## SAFE CLIENT HANDLING - GENERAL GUIDELINES

### 1.0 PURPOSE OF DOCUMENT

Define **general** terminology and **general** Home Care program guidelines for safe client handling, including mobility, repositioning and transfers. These guidelines are intended to be used along with clinical judgment and consultation with team members, community and hospital-based Occupational Therapist (OT) and/or Physiotherapist (PT) and Occupational and Environmental Safety and Health (OESH) Musculoskeletal Injury Prevention Specialist (MSIP).

### 2.0 BACKGROUND

The *WRHA Safe Patient Handling and Movement Program* was introduced in May 2008 with a mandate to implement the program throughout the WRHA for use with all patients, residents and clients. These guidelines promote the use of equipment when assisting clients to move to minimize staff and client injury. It outlines several key elements required to support a successful Safe Client Handling Program (client assessment and communication, equipment selection and use, staff training and support).

Specific Home Care guidelines were developed in 2010 to implement the Safe Client Handling and Movement Program in Home Care such as:

- Mechanical lifts
- Sliders
- Transfer belts
- Bed rails
- Electric beds
- Pre-transfer &/or mobility checklist cards

The reference list following this document includes several other useful resources.

### 3.0 DEFINITIONS

**LEVEL OF ASSISTANCE:**

**Independent:** The client is able to safely perform the transfer with or without equipment, and without the need for physical or verbal assistance from the caregiver.

**Supervision:** The client is able to perform the transfer without any physical assistance from the caregiver. Verbal coaching or cueing and/or equipment set up may be required to maintain safety.
In the Home Care program, a mobility task that requires supervision only e.g. supervised walking, mobility or tub bath with no hands on assistance from staff can be provided by a Home Support Worker.

**Standby assist:** The client may require verbal coaching or cueing and/or equipment set up. The client may require minor hands-on physical assistance due to anticipated changes in physical or cognitive status. If the client requires or may require hands on assistance from staff, a Home Care Attendant will be assigned.

**Minimal assist:** The client consistently requires minor physical assistance and/or equipment such as a transfer belt. Verbal coaching or cueing and/or equipment set up may be required to maintain safety. Staff must not lift more than 35 lbs (16 kg) of a client's weight when providing physical assistance during any transfer, repositioning task or other aspect of client care. The client requires minor physical exertion from staff when being repositioned, rising to stand, ambulating, or lowering to sit. The client is able to reliably and consistently fully bear weight when standing or to consistently use arms to transfer e.g. a sliding board transfer.



**DATE ISSUED:** September 8, 2016 **Replacing:** May 6, 2013

**Moderate assist:** The client requires more than minor physical assistance and generally incorporates the use of client handling equipment with a minimum of 1-2 healthcare workers. Staff must not lift more than 35 lbs (16 kg) of a client's weight when providing physical assistance during any transfer, mobility or repositioning task or other aspect of client care. The client is partially dependent for physical support for trunk or legs when being repositioned, or during a transfer or ambulation.

**Maximum assist:** The client requires full physical assistance for repositioning, standing, turning, transferring and/or mobility. The client may have difficulty with key factors such as following directions, weight bearing, having adequate strength, tolerance for activity and/or demonstrates uncooperative or unpredictable behavior. All repositioning and transfer tasks should only be performed with the use of equipment.

**Standard one-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring one staff to complete safely. Standard one-person tasks must be consistent with safe work procedures described the Best Practice Manual.

**Standard two-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring two staff (may include family) to work together to complete safely. Standard two-person tasks must be consistent with safe work procedures described the Best Practice Manual.

**Two-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring two people to work together to complete the task to ensure client, caregiver and/or staff safety. Two person tasks may be completed following standard or client-specific training dependent on the assessment recommendations.

## TASKS AND EQUIPMENT:

**Ambulation/walking (mobility) aids:** Walking aids are used for balance and/or weight relief. Walking aids may include, but are not limited to: canes (standard or quad cane), crutches (axillary or elbow), and walkers (standard walker, 2 or 4-wheeled walker, walker with skis or a walker with forearm gutters).

**Mechanical lift:** Lift equipment that uses a sling to transfer and/or reposition clients. Includes electric Hoyer® lift, Hoyer® Advance Portable Power Lift, sit-stand lift or an overhead lift system i.e. pressure-fitted, free-standing or mounted track system (ceiling or wall mounted). See *Mechanical Lifts-Guidelines* for further details of use. http://home.wrha.mb.ca/prog/homecare/files/sch_MechanicalLifts_GL.pdf

**Mechanical lift transfer:** Mobility, transfer and repositioning tasks that are assessed by a therapist as requiring the use of a mechanical device and one or more persons to ensure client, caregiver and staff safety.

**Mobility:** The ability to move in one's environment. This can include walking with or without equipment or propelling oneself in a wheelchair.

**Repositioning:** To change a client's position while he or she is on a surface such as a bed or chair.

**Safe Client Handling Equipment:** Equipment necessary to minimize the manual effort required by DSS in a minimal lift environment. This may include but is not limited to ambulation aids, repositioning slings, sliders, transfer belts, mechanical lifts.

**Sliders (friction reducing devices):** Special fabric sheets or tubes used by staff to assist a client with repositioning in bed, chair or wheelchair. See *Sliders - Guidelines* for more details. http://home.wrha.mb.ca/prog/homecare/files/sch_sliders_GL.pdf

**Transfers:** The moving of a client from one surface to another.

**Transfer belt:** A belt worn by the client that staff hold onto during transfer and ambulation to provide minimal assist for weight bearing clients. See *Transfer belt – Guidelines* for more details. http://home.wrha.mb.ca/prog/homecare/files/sch_transferbelts_GL.pdf

**Weight bearing:** for the purposes of mobility and transfers, "weight-bearing" is the client's ability to reliably and consistently:

- bear body weight through his/her upper and/or lower limbs in order to assist from lying to sitting and sitting to standing and in reverse;
- support body weight fully or partially through his/her lower limbs when in an upright position;
- maintain bearing body weight through his/her upper and/or lower limbs through the stepping/turning portion of the transfer.

**TRAINING AND RESOURCES:**

**Best Practice Manual for Direct Service Staff (DSS):** Home Care manual that contains the safe work procedures for DSS tasks including transfers, mobility and repositioning. The Nursing Procedure Manual for Home Care nurses also includes these procedures.

**Delegated task program:** Centralized Home Care specialty program developed to facilitate and coordinate appropriate, effective and safe delegation of tasks from professional staff to unregulated care providers.

**Client specific training:** Specific training completed by the delegated task program for an identified task that, because of client circumstances, requires training of each care provider in the client situation, and where the training for the task is not transferable to another client.

**Equipment specific training:** Specific training for an identified piece of equipment required when a care provider identifies the need for training based on unfamiliarity with a piece of equipment. This is not a delegated or client specific task and there are no delegated task codes attached to this training.

**Community Therapy Services (CTS):** A non-profit agency with which WRHA Home Care has a Service Purchase Agreement to provide occupational therapy and physiotherapy services for Home Care clients residing in the community.

**Safe Client Handling**: involves using the appropriate equipment, techniques, body mechanics and care to optimize staff and client safety and client independence. This includes assistance provided to clients by staff during repositioning, turning, holding, transferring, transporting, ambulating or when using a mechanical lift. The ultimate goal is to eliminate or minimize the risk of injury to health care workers while enhancing client safety.

**Safe Client Handling Training:** Includes DSS education on Musculoskeletal Injuries (MSI), the risks involved in DSS work, the legislation related to safe client handling, how to mitigate risks involved by using correct techniques, equipment, and number of staff to perform the tasks. Safe Client Handling Training includes practical demonstration and return demonstrations (for staff required to use techniques) on all of the safe work procedures related to Safe Client Handling within the Best Practice Manual. In addition to skills training, Safe Client Handling sessions include the following:

Part 1 - assists staff to empathize with client experience while using appropriate equipment for bed mobility and transfers (e.g. fear of falling, history of trauma, communicating prior to providing hands on care, working with clients with dementia or other cognitive decline to understand and effectively manage responsive behaviours).

