

NYS Zero Lift Task Force SPH Best Practice Guide

1. Scope and Purpose statement

The New York State Legislature has declared that it is in the public interest for health care facilities to implement “safe patient handling” policies. The Legislature declares that many benefits can be derived from such programs. Patients benefit through improved quality of care and quality of life by reducing the risk of injury. Health care workers also benefit from the reduced risk of career ending and debilitating injuries leading to increased morale, improved job satisfaction, and longevity in the profession. The legislature further notes that health care facilities may realize a return on their investment through reduced Workers Compensation medical and indemnity costs, reduced lost workdays, and improved recruitment and retention of healthcare workers. It concludes that all of this could lead to fiscal improvement in healthcare in New York State. (See Safe Patient Handling Act, PHL Article 29-D, Title 1-A, §2997-G.)

The “Safe Patient Handling Act” (hereinafter, “the Act”) requires “health care facilities,” as defined in the Act, to develop and implement “Safe Patient Handling” Programs to ensure that patients are lifted, moved or repositioned using safe assistive patient handling technology.

The purpose of this document is to provide guidance on implementation of the Act and information on how to develop an effective “safe patient handling” Program that fully carries out both the letter and the intent of the Safe Patient Handling Act.

2. Definitions

1. “Assessment of the patient’s need for assisted patient handling” or “patient assessment” refers to the assessment required to determine a patient’s required level of assisted patient handling, taking into account the patient’s physical and cognitive condition and ensuring consistency with patient safety and well-being.”
2. “Assisted patient handling” means the lifting, transferring, repositioning, transporting or moving of an individual who is a patient in a covered health care facility using appropriate mechanical equipment including, but not limited to, electric beds, portable base and ceiling track-mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids/supplies; and other mobility aids/supplies including, but not limited to, gait belts with handles, sliding boards and surface friction-reducing devices.
3. “Committee” refers to the “safe patient handling” committee established at a health facility to design and/or oversee the facility’s “safe patient handling” Program.
4. “Covered health care facility” refers to a health care facility as defined in the Act, which must comply with the Act’s requirements.
5. “Direct care worker,” pursuant to § 2997-H of the Act, shall mean any employee of a health care facility who is responsible for patient handling, as defined herein, or patient assessment

as a regular or incidental part of his or her employment. This term includes any licensed or unlicensed health care worker. It would include, for example, registered nurses, licensed practical nurses, certified nurses' aides, physical therapists, occupational therapists, rehabilitation specialists, certified or uncertified nursing assistants, patient care assistants, patient care technicians, nursing assistants, orderlies, attendants and other providers of direct care or direct assistance to a patient or nursing home resident.

6. "Employee representative," pursuant to § 2997-H of the Act, shall mean the recognized or certified collective bargaining agent for nurses or direct care workers of a health care facility.
7. "Health care facility," pursuant to § 2997-H of the Act, shall mean to general hospitals, residential health care facilities, diagnostic and treatment centers, and clinics licensed pursuant to Article 28 of the Public Health Law, facilities that provide health care services and are licensed or operated pursuant to Article Eight of the Education Law, Article 19-G of the Executive law or the Correction Law, and hospitals and schools defined in Section 1.03 of the Mental Hygiene Law.
8. "Incident investigation" means an in-depth analysis of an incident, such as an injury, that occurs during patient handling for the purpose of identifying both direct and underlying causes of the incident, in order to develop corrective actions to address the specific incident and reduce the potential for similar incidents to occur in the future.
9. "Musculoskeletal disorders," pursuant to § 2997-H of the Act, shall mean conditions that involve the nerves, tendons, muscles and supporting structures of the body.
10. "Near Miss" means an unplanned event that did not result in injury, illness or damage, but where, given even a slight alteration in circumstances or actions, an injury, illness or damage could have occurred. The risk may have been to the patient, a healthcare worker or a bystander.
11. "Nurse," pursuant to § 2997-H of the Act, shall mean a registered professional nurse or a licensed practical nurse as defined by Article 139 of the Education law.
12. "Patient" refers to a person who is a patient or a resident at a health care facility covered by the Act.
13. "Patient handling" refers to the lifting, transferring, repositioning, transporting or moving of an individual who is a patient in a covered health care facility.
14. "Program" refers to the "Safe Patient Handling Program" for a health care facility.
15. "Safe Patient Handling," pursuant to § 2997-H of the Act, shall mean the use of engineering controls, lifting and transfer aids, or assistive devices by staff to perform the acts of lifting, transferring and repositioning health care patients and residents.

