCIPLINARY ACTIONS:* This policy is to be followed. Failure to adhere to the policy will result in disciplinary action set forth by this policy by the following criteria:
1. The first violation will result in a verbal warning & a meeting with the charge nurse to discuss why the violation occurred.
2. The second violation will result in a written warning with a meeting with the charge nurse & the D.O.N. to discuss the violation. This will be inserted in the employee personal file. Training will be initiated to review appropriate transfer techniques. The resident transfer status will be reviewed at this time to determine if the appropriate transfer is assigned.
3. A third violation will result in employee suspension & three months probation. Upon completion of the suspension, the employee will meet with the D.O.N. and Administrator to discuss possible termination if a fourth violation occurs.
4. A forth violation will result in termination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Administrator Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Director of Nursing Date\*\*\*The exemption to this no lift policy is when an employee is assuming the PRA or ORA duties where the resident’s independence for lifting themselves is part of the therapy regiment and documented in the therapy care plan notes.  |
| Approved: | Effective Date: | Revision Date:3/17 | Change No.: | Page: 2 of 2 |