Part 2 – assists staff to empathize with client experience while using appropriate equipment for mechanical lifts and transfers (e.g. in addition to items noted in part 1, attention is drawn to feelings of vulnerability when being lifted with mechanical lifts, fear of being dropped, and how to project confidence).

**Safe Work Procedures:** procedures available to all staff responsible for completing a task that outline the risks, personal protection equipment, training required in addition to the step by step process (including safe work positions) required to complete a task safely.

**OTHER:**

**Bariatric client**: Someone with a body mass index (BMI) greater than 40 or a weight greater than 159 kg (350 lbs.). Planning and identifying potential barriers as well as making provisions for the special needs that may be associated with the visits will assist in maintaining a safe and secure environment for the client, the caregiver(s) and staff.

## 4.0 GUIDELINES

### 4.1 Assessments

- **When determining the appropriate transfer method, the approach recommended must be safe for ALL STAFF assisting with the procedure and AT ALL TIMES of day.**
- The Case Coordinator (CC) is responsible to complete a basic assessment of independence and safety of mobility and transfers for the client along with the availability and capability of family supports if family are assisting with mobility and transfers.
- If a more comprehensive assessment is needed the CC will refer to an OT and/or PT generally through CTS or through other programs where assessments can occur in the home environment e.g. Day Hospital, Hospital Home Team. An assessment should be standard protocol for all bariatric clients that require physical assistance to ensure the safety of the client and workers.
- An interim care plan may be needed until assessment results can be implemented e.g. new equipment, two-person assist.
- CTS will prioritize referrals that have indicated the need for safe client handling to ensure client and/or staff safety. CTS referrals will be also prioritized based on the urgency of client needs.
- CTS assessment in the home will likely include observation of current transfers, mobility and repositioning methods. In order to facilitate this observation process, the therapist may request that staff and other caregivers are present during the assessment.
- CTS will remain involved until the situation regarding transfers, mobility and repositioning is stable. The client is discharged from CTS when the consult is completed.
- CC will re-refer if a reassessment is needed.
- Refer to *Quick Reference Guide (QRG): Referral to Community Therapy Services*. http://home.wrha.mb.ca/prog/homecare/files/ccm_rehab_referrals_CTS_Aug14.08.pdf
- If a client is in hospital, the hospital based OT and/or PT will assess transfers, mobility and repositioning. An OT may complete a home assessment prior to discharge if needed and dependent upon program resources. A referral to CTS may or may not be required. The hospital based OT may liaise with CTS and at times complete a joint home visit if needed. For example, in hospital assessment may be challenging due to hospital policy that all mechanical lift transfers require two-person assist. The CC and team members should discuss options to assess the client's needs including referral to CTS, Day Hospital or other programs pre- or post-discharge.

### 4.2 Space Required in the Home

- Assessment should include considerations of space requirements for use of equipment and for client and staff safety.
- The following can be used as a guide for space requirements:

| Care task/equipment | Space at side of bed (inches) | Space at foot of bed (inches) |
|---|---|---|
| Staff working in a standing position e.g. personal care, nursing care, repositioning or transfer[1] | 31" | 31" |
| Staff kneeling by the bed to assist e.g. personal care, nursing care, repositioning or transfer[2] | 45" | 45" |
| Staff sitting on chair to assist e.g. personal care or nursing care[3] | 36" | 36" |
| Transfer with floor based lift e.g. electric Hoyer® lift[4] | 67" on same side that lift is used | - |
| Transfer with floor based lift e.g. sit-stand lift[5] | 67" on same side that lift is used | - |
| Transfer with overhead lift[6] | 55" on same side as transfer destination | - |

### 4.3 Equipment

- The use of appropriate equipment is often an essential component of a transfer, mobility or repositioning task.
- If the required equipment is not available or if the client refuses to comply with its use, staff must not do the transfer, repositioning or mobility task and should call their supervisor or After Hours. Further assessment of the situation or consultation with the Team Manager (TM) may be required.
- Staff/caregivers must not revert to unsafe methods if the equipment is not available.
- Funding options should be explored or consultation with the Program Consultant for Home Care Equipment, Supplies, and Wheelchair Services should be considered if the client requires two pieces of identical or similar equipment e.g. two stationary adjustable height commodes, an overhead lift or an electric Hoyer® lift.
- Consult the Program Consultant for Home Care Equipment, Supplies, and Wheelchair Services if a client requires bariatric equipment other than what is listed in the approved equipment and equipment consumable list.
- http://home.wrha.mb.ca/prog/homecare/files/eq_eqandeqconsummables_list.pdf

### 4.4 General Guidelines

- **When determining the appropriate transfer method, the approach recommended must be safe for ALL STAFF assisting with the procedure and AT ALL TIMES of day.**
- Home Care does not do cradle lifts where staff lift all of the client's weight by placing their arms under the legs and trunk of the client. Exceptions exist for children who weigh up to 35 lbs.

1, 2, 3,4,5,6 Guidebook for Architects and Planners, 2005. Arjo Canada

- Home Care does not do transfers or repositioning where staff's hands or arms are positioned under the client's axilla due to risk of injury to the client and to staff.
- The client should not hold onto staff e.g. hold onto staff hands, arm or neck or lean on staff for support; clients should hold onto a grab bar or transfer pole or other transfer equipment.
- Work situations that involve sustained awkward postures such as stooping, twisting and overreaching or exerting force in an awkward posture are considered high risk for staff injury.
- If the client is unable or unwilling to cooperate, problem solving measures may include discussion with the CC or RC, development of a Safe Visit Plan, the use of additional care providers or a consult e.g. CTS, or other suitable program. Consultation with the Home Care Staff Development Safe Client Handling instructors may be indicated when staff are having difficulty managing the situation.
- DSS are instructed to use the Pre-transfer &/or Mobility Checklist card as a guide for when not to complete a transfer. Refer to WRHA Home Care *Pre-transfer and/or Mobility Checklist Cards – Guidelines for Use and Ordering.* http://home.wrha.mb.ca/prog/homecare/files/sch_transferchecklistcard_GL.pdf
- DSS must report concerns about client transfers to their supervisor in a timely manner.
- Where indicated refer to equipment specific guidelines as needed. http://home.wrha.mb.ca/prog/homecare/manuals_hcguide_schm.php

### 4.5 Two-Person Assist

- WRHA Home Care Direct Service Protocols indicate that a one- (1) person/staff assist to help clients with mobility, transfers and/or repositioning tasks is the Home Care Program standard.
- Two (2) or more person assists are considered over-protocol, and may require client specific training for the DSS through the Delegated Task Program.
- A two-person assist may be provided by one (1) Home Care staff with a client's family member or other caregiver/alternate serving as the second person. Client specific training for the Home Care staff may be required in these situations. When a family/caregiver is used as the second assist, their capability and availability must be assessed by the therapist to ensure safety of this transfer. Training for each family/caregiver is generally provided by CTS or the hospital based OT or PT.
- Factors to consider when determining requirement for two- (2) or more person assist include, but are not limited to:
    - Assist required exceeds 35 lbs. (16 kg) of force exerted by staff, and equipment alone does not eliminate/reduce staff assist to this level;
    - Assist by one- (1) staff only could compromise client, caregiver and/or staff safety;
    - Staff's ability to operate or move equipment and safely provide hands on assist to the client at the same time;
    - Home environment (flooring, space, room size, bed height);
    - Client's weight, size, fluctuating pain, fatigue and strength, muscle tone (hypo/hypertonic);
    - Client behavior and cognition (ability to participate, cooperate and/or follow directions, comfort level, fear, anxiety).
    - Ability to maintain client, caregiver and staff safety, through evaluation of the above criteria must be considered during a therapist's assessment to determine if the client situation requires two (2) or more Home Care staff or an alternate caregiver as the second person.
- A one-person assist cannot be authorized/scheduled once client is identified as requiring two or more person assist transfer unless reassessment occurs.