16. "Unassisted patient handling" means patient handling using only the body strength of a health care worker or health care workers without the use of safe mechanical patient handling equipment or mobility aids/supplies.

3. Establishment of Safe Patient/Resident Handling Committee

- A. Formation. Pursuant to § 2997-K of the Act, on or before January 1, 2016, each health care facility must establish a "Safe Patient Handling Committee," either by creating a new committee or assigning the relevant functions to an existing committee – but note that the Committee, however formed or designated, must meet the membership and leadership requirements of the Act.
- B. Purpose of Committee. Pursuant to § 2997-K of the Act, the purpose of the committee is to design and recommend the process for implementing a "Safe Patient Handling Program" for the health care facility.

The Committee is responsible for the development and periodic evaluation and revision of the facility's safe patient handling program, including the evaluation and selection of patient handling equipment. The Committee should identify the resources and tools needed for activity at the bedside and in other key locations, solve problems, evaluate the root cause of injuries related to lifting, repositioning and moving of patients or residents and determine where more effort is needed to accomplish Program goals. Understanding the injury trends and data of the facility is a critical component of the Committee's effort, as this information will provide a benchmark for measuring progress.

The focus of the Committee's work should be on changing the culture of the facility through education, positive problem-solving, effective trainings and refresher trainings, and engaging all management and frontline staff in support of the Program.

- C. Committee Membership Requirements. Pursuant to § 2997-K of the Act, this Committee must include individuals with expertise or experience that is relevant to safe patient handling, including risk management, nursing, purchasing, or occupational safety and health, and in facilities where there are employee representatives, at least one shall be appointed on behalf of nurses and at least one shall be appointed on behalf of direct care workers. Fully one half of the members of the Committee must be frontline non-managerial employees who provide direct care to patients. At least one non-managerial nurse and one non-managerial direct care workers must be on the Committee. In health care facilities where a resident council is established, and where feasible, at least one member of the Committee shall be a representative from the residential council.

A collaborative interdisciplinary team is essential for Program success. A facility must have an effective Committee dedicated to the full implementation of the Program, since injuries due to manual lifting are the most frequent injuries in healthcare, and also are the most expensive, with the most "lost time" occurring as a result. With regard to facilities with employee representatives, the employee representative organization should choose who will serve on the Committee. With regard to the frontline non-managerial employees who provide direct

care to patients, who must comprise at least half of the committee, these members generally should be direct care staff who perform tasks that put them at risk of injury if safe lifting or mobility technology is not used.

The highest ranking management staff person available should serve on the Committee, to ensure management engagement in, and commitment to, the Program. Furthermore, the facility director must support the Committee's work by providing sufficient time off to attend meetings, paying overtime to accommodate different shifts, holding management accountable and providing administrative staff support.

The Committee members will need training and education, using the most current information, on "safe patient handling" technology and effectiveness, and the factors that contribute to success or failure of "safe patient handling" Programs.

- D. Committee Leadership Requirements. Pursuant to § 2997-K of the Act, the Committee shall have two co-chairs, with one from management and one frontline non-managerial nurse or direct care worker.

The Committee leadership will need the full support of the administration. Understanding the injury trends and data of the facility is a key responsibility, and the administration will need to accommodate the Committee's requests for useful aggregate data and other relevant information as appropriate to carrying out its functions.

