



Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 1 of 8


Purpose	<p>In keeping with the Winnipeg Regional Health Authority (WRHA) commitment to providing a safe and healthy workplace as noted in the WRHA Workplace Safety and Health policy (20.20.030) the following operational procedure has been developed to ensure that no staff, Patient, or other person present in the workplace is put at undue risk when performing safe patient handling and movement.</p> <p>To ensure that when followed, the minimum requirements of Manitoba Workplace Safety and Health legislation is complied with and where possible exceeded, including but not limited to Part 39.5 Safe work procedures for patient handling and Part 39.10 Moving patients.</p>
Background	<p>This operational procedure supersedes OP Safe Patient Handling and Movement dated February 2015 (version 2).</p>

1.0	<u>GUIDING PRINCIPLE</u>
1.1	Promoting a culture of safety and shared responsibility for a minimal lift environment that ensures all Healthcare Workers (HCW's) use consistent safe patient handling and movement techniques.
1.2	As with all matters relating to the Safety and Health of workers the Workplace Safety and Health Committee should be consulted for their input.

2.0	<u>DEFINITIONS</u>
2.1	<u>Accessible:</u> Easily located, being in proper working condition and of sufficient quantity.
2.2	<u>Act (The Act and Regulation):</u> The Workplace Safety and Health Act W210 and Regulation of Manitoba.
2.3	<u>Best Practice:</u> a standard or set of guidelines that is known to produce good outcomes if followed. Best practices are related to how to carry out a task or configure something. Strict best practice guidelines may be set by a governing body or may be internal to an organization.
2.4	<u>Controlled Clinical Rehabilitation Environment:</u> Having a controlled clinical environment implies that the following conditions are met and accounted for: appropriate space, skills training and knowledge, adequate equipment and appropriate number of Worker(s). A controlled clinical environment can exist in facilities or resident homes during the course of rehabilitation treatment.
2.5	<u>Directors / Managers / Supervisors / Lead:</u> means a person who has charge of a workplace or authority over a worker.
2.6	<u>Employer:</u> 2.6.1 Every person who, by himself or through his agent or representative, employs or engages one or more workers, 2.6.2 The Crown and every agency of the government.
2.7	<u>Friction Reducing Devices (FRD's):</u> Safe Patient Handling equipment that reduces the forces required when assisting patients to reposition and/or inserting equipment (e.g., repositioning in bed/chair/wheelchair, lateral transfers between two surfaces such as bed/stretchers, inserting slings, etc.). There are several varieties of FRD's including slippery nylon slider sheets or tubes, bed sheet slider systems, air-assisted repositioning devices and roller boards.


Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 2 of 8

2.8	Mechanical Lift: Safe Patient Handling equipment that uses a sling and mechanical lift to move patients who require more than minimal assistance to reposition/transfer/ambulate or other aspects of care. There are several types including overhead lifts, floor lifts and sit-stand lifts.
2.9	Minimal Lift Environment: An environment which calls for Workers to minimize manual lifting in all patient care situations.
2.10	Musculoskeletal Injury (MSI): An injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue, including a sprain, strain or inflammation that may occur to a worker in a workplace and that is caused or aggravated by any one or combination of the following: <ul style="list-style-type: none"> • a repetitive motion; • a forceful exertion; • vibration; • mechanical compression; • a sustained or awkward posture • a limitation on motion or action; • any other factor that creates a risk of musculoskeletal injury.
2.11	New Worker: a worker who is: <ul style="list-style-type: none"> 2.10.1. New to the workplace; 2.10.2. Is moved to one area of a workplace to another area of the workplace that has different processes or hazards; 2.10.3. Relocated to a different workplace that has different processes or hazards; or 2.10.4. Returning to the same workplace but the processes or hazards in the workplace changed while the Worker was away
2.12	OESH: Means the Occupational and Environmental Safety & Health Department of the WRHA.
2.13	Patient: The appropriate term should be used by the health care facility; “patient” is used in hospitals, “resident” in long term care facilities, and “client” in home care. In this document, patient refers to residents and clients as well.
2.14	Patient Handling and Movement: Assistance provided to patients by Worker(s) during repositioning, turning, transferring, transporting, ambulation, lifting/holding or the use of a mechanical lift or device.
2.15	Reposition: To change a patient’s position on the same surface (e.g., bed or chair).
2.16	Safe Patient Handling: An educational program that outlines injury prevention techniques for identifying and recommending the appropriate method of minimal lift patient handling and movement. The components of the program are included in the Provincial Workplace Safety & Health Working Group Safe Patient Handling Program manual.
2.17	Safe Work Procedure (SWP): A system of written practical instructions that must be followed by Workers to reduce and control the hazards of specific work tasks.
2.18	Transfer: To move a patient from one surface/position to another. Examples include moving patient from one bed or stretcher to another, sit to stand etc.
2.19	Transfer Belts: Safe Patient Handling belts with handles that are placed around a patient’s waist/abdomen/trunk. Worker(s) hold onto the handle(s) while providing minimal assistance to patients to stand/sit/transfer or for balance when walking. They are not designed for lifting patients.
2.20	Worker:

Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 3 of 8


	<p>2.19.1 any person who is employed by an employer to perform a service whether for gain or reward, or hope of gain or reward or not,</p> <p>2.19.2. any person engaged by another person to perform services, whether under a contract of employment or not</p> <p>2.19.2.1. who performs work or services for another person for compensation or reward on such terms and conditions that he is, in relation to that person, in a position of economic dependence upon that person more closely resembling the relationship of any employee than that of an independent contractor,</p> <p>2.19.2.2. and who works or performs services in a workplace which is owned or operated by the person who engages him to perform services,</p> <p>2.19.3. any person undergoing training or serving an apprenticeship at an educational institution or at any other place.</p>
2.21	<p>Workplace: Any building, site, clinical unit, workshop, mobile vehicle, client home or any other premises or location whether indoors or outdoors in which one or more Workers, or self-employed persons are engaged in work.</p>

3.0	<u>OPERATIONAL PROCEDURE</u>
3.1	<p>All facilities/sites/programs shall promote a minimal lift environment by implementing a Safe Patient Handling program which shall include but is not limited to the following:</p> <p>3.1.1 <i>Documented Safe Work Procedures</i> for hazards in Patient Handling and Movement, including procedures for assessing whether a patient requires assistance to move (risk assessment).</p> <p>3.1.1.1 Provincial Workplace Safety & Health Working Group Safe Work Procedures will be implemented where available and applicable;</p> <p>3.1.1.2 Where required, SWPs will be developed for any new Patient Handling and Movement procedures or equipment without any existing SWP before it is used in the workplace as per Winnipeg Regional Health Authority Operational Procedure Safe Work Procedures.</p> <p>3.1.2 <i>Training on Safe Work Procedures</i> before the Worker:</p> <p>3.1.2.1 begins performing patient handling tasks, or under the direction of a supervisor or another person who is fully trained and has sufficient experience in performing patient handling while being trained This includes all New Workers;</p> <p>3.1.2.2 Performs different patient handling tasks than the Worker was originally trained to perform or;</p> <p>3.1.2.3 Is moved to another area of the workplace or a different workplace that has different patient handling procedures.</p> <p>3.1.3 <i>Monitoring</i> effectiveness and adherence to SWPs and/or other control measures to reduce MSI risk, including observation of Safe Patient Handling and Movement tasks using the WRHA Observation Card on a regular basis as defined by the facility/site/program/department (see Appendix C).</p> <p>3.1.4 A written or other visual <i>communication tool</i> (e.g., logo system, white board, etc.) in the care plan and at/near the patient's bedside visible to all workers when a patient has been assessed as requiring assistance to move.</p>


Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 4 of 8

	<p>3.1.5 <i>Access to patient handling equipment</i> and devices to eliminate or reduce, so far as is reasonably practicable, the risk of MSI on the basis of the patient assessment including, but not limited to mechanical lifts, friction reducing devices and transfer/gait belts.</p> <p>3.1.6 As per Best Practice guidelines, Workers should avoid lifting more than 35 lbs (16 kg) of a patient’s weight when providing physical assistance during any transfer, repositioning task or other aspect of patient care (Waters, 2007).</p> <p>3.1.6.1 Certain interventions performed by Allied Health Professionals may exceed Minimal Lift guidelines to advance patients through evidence-based progressive rehabilitation protocols in a Controlled Clinical Environment. However, Allied Health professionals must mitigate risks where reasonable and practicable through the use of equipment and/or other methods. New equipment and technologies that better meet rehabilitation goals must continue to be explored and incorporated into practice.</p>
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4.0	<u>RESPONSIBILITIES</u>
4.1	<p>Employer:</p> <p>4.1.1 Act in accordance with the purposes of the Act by ensuring, so far as is reasonably practicable, the safety, health and welfare at work of all his workers, and complying with the Act and regulations.</p> <p>4.1.2 Ensure that all his workers, and particularly his supervisors, foremen, charge hands or similar persons, are acquainted with any safety or health hazards which may be encountered by the workers in the course of their service, and that workers are familiar with the use of all devices or equipment provided for their protection.</p>
4.2	<p>Facility Executive Team:</p> <p>4.2.1 Support a culture of safety, shared responsibility and Safe Patient Handling.</p> <p>4.2.2 Assign responsibilities to staff within the facility/site/program/department to ensure the implementation of all Safe Patient Handling Program components.</p> <p>4.2.3 Ensure that the appropriate supports are in place to provide a Controlled Clinical Rehabilitation Environment that ensures safety for the patient and Worker.</p> <p>4.2.4 Support Safe Patient Handling policies and procedures throughout the facility/site/program/department.</p> <p>4.2.5 Ensure that sufficient patient handling equipment/aids and devices are available for Workers to use when needed for Safe Patient Handling tasks.</p> <p>4.2.6 Ensure that acceptable storage locations are available for the patient handling equipment/aids and devices.</p> <p>4.2.7 Ensure preventive and routine maintenance of equipment is assigned.</p> <p>4.2.8 Ensure education and training opportunities are available and ensure that training records are maintained.</p> <p>4.2.9 Ensure supervisory enforcement and monitoring.</p>


Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 5 of 8

4.3	<p>Directors/Managers/Supervisors/Lead:</p> <p>4.3.1 Support a culture of safety, shared responsibility and Safe Patient Handling and Movement.</p> <p>4.3.2 Ensure written Safe Work Procedures for Safe Patient Handling and Movement tasks are in place, communicated and available to all Workers. See Winnipeg Regional Health Authority Operational Procedure - Safe Work Procedures.</p> <p>4.3.3 Ensure Workers successfully complete initial and ongoing Safe Patient Handling and Movement training. Failure to demonstrate proficiency may indicate a need for additional training.</p> <p>4.3.4 Monitor and ensure Workers follow Safe Work Procedures using patient handling equipment/devices, appropriate techniques and number of Workers required as assessed.</p> <p>4.3.5 Ensure mechanical lifting devices, FRD's, transfer belts and other equipment/aids are available and implemented, so far as is reasonably practicable, on the basis of patient assessment. Annual budgeting must consider needs and replacement of equipment.</p> <p>4.3.6 Ensure equipment is in proper working order, maintained regularly, stored appropriately, and records are kept for inspections.</p> <p>4.3.7 Consult with Capital Planning and Construction Committees as necessary to facilitate patient handling equipment use and storage.</p> <p>4.3.8 Consult with OESH when new Patient Handling equipment is being considered, trialed and/or evaluated.</p> <p>4.3.9 Address all safety concerns and injury near misses related to patient handling and follow-up in a timely manner.</p>
4.4	<p>Safe Patient Handling Educators/Designate:</p> <p>4.4.1 Provide all new Workers who participate in Patient Handling and Movement with initial Safe Patient Handling training. Basic proficiency must be demonstrated using return demonstrations. A written record of proficiency must be retained and/or provided to Director/Manager/Supervisor/Lead.</p> <p>4.4.2 Provide refresher training as required or upon request (e.g., new/different patient handling tasks/procedures, corrective action after injury, return to work plan, Worker self-identifies need for further training, etc.).</p> <p>4.4.3 Ensure that training records are kept.</p>
4.5	<p>Worker designated to complete assessments (e.g. Nurse, Allied Health):</p> <p>4.5.1 Ensure that a patient transfer/mobility assessment has been completed, signed, dated and placed in the patient's medical record to clearly identify the recommended method(s) for patient transfer/bed movement.</p> <p>4.5.2 Clearly communicate the most current techniques to be used when a patient has been assessed or reassessed as requiring assistance to move. This should be in writing or by other visual means at or near the location of the patient.</p>
4.6	<p>Worker performing patient handling task:</p> <p>4.6.1 Report any safety concerns and/or risks identified related to patient handling to their supervisor.</p>

Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 6 of 8


	<p>4.6.2 Follow Safe Work Procedures to ensure that all tasks are completed safely using recommended patient handling equipment/devices and/or appropriate techniques, including number of Workers required based on patient transfer/mobility assessment.</p> <p>4.6.3 Participate in and successfully complete Safe Patient Handling training.</p> <p>4.6.4 Screen the patient’s transfer abilities prior to each transfer, or when any change in status affects the patient’s ability to transfer. Confirm that the recommended transfer method is still appropriate. If the transfer method is not appropriate, use a more conservative transfer method and request reassessment following your site’s procedure and protocol.</p> <p>4.6.5 Perform visual pre-use inspections of patient handling equipment.</p> <p>4.6.6 Request assistance from the appropriate resource (nurse, physiotherapy, occupational therapy, OESH, educator etc.), if uncertain how to safely manage the patient handling task.</p>
4.7	<p>OESH or Designate:</p> <p>4.7.1 Consult with the facility/site/program/department on all aspects of this operational procedure.</p> <p>4.7.2 Provide a list of work-related injuries and analysis of trends for review.</p> <p>4.7.3 Assist in the development of all SWP’s and review/update as needed.</p> <p>4.7.4 Collaborate and consult on specific patient handling safety concerns and recommendations.</p> <p>4.7.5 Assist with evaluation of new patient handling equipment.</p> <p>4.7.6 Review and monitor the effectiveness of the Safe Patient Handling Program. Ongoing evaluation of the program to review current evidence and best practices once every 3 years or if there is change in legislation or process.</p>