### 4.6 Factors to Consider when Determining Whether Transfer, Repositioning and/or Mobility Task is Standard or Requires Client Specific Training

To be considered standard (one or two person), the staff must be able to follow the procedure outlined in the BPM to complete the specified task. If an alternative method must be used the task would be considered client specific and require training by Delegated Task team.

### 4.7 Staff Training

- All Home Care Attendants (HCA), Rehabilitation Assistants (RA), Integrated Support Workers (ISW), Nurses, Resource Coordinators (RC), Home Care OTs and PTs, TM's and CC's are required to attend training in safe work procedures for transfers, mobility and repositioning as part of orientation and then every 3 years.
- Orientation and refresher training includes the following safe work procedures for transfers, mobility and repositioning with one person assist:
    - Use of sliders for repositioning a client in bed;
    - Use of transfer belt for minimum assist transfer and when assisting a client to ambulate;
    - Assisting a client to sit up at the side of the bed;
    - Repositioning a client in his/her wheelchair;
    - Assisting a client who has fallen;
    - Standby or minimum assist with sliding board transfer (client directed);
    - Bathroom safety (orientation only);
    - Use of an electric Hoyer® lift;
    - Use of a BHM Voyager® portable overhead lift system;
    - Use of a BHM Ministand® sit-stand lift
- Consult to the Delegated Task Program should be made if client specific or equipment specific training is needed such as an atypical transfer method or piece of equipment including a turner, a pivot disc, an overhead lift with a Tarzan hook, a repositioning sling, or limb sling.
- Bariatric clients may require additional specialized equipment such as larger sized slings, pannus slings, and items such as beds, mechanical lifts, commodes etc. with increased weight capacity. Staff may require additional training.
- Staff requests or requirements for transfer, mobility and repositioning training should be scheduled with the Home Care Staff Development team, and not by the client, client's family or by another HCA unless the client is in the Self and Family Managed Care Program.

### 4.8 Sliding Transfers – Independent, Supervised or Minimal Assistance With or Without Equipment (Task Code: P9 if Minimal Assist)

- The client must have adequate balance and be able to weight-bear through upper body and be able to direct staff in order to move across from one surface to another, with or without a sliding board.
- The client will be assessed by OT or PT to ensure safety.
- If minimal assistance is required, staff may assist with set up or by using a transfer belt or slider to guide the client (unless contraindicated by a physical/medical condition). Staff must not lift more than 35 lbs. (16kg.).

### 4.9 Minimum Assist Transfer (Task Code: P9)

- The term pivot transfer requires clarification for use in Home Care. It is acceptable for a client to pivot if the client is stable and able to weight bear without moving quickly or requiring more than minimum assist. Staff should not lift more than 35 lbs. of the client's weight when assisting with transfers, mobility or client care tasks.
- Staff should assist from a position beside the client, wherever possible. Staff should step around with the client as the client moves from one seat to another. Staff should be careful to avoid twisting or moving quickly.
- There may be exceptions where staff is required to be in front of the client based on available space, equipment or transfer set up or because of a therapist's recommendation. Client specific training may be needed.

- Due to the rehabilitation focus, Community Stroke Care Service clients may be an exception as long as staff can provide the assistance safely.
- If staff is providing hands on assistance, a transfer belt is required unless the client's medical condition poses a contraindication. Transfer belts are available through Home Care if staff is assisting.
- Transfer equipment is required in situations where the client requires something to hold onto/pull up on in order to assist with the transfer. Staff must not allow the client to hold his/her hands or place their hands/arms around the staff's neck or shoulders.
- Staff should assist the client to transfer to their stronger side, whenever possible (again, clients involved with rehab on the Community Stroke Care Service may be an exception and transfer to their affected side if safe).
- If the client is unable to safely turn in a semi-circular pattern, transfer equipment would be recommended e.g. transfer disc, Sam Hall turner, E-Z turner. This equipment is not available through the Home Care Program and may require equipment or client specific training.

### 4.10 Assisting Client to Ambulate/Walk (Task Code: P9)

- Use of a walking aid is recommended. A transfer belt is required unless contraindicated by a physical/medical condition.
- One staff may be required to assist the client to move from sitting to standing, to provide tactile and/or verbal prompting to weight bear in standing and/or to assist to shift weight and step.
- The therapist who assesses the client will provide direction to indicate if it is safe to assist the client to walk and if so where staff should be positioned i.e. on the client's weaker or stronger side. This information should be included on the task sheet.
- If the task is to assist a client to walk as exercise, see *Direct Service Protocols, Mobility and Exercise.*
- Staff should not assist a client to ambulate if the required equipment is not available, if the client is unable or unwilling to ambulate, if the client has had an injury or a fall since the last visit, if the client's level of cooperation or physical/mobility status has changed and/or there is an increased likelihood that the person may fall.

### 4.11 Falls Prevention and Post Falls Response

- Fall risk(s) is assessed and included in the care plan through MDS. Effective spring 2015, information to alert staff will be included in the General Comments of the task sheet and in the Provider comments if needed.
- DSS must use safe work procedures to set up the client, equipment and work space to prevent falls prior to and when assisting a client to move or transfer. These include but are not limited to:
    - lock wheels on wheelchair/commode/bed;
    - clear work space;
    - ensure client wears appropriate footwear;
    - ensure client is using prescribed mobility device rather than furniture walking;
    - ensure client is wearing glasses if needed;
    - ensure adequate lighting;
    - communicate clearly with client;
    - respond to observations of client behavior e.g. fatigue, dizziness by encouraging and/or assisting client to stop and rest;
    - report changes in client ability;
    - perform equipment safety check prior to each use;
    - refrain from using equipment which requires repairs; label equipment "DO NOT USE" and report to supervisor.
- Staff will inform the RC about all client falls.
- When a client, family or staff report a fall, the CC will follow-up with the client and/or family and will follow occurrence reporting guidelines.

- Staff is instructed that it is unsafe to try to catch or hold up a client who is falling or attempt to lift a client to a higher level. A fall in progress cannot be stopped. Staff is instructed to reduce the risk of injury to the client if they can safely do so. See *Best Practice Manual for Direct Service Staff* for more details.

### 4.12 Transferring Clients from the Floor

- Home Care staff does NOT lift or physically assist a client to or from the floor or when he/she has fallen to the floor.
- If the client is unable to get up independently, staff is to call their supervisor for direction and wait until help arrives. If it is an emergency, staff must call 911 and then their supervisor.
- Staff may provide verbal directions to the client and have the client use one or two chairs if able to get up without physical assistance. Staff will ask about pain each time the client changes position and if the client has pain, staff will stop the process and notify the RC.
- Staff will inform the RC about all client falls, who will then notify the CC.
- If the client is wheelchair dependent and transfers with a mechanical lift, a fall would be considered an unexpected event. Staff should not use a mechanical lift to assist the client up off of the floor until the client has been medically assessed to ensure that it is safe to move the client.