4. Initial Design and Establishment of Safe Patient/Resident Handling Program

- A. Establishment of Program. Pursuant to § 2997-K of the Act, on or before January 1, 2017, each health care facility, in consultation with the Committee, must establish a "Safe Patient Handling Program," with several component parts as outlined below. Implementation can be phased in.

The Program should be established as effectively and expeditiously as possible in order to achieve the critical health benefits of eliminating injuries.

The facility should designate and assign a management level employee the direct responsibility to oversee the Program and ensure that it is sustained and well-embedded in the facility's standards of practice. This Program leader must have the ability and authority to monitor and adjust the Program based on analysis of data and feedback from staff and patients. This includes:

- Developing clear goals and objectives;
- Assigning responsibilities to designated staff members;
- Allocating fiscal resources for planning and training;
- Allocating fiscal resources for purchase and timely maintenance of equipment; and
- Ensuring that the plan is implemented and revised as needed.

This person should be an effective communicator both to the facility's senior leadership and to its frontline staff, and able to explain the Program to physicians, patients, families and family caregivers. It is best if this person is a clinician with experience in safe patient handling equipment and Program implementation, and strong problem-solving skills. While equipment vendors may provide useful information, the Program leader should take care to maintain objectivity in assessing potential equipment purchases and work with the healthcare facility's own staff to develop a program well-suited to the facility.

To send an effective message to staff about the importance of this issue, the health care facility's "Safe Patient Handling Policy" should be established as a clearly written plan, approved and signed by the facility's chief executive officer, which is disseminated to all staff engaged in or supervising patient care or activities. The policy should also be made available to patients or their health proxies or family caregivers upon request. Facility leadership meeting agendas should include regular updates on the effectiveness of the Safe Patient Handling Program, using program monitoring tools, with program status presentations by the program leader and/or Safe Patient Handling Committee leaders.

The Safe Patient Handling Program must be an integral part of a facility's budget. In addition to equipment purchases, the program budget should include costs for training and educating staff as well as maintaining employee competency.

The healthcare facility should provide opportunities for input from both employees and patients regarding the program, through means developed by the Committee.

If a significant number of the staff (e.g., 5%) who provide assistance for patient lifting, transferring, repositioning, transporting or moving are not fluent in English but speak fluently in a language other than English, the facility should provide the written plan to such staff translated into such language, as well as oral instruction in such language. If there are very few (e.g., fewer than 5%) of such staff, the facility should provide the written plan translated into the language if practicable, but still provide oral instruction in such language and monitor the effectiveness of such oral instruction.

- B. Safe Patient Handling Policy and Patient Handling Hazard Assessment. Pursuant to §2997-K of the Act, health care facilities must implement a "safe patient handling" policy, considering the elements of the sample policies and best practices disseminated by the Commissioner, as well as the type of facility and its services, patient populations and care plans, types of caregivers, and physical environment, for all shifts and units of the health care facility. In conjunction with this effort, the facility must also conduct a "patient handling hazard assessment," considering such variables as patient-handling tasks, types of nursing units, patient populations and the physical environment of patient care areas.

The goal of the policy and hazard assessment is to ensure that assisted patient handling is

used for all patient handling tasks except when not required based on an assessment of a patient's needs (or in the case of an extraordinary and unpredicted emergency during which the appropriate equipment is not available and a patient's life or health would be severely threatened if immediate action is not taken).

The policy and hazard assessment should include practical strategies, including the following:

- A uniform system of protocols and procedures to be used consistently throughout the facility for conducting patient assessments and care planning, including methods to be used to determine strength, physical ability and cognitive ability as well as patient preferences and any special circumstances likely to affect transfer or repositioning tasks;
- A determination of when to perform patient assessments with regard to mobility needs, which should include, at a minimum, an assessment at the time of initial entry to the facility (whether as an admitted patient or resident, or as a patient under "observation status") and whenever a change occurs in any of the factors that determine a patient's need for assistance in mobility;
- A method to ensure that the patient assessment is communicated to everyone who may be responsible for assisting that patient's mobility;
- A needs assessment for safe patient handling equipment and aids/supplies, based on the patient assessments, with a method to obtain input from both staff and patients to help determine whether or not the selected equipment is appropriate for the intended tasks and reasonably effective, comfortable, safe and stable for both patients and staff, including:
 - o Typical patient type and care needs for each unit;
 - o The categories of staff and types of patients who experience injuries and near misses related to patient handling tasks;
 - o When and where such injuries are occurring (department, unit, shift);
 - o The number and leading types of injuries and disorders among healthcare workers related to patient handling tasks;
 - o Types of tasks that are causing injury or are difficult or painful to perform, including, at a minimum, lifting, repositioning and transferring patients;
 - o Any specific equipment associated with employee or patient injuries;
 - o Any patient handling equipment currently in use and any problems associated with such use;
 - o Potential problems with new equipment;
 - o Potential needs for accessibility, storage and maintenance of equipment;
 - o Facility costs associated with unassisted and assisted patient handling injuries including, at a minimum, medical and workers' compensation costs, liability costs, and lost work days; and
 - o Indirect impact of injuries on staff turnover and replacement, including temporary or permanent staffing shortages and costs of replacing and training new staff.

See the Occupational Safety & health Administration Log of Work-Related Injuries and Illnesses (OSHA Forms 300 and 301), and information provided in the appendices to these best practices for resources available to assist in this assessment.

- An implementation plan that includes:

- A practical assessment of equipment location and storage options and a plan to ensure that staff have prompt and convenient access to equipment and aids/supplies;
- A purchase plan to phase in the use of equipment as effectively and expeditiously as possible in order to achieve the benefits of eliminating injuries;
- Criteria for a training program for relevant staff;
- Protocols and considerations for staff usage of equipment;
- A method for ensuring that no staffperson uses “safe patient handling” equipment without proper training, to ensure that equipment is used in a safe manner, taking into consideration, at a minimum, the manufacturer recommendations;
- A method to obtain feedback from both staff and patients on the effectiveness, comfort, safety and stability of the equipment purchased as well as the accessibility and sufficiency of the equipment for meeting daily needs;
- Protocols for cleaning, maintenance and storage of equipment to ensure that all such equipment is cleaned, maintained, serviced and stored in a safe manner, taking into consideration, at a minimum, the manufacturer recommendations;
- A method and schedule for equipment inventory control;
- A method for record-keeping and tracking of injury data for both staff and patients, and for evaluating the results of the program; and,
- A schedule for the steps required for the annual re-evaluation of the program (see ‘Annual Performance Evaluation’ below), which should include a recommended financial plan for the program (annual budget and three- or five-year plan).

The facility must decide on the types of transfers they will allow and the criteria of use for specific pieces of “safe patient handling” equipment. This standard of practice must be embedded in the training, expectations and job requirements for the health care staff. The plan must be patient-centered and based on the patient’s functional status. Questions that the written policy should answer include:

- What does the protocol look like – is it based on the patient’s functional mobility?
- Does the protocol eliminate manual lifting?
- Who is responsible to conduct assessments and to follow the protocol?
- When is the assessment first done, and at what intervals is it reexamined?
- How do we ensure that specific plans for individual patients adhere to our overall protocol?
- How do we ensure that contractual agreements for assistance will include the requirement that the facility’s “safe patient handling” protocol will be followed, and ensure that this contract requirement is implemented?
- Where is the information on safe patient handling plans for an individual patient documented?

- How is the information on safe patient handling plans for an individual patient communicated?
- What is the mechanism for alerting all relevant staff and other caregivers when there is a change in the "safe patient handling" plan for an individual patient?

Keeping tight inventory controls is essential. Each piece of "Safe Patient Handling" equipment should have an inventory control number assigned to it upon purchase for entry into a facility tracking system. Routine scheduled preventive maintenance must occur and be documented. Each manager should be held accountable for their equipment and resources, to ensure that all equipment and aids/supplies, including soft goods like gait belts and slings, will be present at a "par" level and accessible as close to the bedside as possible.