5.	TRAINING REQUIREMENTS
5.1	The training program must be workplace specific, effective and reviewed every three years and/or when changes which may affect the procedure are introduced in the workplace.
5.2	<p>Training must include:</p> <p>5.2.1 Safe Patient Handling policies and applicable Safe Work Procedures;</p> <p>5.2.2 Identification of hazards related to patient handling;</p> <p>5.2.3 Signs and common symptoms of any MSI associated with Patient Handling and Movement;</p> <p>5.2.4 Control measures to eliminate or reduce the risk of MSI during Patient Handling and Movement including but not limited to</p> <p>5.2.4.1. Selection and use of equipment, including transfer belts, friction reducing devices (i.e., sliders) and mechanical lifts (see Appendix A & B)</p> <p>5.2.4.2. Body mechanics (safe postures, lifting techniques, patient handling techniques).</p> <p>5.2.5 Patient screening and assessment (patient capability, assistance level, transfer method, number of Workers);</p>

Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg	Operating Procedure (OP) Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 7 of 8

	5.2.6 Fitness for work.
5.3	Workers must be trained in a manner that ensures that Workers are able to apply the training provided. 5.3.1 Initial training must include return demonstrations of learned principles and skills related to performing Safe Patient Handling and Movement (see Appendix A); 5.3.2 Refresher training should be provided on a regular basis: 5.3.2.1 Where applicable, videos may be used and should be reviewed at minimum (see Appendix B); 5.3.2.2 In person training with return demonstrations should be provided as required or upon request (e.g., new/different patient handling tasks/procedures, corrective action after work-related injury, to correct improper use/understanding of Safe Patient Handling and Movement, return to work plan, Worker self-identifies need for further training, etc.).
5.4	All training must be documented. Records must be kept as required by the Workplace Safety and Health Act and Regulations (2.2.1(4) New worker orientation).

6.	REFERENCES
6.1	Legislation Manitoba Laws - W210 The Workplace Safety and Health Act https://web2.gov.mb.ca/laws/statutes/ccsm/w210.php?lang=en Consolidated WSH Act and Regulation – Province of Manitoba https://www.gov.mb.ca/labour/safety/pdf/whs_workplace_safety_act_and_regs.pdf
6.2	Provincial Workplace Safety and Health Working Group (PWSHWG) Provincial Workplace Safety & Health Working Group: Safe Work Procedures Waters, T.R. (2007). <i>When is it safe to manually lift a patient?</i> The Revised NIOSH Lifting Equation provides support for recommended weight limits. The American Journal of Nursing, 107(8): 53-58.
	WRHA Policy, Operational Procedures, and Guidelines WRHA Policy 20.20.030 Workplace Safety and Health https://policies.wrha.mb.ca/human-resources/#111-143-workplace-safety-health WRHA Policy 20.60.030 Discipline and Discharge https://policies.wrha.mb.ca/human-resources/ WRHA OESH Operational Procedure – Safe Work Procedures https://professionals.wrha.mb.ca/files/C-CDD01-Safe-Work-Procedures-OP.pdf WRHA OESH Operational Procedure – Injury Near Miss Reporting https://professionals.wrha.mb.ca/safety/injury-near-miss/

Document #: M-HCD01	 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Operating Procedure (OP)	Status: v 4.0 Revised: August 2024 Owner: Occupational and Environmental Safety and Health (OESH)
Title: Safe Patient Handling and Movement		Page 8 of 8

	WRHA OESH Operational Procedure – Report and Resolution of Safety Concerns https://professionals.wrha.mb.ca/files/Reporting-and-Resolving-Safety-Concerns-OP.pdf
7.0	APPENDIX
	Appendix A: Initial Training Minimum Requirements Appendix B: Refresher Training Minimum Requirements
8.0	OPERATIONAL PROCEDURE CONTACT
	Regional Director, Occupational and Environmental Safety and Health, Winnipeg Regional Health Authority