### 4.13 Stairs (Task Code to be Determined)

- **Staff will assist a client on stairs only if a therapist has assessed the client in their home and determined this is a safe activity.**
- Extreme care should be taken when considering assisting a person to mobilize on stairs.
- Stairs that have slippery or narrow treads, are too steep or have no railings are not safe for a client with mobility problems.
- Stairs should have railings, and preferably on both sides.
- Staff will not assist a client on outside steps if the steps are snow or ice covered.
- If the therapist has deemed that going up and down the stairs is unsafe, staff must NOT assist. The client's care will be provided on the main floor.
- If a client insists on going up or down the stairs, the staff is to meet the client at the top or bottom of the stairs e.g. to provide bath assist in bathroom located on other than the main floor of the home.
- If the client requires assist to move an empty, manual wheelchair between one level of the home and another or outside, an OT assessment is needed to ensure that there is an appropriate grade and adequate space for staff safety. A few steps may be considered safe, depending upon the assessment. A full flight of stairs would not be considered safe.
- Staff is not trained in assisting a client on stairs or moving an empty wheelchair up/down steps during orientation or refreshers. Client specific training through the Delegated Task Program may be needed.
- Staff must not assist to move a client in a wheelchair up/down steps.

### 4.14 Mechanical Lifts (Task Code: PA)

- Refer to *Mechanical Lifts – Guidelines* for more details on how to assess for and order lifts and slings. http://home.wrha.mb.ca/prog/homecare/files/sch_MechanicalLifts_GL.pdf
- Refer to the *Best Practice Manual for Direct Service Staff* for how to use the most common types of mechanical lifts used in Home Care.
- Mechanical lift transfers may require one, two or more person assist depending on the client and the home situation.
- The client should always use slings associated with the same brand lift. Slings are not interchangeable from one lift to another e.g. from the Hoyer® lift to the Voyager® portable overhead lift.
- A mechanical floor lift e.g. Hoyer® and Ministand® sit-stand lift, should only be used with a hard flooring surface (e.g. hardwood, vinyl, tile) or low-pile carpet (e.g. commercial style carpets such as Berber; tightly woven fibers, flat in appearance, short/tight loops). If the carpet is not suitable, e.g. soft underlay

or shag style, options will include a change in flooring, change to room where flooring is more suitable, or change to an overhead lift system. Note that overhead lifts are limited in supply and an interim plan may be needed until an overhead lift is available.
- Covering carpet with a sheet of plywood or with plastic office style mats is not recommended. Plastic mats are often not thick enough to significantly reduce the rolling resistance of using a floor lift. The plastic mat or plywood may not be large enough to extend far enough underneath the bed or accommodate the amount of floor space required and/or they may create a problem with overlapping edges and gaps. If there are flooring issues in the client's home, consult CTS for an assessment.
- A mechanical lift transfer to a commode may require a CTS assessment to determine safety including whether it is safe to leave the client unattended.
- The sling must be unhooked from the lift after a transfer to a commode with a floor based or overhead lift if the client will be left unattended e.g. for privacy. If the client will not be left alone or is seated for a very brief time, the sling may remain attached to the lift.
- If the electric Hoyer® lift is used to transfer into the bathtub, the space underneath a raised tub must be wide enough to allow the base of Hoyer® to be fully expanded.

### 4.15 Repositioning in a Chair (Task Code PB or PA if using Hoyer Lift)

- If a client requires assistance to move back in a chair i.e. to reposition, staff can provide cues/coaching/assistance from the front. Staff must NOT help the client from behind the chair.
- Client must be able to assist by bracing body, leaning/shifting weight, or pushing with arms or legs.
- If the client is unable to assist, the mechanical lift should be used to reposition the client.
- Specific procedures for one person assist to reposition in a chair are under task code P9 and if using an electric Hoyer® lift task code PA of the *Best Practice Manual for Direct Service Staff.*
- Staff should contact their supervisor if the client often needs help to reposition in the chair. The client may need to be reassessed for appropriate seating. Seat belts should only be used as prescribed as part of the seating assessment by an OT. Seat belts should not automatically be used if the client is sliding in the chair. Staff should be informed if a seat belt is to be used at all times.

### 4.15 Bath Tub/Shower Transfers (Task Code: H1 or P1)

- Home Care staff does not assist to lift a client to and from the bottom of the bathtub due to the high risk of staff injury.
- Clients must obtain the recommended bath seat, grab bars and/or bath lift and non-slip tub bottom or bathmat prior to receiving Home Care assistance for tub transfers.
- An OT assessment may be needed to assess the client's ability to transfer and to assess the environment and equipment needs e.g. client must have adequate support to sit during bath or shower.
- The assessment should also address client's ability to assist with washing. Staff may be exposed to stooping, twisting, overreaching or working in an awkward position or becoming very wet when assisting a client with bathing or showering. Alternatives should be explored including the use of a long handled sponge and/or assisting to wash hard to reach parts before or after transferring into the tub or shower.
- Consider safety when assisting to lift a client's legs into the tub. The client must be able to assist with lifting legs into/out of the tub and be able to shift position on the bath seat as the legs are moved. An average leg weighs approximately 15.7% of the client's body weight (Nelson, Motacki & Menzel, 2009). (Refer to Appendix 1).
- If staff will be kneeling to minimize awkward postures (i.e. procedure cannot be modified to eliminate or minimize this position), cushioning for the knees should be used (e.g. knee-pads, a folded towel).
- Considerations should be made to reduce the risk of slips and falls for the client and for staff e.g. non-slip mats should be used or the client should have dry feet and footwear on prior to standing. Staff or the client should not stand on a towel placed on the floor.
- If the client has a roll-in shower stall, a shower chair can be used. An assessment may be required.

- Equipment specific training from the Delegated Task Program may be required if a client uses a bath lift such as Minor Aquatec® and he/she is not familiar with method of operation.
- If the transfer is completed using an electric Hoyer® lift, the tub must be raised to allow a safe transfer and the bathroom space must allow using the mechanical lift in the same room – the client cannot be transported in the lift from another room. An overhead lift system may be a safe alternative.
- A client assessment will be required if the plan is to transfer client into the bathtub with an overhead lift. Client may require a bath seat for support and safety.
- A sponge bath will be the method of choice if other methods are not acceptable or if equipment is not available.

### 4.17 Positioning and Bed Mobility (Task Code: PB)

- The client should be assessed for equipment to promote independence and client and staff safety.
- Refer to *Sliders - Guidelines.* http://home.wrha.mb.ca/prog/homecare/files/sch_sliders_GL.pdf
- Slider sheets reduce shear and friction. Soaker pads should not be used to reposition clients in bed due to the high risk for skin injury to the client caused by friction and shear and the high risk of staff injury.
- Sliders can be used with one person assist if the client is able to assist.
- If the client is unable to assist he/she will need 2 slider sheets, 2 or more caregivers, access to both long sides of the bed and space to move easily around either the foot end or the head of the bed.
- Access to both sides of the bed is required when the client requires more than minimal assistance to turn or move in bed or for care tasks in bed. Space between the long side of the bed and the wall and at the end of the bed will be required depending upon the anticipated working position for staff.
- If an electric bed is in use, the head of the bed can be lowered to help with moving a client up in bed. Staff must be informed if this is a safe option for the client.
- If an overhead lift is available, the client may be assessed for a repositioning sling to assist with turning or moving in bed.
- If staff are using a soaker pad to assist the client to turn in bed, the client should be reassessed to determine if further equipment or a two-person assist is required.