- C. Process to Apply Policy in Care of Individual Patient. Pursuant to §2997-K of the Act, the health care facility must develop a process to apply the policy appropriately based on the individual patient's physical and mental condition and the availability of safe patient handling equipment. The policy shall include a means to address circumstances under which it would be contraindicated based on a patient's physical, medical, weight-bearing, cognitive and/or rehabilitative status to use lifting or transfer aids or assistive devices for particular patients.

Each patient must be assessed upon entry to the facility and on an ongoing basis thereafter, to determine mobility needs, to identify equipment available to address those needs, and to identify any relevant changes in mobility needs that occur during the patient's stay in the facility. If the patient's capacity allows independent mobility, the staff may not need to use assistive equipment or aids/supplies. Where assistive equipment or aids/supplies are needed, one type of technology may be better suited to a patient than another. The policy should include these assessments. Patient education and orientation to assistive technology is also important and should be included in the policy.

Most importantly, the health care facility's Program is a work in progress: If it is found that the Program has provided insufficient equipment or aids/supplies to meet the safety needs of the patients and the staff, the responsible solution is to improve the Program, and not allow either patients or staff to suffer from a facility's inadequate planning.

- D. Training and Education. Pursuant to §2997-K of the Act, health care facilities must provide initial and on-going yearly training and education on safe patient handling for current employees and new hires, and establish procedures to ensure that retraining for those found to be deficient is provided as needed.

To fulfill this requirement, facilities should develop a strong orientation Program that includes hands-on "lab work" with safe patient handling equipment and aids/supplies. Baseline competency in equipment use should be established through the training and education Program for the new hire, and competence/knowledge in safe patient handling should be a yearly retraining Program commitment for all healthcare workers with responsibilities under the facility's "safe patient handling" policy.

The training required by this section should be based on researched and proven approaches for performing safe patient handling tasks. Training should be held during paid work time, and

all staff involved in supervising or carrying out patient handling tasks, as well as all members of the Committee, must participate in both initial and on-going annual trainings.

The training should include, at a minimum:

- An explanation of the healthcare facility's safe patient handling policies and practices;
- The causes and prevention of handling-related injuries and disorders and how to recognize the indications or symptoms of such conditions;
- How to identify and control patient handling risks;
- The facility's procedures for reporting work-related injuries and illnesses and for reporting injuries or near misses in patient handling tasks;
- The facility's procedure for reporting an unsafe work condition related to patient handling and the protections against orders to conduct an unsafe patient handling task;
- A demonstration of patient handling equipment use; and
- Hands-on participation/training for staff involved in direct care patient handling tasks in operating unit-specific patient handling equipment such that the staff demonstrate that they are proficient in using such equipment for patients with mobility needs.

Skills checking and effective monitoring of actual implementation of tasks will be essential to ensure safety for both patients and employees.

The plan should include the development of materials and protocols for the orientation and education of physicians to help them understand the principles of the program and avoid making improper requests for unsafe lifting.

The plan should also include the development of materials and protocols for the orientation and education of patients and, where applicable, patient's family caregivers or support persons, to the "Safe Patient Handling Program" to help them understand the principles of the program and the types of equipment or mobility supplies that will be used for the individual patient.

Each unit should have a person designated as a resource for staff questions in the course of day-to-day implementation of the Program.

- E. Incident Investigation and Review. Pursuant to §2997-K of the Act, the health care facility must establish and implement a process for incident investigation and post-investigation review, which may include a plan of correction and implementation of controls.

This provision is essential to ensure that fundamental aspects of the policy are in fact being implemented properly. It is also essential to the process of evaluating the effectiveness and completeness of the existing policy.

The facility should establish clear assignments of responsibility for reporting and investigating incidents as well as for analyzing such incidents to determine what correction actions should be taken. The facility should actively encourage employees to report injuries and near misses through a reporting mechanism that the facility creates, and designate a person or persons to develop procedures for performing injury investigations, preparing investigation reports and

educating staff when an injury or near miss occurs.

