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| RESIDENT HANDLING – “LIMITED LIFT” | | | | NO. | |
| The Resident Handling Policy exists to ensure a safe working environment for resident handlers.  The policy is to be reviewed & signed by staff that perform or may perform resident handling. This policy will be reviewed annually with changes made accordingly.   * Initial screening will be performed on residents to assess transfer & ambulating status. * Resident transfer status will be reviewed via care-plan timeframes and on an as needed basis. * The transfers will be designated into one of the following categories: * 0=Independent * 1=1 Person Transfer * SS=Sit to Stand Transfer * M=Mechanical/Total Lift Transfer * Mandatory gait belt usage for resident handling with the exception for bed mobility & medical contraindications. * Resident transfer status will be tagged at the foot of the bed or above the bed to inform the staff of the appropriated transfer use. * 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 & 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 & DON 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 a three day employee suspension & three months probation. Upon completion of the suspension, the employee will meet with the DON 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 exception to the “Limited Lift Policy” is when an employee is assuming the PRA of ORA duties where the resident’s independence for lifting themselves is part of the therapy regiment/plan and documented in the therapy care-plan notes. | | | | | |
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| RESIDENT HANDLING – “LIMITED LIFT” | | | | NO. | |
| **Transfer Assessment Tool**  Can the resident safely transfer him or herself at any given  time of the day (i.e. if the resident does worse in the PM)?     |  |  | | --- | --- | | **IF YES;** The resident can be designated as an independent transfer. | **IF NO**; Does it take less than or equal minimal assistance and is able to stand still for 4 seconds at any given time of the day (i.e. if the resident does better in the AM) from the caregiver to the resident to transfer safely from bed to chair, chair to commode, or chair to chair etc? | | **IF YES**; The resident can be designated as a one person assist transfer. | **IF NO**; Can the resident bear weight through at least one lower extremity, have good trunk control? | | **IF YES**; Is the resident cooperative and able to follow simple one step commands? Carrier Sling | **IF NO**; The resident can be designated as a Total mechanical or “Hoyer ”Lift Transfer. | | **IF YES**; Then the resident can be designated as SIT or STAND LIFT. | **IF NO**; The resident can be designated as a Total mechanical or “Hoyer” Lift Transfer |   Special Considerations:   * Does the standard sling with the stand continue to ride up into the “armpit area”. Despite appropriate use by the caregiver/s? If the answer is yes, the resident can be designated as a sit to stand transfer with the carrier sling. * Does the resident require contact guard assistance with sitting balance while sitting at the edge of the bed? If the answer is yes, the resident can be designated as a stand transfer with the carrier or standard sling (depending on weight bearing status). The transfer would require one additional caregiver to assist the resident with sitting balance, while the other caregiver attaches the sling. * Does the resident have medical conditions that would contraindicate use of Sit or Mechanical Lift? IF the answer is yes, the resident may be designated a 2 person transfer. * Does the resident have a feeding tube, colostomy, abdominal hernia, recent abdominal incision site, or any other medical contraindication for a standard sling with the stand?   If the answer is yes, the resident can use the carrier sling with the stand. The belt can be loosened appropriately, as long as the leg straps are attached to the stand. | | | | | |
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