### 4.17 Pushing and Pulling Beds

- Pushing and pulling beds and furniture is not recommended as a routine procedure. Instead, the home environment should be set up to allow adequate space for clients and staff to move freely during their assigned tasks.
- The forces involved with pushing and pulling are highly variable and depend primarily on how quickly a person performs the task. The faster a person moves, the higher the forces that are required to perform the task. When heavier items are involved it does not take much to exceed safe working limits for pushing/pulling tasks.
- Pushing is better than pulling and the staff member must be in line with the direction of force (i.e. side to side motions relative to the person moving the bed are not permitted). Push before pull before lift.
- There may be situations in which moving the bed is occasionally necessary to access both sides of the client when the orientation of equipment and furniture cannot be altered enough to eliminate this task. Each of these situations must be assessed on a client specific basis by the appropriate professional (CTS and where required, OESH) to determine safety for the client and staff. During the assessment the following points must be taken into account:
    - Only Home Care electric beds equipped with casters, or specialized electric beds equipped with larger casters or low friction furniture sliders should be moved by Home Care staff. Beds without wheels should not be moved;
    - Beds should not be moved on carpeted surfaces; only hardwood, tile, laminate or similar surfaces are suitable for this task;
    - The client's weight must be considered if the bed is to be pushed with the client in it noting it is best that the bed is moved when the client is not in it;

- The bed should only be moved short distances, less than 3 feet;
- The minimum and typical forces involved in moving the bed should be measured to ensure that they do not exceed the safe pushing and pulling limits recommended by the Canadian Centre for Occupational Health and Safety (CCOHS);
- The movement should be performed in a controlled manner in order to minimize the forces involved.

### 4.19 Pushing and Pulling Wheelchairs

- Pushing is better than pulling**.**
- If the wheelchair is travelling over a bump such as a door sill, it may be safer for the client and staff to pull the chair backwards rather than push.
- Staff assisting a client to enter/exit an apartment door that self closes for fire safety may require the use of a door stop to allow the door to be propped open as staff pushes or pulls the wheelchair in/out of the apartment. The door should not be left propped open.
- If the client requires assist to move an empty wheelchair between one level of the home and another or outside, an OT assessment is needed to ensure that there is an appropriate grade and adequate space for staff safety. A few steps may be considered safe, depending upon the assessment. A full flight of stairs would not be considered safe.
- Staff is not trained in moving an empty wheelchair up/down steps during orientation or refreshers. Client specific training through the Delegated Task Program may be needed.
- Staff must not assist to move a client in a wheelchair up/down steps.

### 4.20 Therapeutic Sleep Surfaces

- Therapeutic sleep surfaces may make positioning and transfers more difficult due to the unstable surface.
- The electric bed should be equipped with half rails for client safety on a therapeutic sleep surface.
- A consult to CTS or to a hospital-based OT if client is in hospital will often be needed as part of the assessment or as a follow-up to ensure safe care and mobility on the therapeutic sleep surface.
- DSS should contact their supervisor if staff has difficulty assisting a client to roll, reposition or transfer with a mechanical lift.
- If a client will be sitting up at the side of the bed and/or transferring to stand, an air mattress may not be the safest option due to the risk of slipping and falling if the mattress is not deflated. The manufacturer recommends deflating the mattress if a client will be sitting up at the side of the bed. Client specific training would be required if Home Care staff are assisting.
- Sliders can be used and must be removed after use.
- For further details refer to the Home Care *Guidelines for Therapeutic Sleep Surfaces.* *http://home.wrha.mb.ca/prog/homecare/files/Eq_TSS_GL.pdf*

### 4.21 Mobility Assist for Personal Care Tasks or Nursing Tasks when Client is in Bed

- Assessment considerations should include adequate available lighting for the task and space at the bedside to work and set up supplies.
- Assessment should include client's ability to turn in bed, lift arms or legs and to maintain positions required while care is provided.
- If the client requires physical assistance for personal care or nursing tasks in bed (e.g., dressing, sponge bath, wound care, etc.), employees must be able to complete tasks at a safe working height (i.e., hip height) to eliminate the need to work in an awkward position (e.g., bending, over-reaching) and/or the need to lift/hold limbs for prolonged periods. Additional equipment or assistance by a second person may be required.

- Options for additional equipment include a full or a Hi Lo electric bed and/or other assistive equipment (e.g. overhead lift and limb slings) or positioning devices (e.g. high-density foam wedges).
- Adaptive clothing (e.g., open back pants) may be required for assistance with dressing (e.g. when client cannot be rolled to pull pants up)
- Some of this equipment is available through the Home Care program by special approval; some items may have to be purchased by the client.
- Lifting and holding of limbs for prolonged periods (e.g. for wound care) should be eliminated through the use of assistive technology (e.g. overhead lift and limb slings) or positioning devices (e.g. high-density foam wedges) to elevate and support the weight of the lower extremity. The following general guidelines should be considered when determining the safety of lifting and holding client limbs (Refer to chart in appendix for more details):
    - The average weight of a lower extremity (including thigh, calf, and foot) is approximately 15.7% of a person's total body weight. Therefore, the weight of the leg of a client who weighs greater than 220 lbs. would exceed the 35 lb. recommended safe client handling lifting limit under ideal conditions. (Ideally this is a 2-handed lift, elbows close to the body, hip height/30 inches, leg held directly in front of staff's body). (Refer to Appendix for more details).
    - Under non-ideal conditions (e.g. lifting the extremity far from the body/at full arm's length), the maximum recommended weight to be lifted would be even lower (11.1 lbs. for one-handed lift; 22.2 lbs. for two-handed lift) (Waters et al., 2009). A client weighing > 70 lbs. (one-handed lift) and > 140 lbs. (two-handed lift) would exceed these limits.
    - If holding of the leg is required for more than a few seconds (up to 3 minutes), the recommended maximum weight would be even lower (6.3 lbs.) (Waters et al., 2009). A client weighing > 40 lbs. would exceed this limit.
- Similar considerations should be taken when attempting to lift and hold the pannus of a bariatric client. A regular sling can be adapted to hold the pannus using a mechanical lift. Alternatively, a drawsheet or blanket can be placed around the pannus and either held by the client or the workers, or secured to the bed or chair if possible.

### 4.22 Commode Use

- Home Care provides stationary commodes which are adjustable in height and portable commodes which have a fixed floor to seat height. Standard commodes have a weight capacity of 250 lbs.
- The Artisan Deluxe Drop Arm 500AF (adjustable frame) (weight capacity 450 lbs.) is also available through the Home Care program. The seat width is preset at 20" and can be ordered at 22".
- The back rest on the Artisan portable commode can become loose – staff is instructed to check that the knobs are tightly secure before use.
- The Artisan commode is not intended to be used as a wheelchair and using it as such may result in injury to the client. Depending on the client's weight and the space and floor surfaces it may be assessed as suitable to move the client a short distance e.g. into the bathroom if there is no threshold or door sill between the rooms. When moving a client on a wheeled commode, the footrests should be used.
- A tilt commode may be required for some clients and the client or family would need to purchase this.

### 4.23 Transfers at an Off-Site Location

- All requests for transfers at an off-site location must be assessed for appropriateness and safety of the transfer at the off-site location. This usually requires a consult to CTS if Home Care DSS will be assisting at an alternate residence, leisure site, school or work. Refer to Off-Site Service Guidelines: http://home.wrha.mb.ca/prog/homecare/files/hcg_OffSiteApprovals.pdf
- CTS may be consulted for assessments off site including to assist with assessment pre-discharge from hospital e.g. joint visit with therapist from hospital

- Delegated Task Program or CTS may be involved to train staff on the use of transfer equipment e.g. a bath lift that is used at an off-site location if this equipment differs from the equipment commonly used in the Home Care program.
- Bath assist at a facility or assisted living site may be arranged for a specific client. Training may be done by facility staff depending upon facility policy.