The facility should appoint an appropriate facility department or unit to receive and analyze the reports and to generate de-identified, aggregate data reports and provide monthly reports to the Committee. The Committee should be provided with sufficient information on incidents to identify the root causes of injuries to determine where greater effort needs to be placed and to evaluate the sufficiency of resources and tools available.

If the environment is safe for the return of an injured worker, then it is also safe for the healthy workers. The goal for an employee who is injured should be to address the causes of the injury, improve safety in the workplace, and return the employee to meaningful work in his or her department within the duties of the worker's job description.

- F. Annual Performance Evaluation. Pursuant to §2997-K of the Act, the health care facility must conduct an annual performance evaluation of the program to determine its effectiveness, with the results of the evaluation reported to the Committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in the risk of injury to patients, musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorders by employees caused by patient handling, and include recommendations to increase the program's effectiveness.

The facility needs to trend, track and monitor injury data. The reporting system must be clear, and injury information should be shared with the Safe Patient Handling Committee. The facility should use reliable tools to follow up on employee and patient injuries or incidents and near misses. Root Cause Analysis, After Action Review and QA investigations can help prevent future incidents and injuries, and reduce risks.

The Safe Patient Handling Program equipment needs and use protocols must be ongoing to be effective. The Program leader and the Committee should work together to evaluate the environment and program, obtaining input from staff and patients, in order to make adjustments as (a) the patient populations and needs change; (b) equipment ages and needs to be replaced by either the same equipment or an improved technology; and (c) opportunities arise for renovation or other activity that could be designed to accommodate safe patient handling technology more effectively for improved safety.

In addition to reviewing records related to worker and patient injuries and lost work days, the facility should seek input on changes in healthcare worker fatigue and job satisfaction as well as patient satisfaction with the comfort and safety of the "safe patient handling" equipment.

- G. Architectural Planning. Pursuant to §2997-K of the Act, when developing architectural plans for constructing or remodeling a health care facility or a unit of a health care facility in which patient handling and movement occurs, the facility must consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

This potential should be discussed as part of the annual evaluation of the program and the budgeting process for the facility.

- H. Employee Protection Against Unsafe Tasks. Pursuant to §2997-K of the Act, the health care facility must develop a process by which employees may refuse to perform or be involved in patient handling or movement that the employee reasonably believes in good faith will expose a patient or health care facility employee to an unacceptable risk of injury. Such process shall require that the nurse or direct care worker make a good faith effort to ensure patient safety and bring the matter to the attention of the facility in a timely manner. A health care facility employee who reasonably and in good faith follows the process developed by the health care facility in accordance with this subdivision shall not be the subject of disciplinary action by the health care facility for the refusal to perform or be involved in the patient handling or movement.

Under a well-planned Safe Patient Handling Policy and Program, this situation should generally not occur. An effective planning process will identify potential risks and assign proper protocols and equipment for addressing such risks. If such event does occur, it should spur an immediate evaluation of the program to determine what changes should be made to prevent such a situation from recurring, and the healthcare facility must not take any retaliatory action against a healthcare worker who follows the Act's requirements in declining to perform a patient handling task due to a reasonable concern about safety or the lack of appropriate and available patient handling equipment. This provision is designed to protect both the individual worker and the safety of the staff and patients overall.

5. Factors to Consider in Selecting an Effective Safe Patient Handling ("SPH") Educational Training Program

Frontline workers

Good SPH educational programs must include hands-on training with equipment, conducted in the environment where the equipment is going to be used. The person doing the training must be able to assess resident/patients and be able to put their hands on the resident/patients. The trainer should be experienced in real actual resident/patient movement and transfers.

The hands-on portion of the training should cover all resident/patient movement tasks with all the SPH equipment that is used for in and out of bed movement. Use of the equipment by workers is imperative.