### 4.24 Dealing with Differing Opinions and Establishing Exceptions Regarding Transfers and Mobility

- The Home Care program acknowledges the importance of client independence in combination with staff safety, program resources and the individual nature of clients' homes as a workplace for staff.
- There may be disagreement among the client, caregivers and family members regarding the preferred method for transfers and mobility. Examples include client refusing to use electric Hoyer® lift, family/client refusing to have an electric bed and/or family requesting staff move bed several times daily to assist with care.
- Family or client refusal is not a sufficient reason to change the recommendation to a method which may be unsafe.
- CTS may be consulted to further assess client independence, and client and staff safety.
- The Team Manager should be consulted to assist with problem solving and decision making if the CC is unable to implement the CTS OT or PT recommendation.
- A change in the care plan (e.g. alternate equipment, bed care, and/or suspension of services) may be necessary temporarily until the appropriate equipment and safe work procedures have been implemented
- CTS and/or the CC, RC, Nursing Resource Coordinator (NRC) or TM may consult OESH MSIP where required and a joint visit may be scheduled if:
    - The safety of the task is still in question;
    - The employee exercises their right to refuse dangerous work;
    - The concern is related to a staff near miss or injury report;
    - The client and/or family are not in compliance with policies/procedures or recommendations;
    - New equipment or a new procedure will be used.
- Family members and privately hired staff may use methods which are not recommended by the CTS therapist or OESH even when feedback regarding other options has been provided.
- In exceptional circumstances general guidelines can be modified. The TM, CC, RC, NRC, CTS therapist, Delegated Task Program, Home Care Staff Development OT instructors and/or OESH MSIP should be consulted to assess feasibility and client and staff safety.
- These modifications must be clearly communicated as an exception to all team members including DSS.
- A reassessment plan must be established if a guideline exception is part of the care plan.

## 5.0 ROLES AND RESPONSIBILITIES

### Community Case Coordinator (CCC)

1. Complete assessment including transfers at every home visit.
2. Discuss with client:
    - Home Care guidelines regarding transfers
    - Consult to OT or PT for assessment if needed
    - Interim plan for care until assessment is completed and recommendations are implemented e.g. no service until mechanical lift is delivered.
3. Provide client/family with appropriate client education documents such as equipment, assistance with mobility and transfers and assistance with personal care.
4. Document in Presenting Situation:

- Type of transfer and special instructions noted by therapist e.g. loop color on sling for mechanical lift, minimum assist transfer to right side or to left side, use of wheelchair seat belt and/or client tolerance for repositioning in bed with head of bed lowered;
- Level of assistance required by client and number of staff or caregivers required;
- Equipment required for safe transfers;
- Risk factors – type and degree e.g. risk of falls, history/presence of skin breakdown, decreased memory, difficulty following instructions, decreased vision, risk of aggressive outbursts, pain, environment (e.g.: space, flooring).

5. Document on DSS Task Sheet:
   - Identify the appropriate level of tasks to be completed by Home Support Worker (HSW) or HCA;
   - Type of transfer and special instructions noted by therapist e.g. loop color on sling for mechanical lift, minimum assist transfer to right side or to left side, use of wheelchair seat belt, client tolerance for repositioning in bed with head of bed lowered or other;
   - Level of assistance required by client and number of staff or caregivers required;
   - Equipment required for safe transfers;
   - Risk factors – type and degree e.g. risk of falls, history/presence of skin breakdown, decreased memory, difficulty following instructions, decreased vision, risk of aggressive outbursts, pain, environment (e.g.: space, flooring);
   - Need for Delegated Task Program involvement for client specific and/or equipment specific training.
6. Refer to OT or PT for comprehensive assessment and recommendations as required.
7. Process requests for equipment as required. Plan for alternative plan of care if equipment is not available.
8. Communicate to the RC/NRC any changes in transfers and mobility in a timely manner using the Service Change Notification Form. Share CTS OT or PT report with RC or NRC as needed.
9. Follow-up on any concerns by the RC, NRC or DSS in a timely manner including right to refuse, staff injury, equipment malfunction, environment hazards, changes in client affecting transfers, mobility or repositioning and report back to RC, NRC and/or DSS the results of follow-up.
10. This follow-up may require reassessment by CTS or other OT or PT.
11. Consult with TM for assistance with decision making if there are any unresolved concerns.

**Hospital Case Coordinator (HCC)**

1. Complete reassessment including transfers for all referrals to Home Care for both new and existing clients.
2. Collaborate with OT and PT for comprehensive assessment and recommendations as required. The Case Coordinator should attach a copy of the therapists' report to the community referral.
3. Discuss with client:
   - Home Care guidelines regarding mobility, repositioning and transfers;
   - Interim plan for care until assessment is completed and recommendations are implemented e.g. no service until mechanical lift is delivered.
4. Provide client/family with appropriate client education documents such as equipment, assistance with mobility and transfers and assistance with personal care.
5. Document in Presenting Situation:
   - Type of transfer and special instructions noted by therapist e.g. loop color on sling for mechanical lift, minimum assist transfer to right side or to left side, use of wheelchair seat belt and/or client tolerance for repositioning in bed with head of bed lowered;
   - Level of assistance required by client and number of staff or caregivers required;
   - Equipment required for safe transfers;
   - Risk factors - type and degree e.g. risk of falls, history/presence of skin breakdown, decreased memory, difficulty following instructions, decreased vision, risk of aggressive outbursts, pain and/or environment (e.g.: space, flooring).
6. Document on DSS Task Sheet:
   - Identify the appropriate level of tasks to be completed by HSW or HCA;

- Type of transfer and special instructions noted by therapist e.g. loop color on sling for mechanical lift, minimum assist transfer to right side or to left side, use of wheelchair seat belt, client tolerance for repositioning in bed with head of bed lowered, two-person assist or other;
- Level of assistance required by client and number of staff or caregivers required;
- Equipment required for safe transfers;
- Risk factors – type and degree e.g. risk of falls, history/presence of skin breakdown, decreased memory, difficulty following instructions, decreased vision, risk of aggressive outbursts, pain and/or environment (e.g.: space, flooring);
- Need for Delegated Task Program involvement for client specific and/or equipment specific training.

7. Ensure client has proper equipment in place prior to discharge home.
8. Consult with TM if there are any unresolved concerns.

**Occupational Therapist or Physiotherapist Depending on Issue (Community Therapy Services, Day Hospital, Hospital Home Team, Inpatient or Outpatient Programs etc.)**

1. Assess client transfers, mobility and repositioning considering physical functioning, mental status, and environmental factors.
2. Make recommendations regarding:
   - Most appropriate transfer method
   - Assistance required and number of staff or caregivers required
   - Use of equipment and equipment provision
   - Brand name of lift, sling style, sling size and strap configuration if mechanical lift will be used
   - Space and set up requirements
   - Risks and special instructions
   - Training done with family
   - Discharge from service or ongoing monitoring e.g. for client with sit-stand lift
3. Communicate with the CC in a timely manner. Phone CC same day if significant risk is identified.
4. Assist CC to identify situations where client specific or equipment specific training from the Delegated Task Program may be required.

**Resource Coordinator (RC) or Nursing Resource Coordinator (NRC)**

1. RC provides verbal information and task sheet to all assigned DSS:
   - Description of clients' ability to transfer and required transfer method;
   - Level of assistance and number of staff or caregivers required;
   - Equipment required for safe transfers;
   - Risk factors e.g. risk of falls, history/presence of skin breakdown, decreased memory, difficulty following instructions, decreased vision, risk of aggressive outbursts, pain and/or environment (e.g.: space, flooring);
   - Any special instructions with respect to the task.
2. Ensure information about transfers and mobility is entered in Procura.
3. NRC provides information from presenting situation to visiting nurses.
4. Ensure all staff have attended training and arrange any additional training required by the DSS.
5. Follow-up on any concerns from the DSS or the CC in a timely manner including the right to refuse, staff injury, equipment malfunction and report back to DSS to inform them of results.
6. Develop and implement corrective actions for Injury Near Misses (INM's) in consultation with OESH.
7. Communicate with the CC any changes in transfers or required assessments in a timely manner.
8. Provide updated information to all assigned DSS in a timely manner e.g. changes in transfers, equipment, client level of independence.
9. Monitor DSS to ensure that all tasks are completed safely using appropriate procedures and using the required client handling equipment.

**Client/Family**

1. Report any falls and any changes in client's ability to move or transfer to CC.
2. Contact CC if equipment is not operating properly and/or requires repairs or maintenance.
3. Contact CC if client no longer requires equipment.
4. Ensure equipment on loan is only used with client, as intended and not abused.
5. Ensure safe work space for staff to assist client.

**Direct Service Staff (HSW, HCA, RA, ISW, Nurse, Home Care OT, PT, SLP, SW, RT)**

1. HSW, HCA, RA, ISW use Pre-transfer &/or Mobility Checklist Card and report any concerns or changes in the client's ability to assist with transfers, mobility and/or repositioning to the RC or After Hours Unit in a timely manner.
2. Nurses use Pre-transfer &/or Mobility Checklist Card and report any concerns regarding transfers to the CC and/or the NRC or After Hours Unit in a timely manner.
3. Refer to information in client home file – Safe Client Handling section (i.e. transfer method, number of staff/caregivers, equipment, special instructions).
4. Talk to RC about training if DSS are unfamiliar with the equipment or task required for client transfer or mobility. This may be standard equipment that the DSS have not used for a long time or would be required if it is a client specific task.
5. Follow safe work procedures including using equipment as instructed.
6. Attend Safe Client Handling refresher training every 3 years or as required to maintain competence.

**After Hours Service**

1. Refer to Safe Client Handling Quick Reference Guide to assist DSS if concerns arise during afterhours.
2. Contact family backup, After Hours supervisor or TM on call if needed to help resolve client and staff situation.
3. Contact emergency repair services if urgent repairs to transfer and mobility equipment are required.

**Team Manager**

1. Assist CC, RC, NRC to problem solve safety concerns and/or situations. This might include if client/family/caregiver or DSS refuse to use recommended equipment or transfer method or if client needs or home environment present challenges beyond Home Care guidelines.
2. Refer to CTS if indicated.
3. Review and assist RC or NRC with corrective actions for INMs in consultation with OESH.
4. Consultation with Home Care Staff Development OT Instructors as needed.

**Home Care Program Support Team/Staff Development**

1. Provide training sessions for all Home Care Staff including orientation and refreshers to maintain ongoing competency.
2. Keep training records.
3. Prepare and present in-services regarding any changes in program guidelines.
4. Update training materials and safe work procedures for Home Care staff.
5. Update program guidelines and manuals ongoing, based on evidence informed standards.
6. Evaluate the safe client handling program on an ongoing basis including review of best practice, monitoring of injury rates for clients and staff, monitoring of staff compliance with other team members.
7. Provide consultation to Home Care staff as needed.

**Musculoskeletal Injury Prevention Specialist (MSIP-OESH)**

1. Review Injury Near Misses (INMs) and make recommendations for corrective action in consultation with RC or NRC. Follow-up on corrective actions as required.
2. Assist with ongoing development and implementation of evidence-based guidelines for the Safe Client Handling and Movement Program.
3. Assist in the development of Safe Work Procedures (SWP's) as required, in consultation with Home Care Program Support Team and CTS.
4. Identify ongoing equipment and training needs to prevent injuries and to safely manage client handling.
5. Assist with consults where required including joint visit with CTS if there are differing opinions or to establish an exception to guidelines e.g. if there are safety concerns, if an employee exercises their right to refuse dangerous work, if the client and/or family are not in compliance or if new equipment or a new procedures will be used.
6. Respond to consults from the Home Care program on all aspects of the Safe Client Handling and Movement Operational Procedures as needed.

## 6.0 REFERENCES

Arjo (2005). *Arjo guidebook for architects and planners: Elderly care facilities (Second Edition*). Eslov, Sweden: ARJO Hospital Equipment.

Community Therapy Services *Guidelines for the Assessment of Lifts and Transfers in the Home Care Program* 2011.

Nelson, A. L., Motacki, K., & Menzel, N. (Ed). (2009). *The illustrated guide to safe patient handling and movement.* New York: Springer Publishing Company.

Smith, J. (Ed). (2011). *The guide to the handling of people: A systems approach. (6th Ed.)* Middlesex: National Back Pain Association.

Waters, T., Spera, P., Petersen, C., Nelson, A., Hernandez, E, & Applegarth, S. (2011). AORN Ergonomic Tool 3: Lifting and holding the patient's legs, arms and head while prepping. *AORN Journal, 93 (5)*, 589-592.

WRHA Home Care *Bed Rails – Guidelines*

WRHA Home Care *Best Practice Manual for Direct Service Staff*

WRHA Home Care *Client Expectations* documents

WRHA Home Care *Delegated Task Guidelines*

WRHA Home Care *Direct Service Protocols*

WRHA Home Care *Electric Bed – Guidelines*

WRHA Home Care *Guidelines for Therapeutic Sleep Surfaces*

WRHA Home Care *Mechanical Lifts – Guidelines*

WRHA Home Care *Nursing Procedures Manual*

WRHA Home Care *Off-Site Service Guidelines*

WRHA Home Care *Pre-transfer and/or Mobility Checklist Cards – Guidelines for Use and Ordering*

WRHA Home Care *Sliders – Guidelines*

WRHA Home Care *Transfer Belts – Guidelines*

*WRHA Safe Patient Handling and Movement Program*

WRHA Home Care *Quick Reference Guide: Referral to Community Therapy Services*

**APPENDIX 1:** Ergonomic Tool: Lifting and Holding Legs or Arms in an Orthopaedic Setting. This tool is included as a reference to assist with determining risks if staff is required to lift or hold a client's arm or leg.

| **Patient Weight lb** (kg) | **Body Part** | **Body Part Weight Lbs.** (kg.) | | **Lift 1-hand** | **Lift 2-hand** | **Hold 2-hand 1 min.** | **Hold 2-hand 2 min.** | **Hold 2-hand 3 min.** |
|---|---|---|---|---|---|---|---|---|
| **90-140 lb** (41-64 kg) | **Leg** | **<22 lb** | (<10 kg) | | | | | |
| | **Arm** | **<7 lb** | (<3 kg) | | | | | |
| **140-190 lb** (64-86kg) | **Leg** | **<30 lb** | (<14 kg) | | | | | |
| | **Arm** | **<10 lb** | (<4 kg) | | | | | |
| **190-240 lb** (86-109 kg) | **Leg** | **<38 lb** | (<17 kg) | | | | | |
| | **Arm** | **<12 lb** | (<6 kg) | | | | | |
| **240-290 lb** (109-132 kg) | **Leg** | **<46 lb** | (<21 kg) | | | | | |
| | **Arm** | **<15 lb** | (<7 kg) | | | | | |
| **290-340 lb** (132-155 kg) | **Leg** | **<53 lb** | (<24 kg) | | | | | |
| | **Arm** | **<17 lb** | (<8 kg.) | | | | | |
| **340-390 lb** (155-177 kg) | **Leg** | **<61 lb** | (<28 kg) | | | | | |
| | **Arm** | **<20 lb** | (<9 kg) | | | | | |
| **390-440 lb** (177-200 kg) | **Leg** | **<69 lb** | (<31 kg) | | | | | |
| | **Arm** | **<22 lb** | (<10kg) | | | | | |
| **>440 lb** (>200kg) | **Leg** | **>69 lb** | (>31 kg) | | | | | |
| | **Arm** | **>22 lb** | (>10 kg) | | | | | |
| * No shading: Lift and hold is appropriate but use clinical judgment and do not hold longer than noted.<br>Heavy shading: Do not lift alone; use assistive device or more than one caregiver. | | | | | | | | |

(Source: Waters, T., Spera, P., Petersen, C., Nelson, A., Hernandez, E, & Applegarth, S. (2011). AORN Ergonomic Tool 3: Lifting and holding the patient's legs, arms and head while prepping. *AORN Journal, 93 (5)*, 589-592.)