Licensed workers

The training must cover the above mention hands-on SPH lab training and in addition the training for the licensed worker must include res/patient functional mobility assessment. A SPH Transfer/Movement Algorithm must be used to help train the licensed worker to assess and then assign the correct mode of res/patient movement based on specific patient functional mobility criteria. Licensed workers must be given resources to continue to build their SPH movement and transfer assessment skills. For a dependent Res/Patient the assessment will always include SPH equipment use and SPH strategies.

Key Note: An appropriate SPH algorithm never includes the use of more staff or staff's strength to accomplish a dependent res/patient movement task without use of SPH equipment. During the

assessment of a transfer or movement task of a dependent res/patient the use of SPH equipment must be utilized.

For all Workers

Licensed and Frontline workers need at least three to four hours of SPH training and education in order to provide a comprehensive training program that covers lecture and hands-on lab. The training must be interactive with opportunities to ask questions and to participate in problem solving specific challenging transfer and movement scenarios. The training can be broken down in to two to three sessions at one to one-and-a-half hours per session.

Training is mandatory for all staff that move or transfer resident/patients; as well as for those that supervise them. It is mandatory for managers, rehab specialist and therapist as well as the frontline workers. The schedule for training is well planned with ensuring that the worker is covered by another employee while they are attending the training. The SPH Policy is completed and it is communicated to all staff during the training.

Covering the SPH policy during training outlines for all levels of employees what the expectations are for evidence of compliance and adherence. It will also assist workers to identify when there is a breach in expected practice. This training program is the frame work for the SPH education that will be used-for program start-up, Annual review, and new hires and at any time an employee needs their skills or competency improved.

SPH Training *that is not* recognized as a best practice would be a training program that:

1. Lacks a pre- and post-test opportunity. Some type of tool needs to be used that helps to evaluate whether or not the training is effective, validating what the learner takes away from the experience.
2. Fails to include both lecture and hands-on lab.
3. Is erroneously based on body mechanics, unwisely fitting the worker to the job task or training that includes 2-assist manual exertion/assistance as a means to move or transfer a res/patient.
4. Conducted without reference to a written Safe Patient Handling policy.
5. Is completed in less than one to two hours for all content and material lecture and hands-on lab.
6. Fails to include education on the anatomy of an injury and musculoskeletal disorders;
7. Fails to impart an understanding of what is getting people hurt, why it is occurring and what steps can be taken for injury prevention.

Reliable websites for SPH training program content, policy templates and forms can be found in Appendix B. In order to judge SPH program value, one must be able to review the full content of the training program either through written curriculum, manuals or power point slides of the material. Most of the needed SPH materials are free from these reliable organizations below. This is not intended to be a complete list.

APPENDIX B
Safe Patient Handling Resources

American Nurses Association Safe Patient Handling Website

<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/SafePatient>

American Nurse Today Safe Patient Handling Supplement July 2014

http://www.americannursetoday.com/wp-content/uploads/2014/07/ant9-Patient-Handling-Supplement-821a_LOW.pdf

Department of Labor (OSHA)

Comprehensive resource with useful tools for SPH program implementation and reassessment

https://www.osha.gov/dsg/hospitals/patient_handling.html

NIOSH Web-based Training for nursing students

Online educational program which covers the basics of safe patient handling

<http://www.cdc.gov/niosh/docs/2009-127/safe.html>

Patient Safety Center of Inquiry of the Veteran's Health Administration. Comprehensive resource for health care facilities on workplace assessment; equipment evaluation; patient assessment, no-lift policies, administrative strategies and establishing competency programs

<http://www.visn8.va.gov/patientsafetycenter/safepthandling/>

United States Department of Labor. Healthcare Ergonomics:

<http://www.osha.gov/SLTC/etools/hospital/hazards/ergo/ergo.html>

White Paper explains the recent terminology change to Safe Patient Handling and "Mobility"

<http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/SafePatient/Advancing-the-Science-and-Technology-of-Progressive-Mobility.PDF>

Worker Safety in Hospitals Caring for our Caregivers

https://www.osha.gov/dsg/hospitals/patient_handling_equipment.html

*Links were active as of October 22, 2014