## APPENDIX 2: SAFE CLIENT HANDLING – DEFINITIONS FROM GENERAL GUIDELINES

### LEVEL OF ASSISTANCE:

**Independent:** The client is able to safely perform the transfer with or without equipment, and without the need for physical or verbal assistance from the caregiver.

**Supervision:** The client is able to perform the transfer without any physical assistance from the caregiver. Verbal coaching or cueing and/or equipment set up may be required to maintain safety.
In the Home Care program, a mobility task that requires supervision only e.g. supervised walking, mobility or tub bath with no hands on assistance from staff can be provided by a Home Support Worker.

**Standby assist:** The client may require verbal coaching or cueing and/or equipment set up. The client may require minor hands-on physical assistance due to anticipated changes in physical or cognitive status. If the client requires or may require hands on assistance from staff, a Home Care Attendant will be assigned.

**Minimal assist:** The client consistently requires minor physical assistance and/or equipment such as a transfer belt. Verbal coaching or cueing and/or equipment set up may be required to maintain safety. Staff must not lift more than 35 lbs (16 kg) of a client's weight when providing physical assistance during any transfer, repositioning task or other aspect of client care. The client requires minor physical exertion from staff when being repositioned, rising to stand, ambulating, or lowering to sit. The client is able to reliably and consistently fully bear weight when standing or to consistently use arms to transfer e.g. a sliding board transfer.

**Moderate assist:** The client requires more than minor physical assistance and generally incorporates the use of client handling equipment with a minimum of 1-2 healthcare workers. Staff must not lift more than 35 lbs (16 kg) of a client's weight when providing physical assistance during any transfer, mobility or repositioning task or other aspect of client care. The client is partially dependent for physical support for trunk or legs when being repositioned, or during a transfer or ambulation.

**Maximum assist:** The client requires full physical assistance for repositioning, standing, turning, transferring and/or mobility. The client may have difficulty with key factors such as following directions, weight bearing, having adequate strength, tolerance for activity and/or demonstrates uncooperative or unpredictable behavior. All repositioning and transfer tasks should only be performed with the use of equipment.

**Standard one-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring one staff to complete safely. Standard one-person tasks must be consistent with safe work procedures described in the Best Practice Manual.

**Standard two-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring two staff (may include family) to work together to complete safely. Standard two-person tasks must be consistent with safe work procedures described in the Best Practice Manual.

**Two-person assist:** Safe Client Handling tasks that are assessed by a therapist as requiring two people to work together to complete the task to ensure client, caregiver and/or staff safety. Two person tasks may be completed following standard or client-specific training dependent on the assessment recommendations.

### TASKS AND EQUIPMENT:

**Ambulation/walking (mobility) aids:** Walking aids are used for balance and/or weight relief. Walking aids may include, but are not limited to: canes (standard or quad cane), crutches (axillary or elbow), and walkers (standard walker, 2 or 4-wheeled walker, walker with skis or a walker with forearm gutters).

**Mechanical lift:** Lift equipment that uses a sling to transfer and/or reposition clients. Includes electric Hoyer® lift, Hoyer® Advance Portable Power Lift, sit-stand lift or an overhead lift system i.e. pressure-fitted, free-standing or mounted track system (ceiling or wall mounted). See *Mechanical Lifts-Guidelines* for further details of use. http://home.wrha.mb.ca/prog/homecare/files/sch_MechanicalLifts_GL.pdf

**Mechanical lift transfer:** Mobility, transfer and repositioning tasks that are assessed by a therapist as requiring the use of a mechanical device and one or more persons to ensure client, caregiver and staff safety.

**Mobility:** The ability to move in one's environment. This can include walking with or without equipment or propelling oneself in a wheelchair.

**Repositioning:** To change a client's position while he or she is on a surface such as a bed or chair.

**Safe Client Handling Equipment:** Equipment necessary to minimize the manual effort required by DSS in a minimal lift environment. This may include but is not limited to ambulation aids, repositioning slings, sliders, transfer belts, mechanical lifts.

**Sliders (friction reducing devices):** Special fabric sheets or tubes used by staff to assist a client with repositioning in bed, chair or wheelchair. See *Sliders - Guidelines* for more details. http://home.wrha.mb.ca/prog/homecare/files/sch_sliders_GL.pdf

**Transfers:** The moving of a client from one surface to another.

**Transfer belt:** A belt worn by the client that staff hold onto during transfer and ambulation to provide minimal assist for weight bearing clients. See *Transfer belt – Guidelines* for more details. http://home.wrha.mb.ca/prog/homecare/files/sch_transferbelts_GL.pdf

**Weight bearing:** for the purposes of mobility and transfers, "weight-bearing" is the client's ability to reliably and consistently:

- bear body weight through his/her upper and/or lower limbs in order to assist from lying to sitting and sitting to standing and in reverse;
- support body weight fully or partially through his/her lower limbs when in an upright position;
- maintain bearing body weight through his/her upper and/or lower limbs through the stepping/turning portion of the transfer.

## TRAINING AND RESOURCES:

**Best Practice Manual for Direct Service Staff (DSS):** Home Care manual that contains the safe work procedures for DSS tasks including transfers, mobility and repositioning. The Nursing Procedure Manual for Home Care nurses also includes these procedures.

**Delegated task program:** Centralized Home Care specialty program developed to facilitate and coordinate appropriate, effective and safe delegation of tasks from professional staff to unregulated care providers.

**Client specific training:** Specific training completed by the delegated task program for an identified task that, because of client circumstances, requires training of each care provider in the client situation, and where the training for the task is not transferable to another client.

**Equipment specific training:** Specific training for an identified piece of equipment required when a care provider identifies the need for training based on unfamiliarity with a piece of equipment. This is not a delegated or client specific task and there are no delegated task codes attached to this training.

**Community Therapy Services (CTS):** A non-profit agency with which WRHA Home Care has a Service Purchase Agreement to provide occupational therapy and physiotherapy services for Home Care clients residing in the community.

**Safe Client Handling**: involves using the appropriate equipment, techniques, body mechanics and care to optimize staff and client safety and client independence. This includes assistance provided to clients by staff during repositioning, turning, holding, transferring, transporting, ambulating or when using a mechanical lift. The ultimate goal is to eliminate or minimize the risk of injury to health care workers while enhancing client safety.

**Safe Client Handling Training:** Includes DSS education on Musculoskeletal Injuries (MSI), the risks involved in DSS work, the legislation related to safe client handling, how to mitigate risks involved by using correct techniques, equipment, and number of staff to perform the tasks. Safe Client Handling Training includes practical demonstration and return demonstrations (for staff required to use techniques) on all of the safe work procedures related to Safe Client Handling within the Best Practice Manual. In addition to skills training, Safe Client Handling sessions include the following:

Part 1 - assists staff to empathize with client experience while using appropriate equipment for bed mobility and transfers (e.g. fear of falling, history of trauma, communicating prior to providing hands on care, working with clients with dementia or other cognitive decline to understand and effectively manage responsive behaviours).

Part 2 – assists staff to empathize with client experience while using appropriate equipment for mechanical lifts and transfers (e.g. in addition to items noted in part 1, attention is drawn to feelings of vulnerability when being lifted with mechanical lifts, fear of being dropped, and how to project confidence).

**Safe Work Procedures:** procedures available to all staff responsible for completing a task that outline the risks, personal protection equipment, training required in addition to the step by step process (including safe work positions) required to complete a task safely.

**OTHER:**

**Bariatric client**: Someone with a body mass index (BMI) greater than 40 or a weight greater than 159 kg (350 lbs.). Planning and identifying potential barriers as well as making provisions for the special needs that may be associated with the visits will assist in maintaining a safe and secure environment for the client, the caregiver(s) and staff.