****December 2022

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**Safe Handling and Mobility (SHM) Program**

**Home Care**

***We cannot choose our external circumstances,***

***but we can always choose how to respond to them.***

***–* Epictetus**

# Preface

Providing care to clients can be physically demanding. Tasks that require care providers to move, transfer, reposition, or assist client movement have been shown to contribute to a high number of work-related injuries, with musculoskeletal injuries being the most prevalent injury type in this sector. However, these injuries can be reduced through the use of evidence-informed **safe handling and mobility (SHM)** methods. These mobility methods are essential as part of a comprehensive approach to improving the quality of life and safety for both employees and clients.

All employees are entitled to work in a manner and environment that helps to minimize their risk of physical or psychological harm. The rights of clients to live at risk and be provided with a person-centered care or support plan **must be balanced with the equal importance of an employee’s right to a safe and healthy workplace**. Clients (and/or their decisions makers) choices regarding how and when they will receive care must always be balanced with the requirement for employees to always follow safe work practices in place to ensure their safety. These are the foundations of a SHM Program.

This program is developed to meet or exceed the needs identified in the ‘***Safe Handling and Mobility Program Requirements for Nova Scotia’s Home Care***’. [Organization’s Name] will work with NSH Continuing Care (NSH CC) and funding departments (Seniors and Long Term Care) to ensure that appropriate resources are available to support collaborative care planning, development, and implementation of effective mitigation strategies to reduce the risk associated with to employees and clients. By developing and implementing this program, [Organization’s Name] is committed to taking every reasonable precaution in the circumstances to minimize and, where possible, eliminate the risk of injuries associated with moving, transferring, and repositioning clients.

For definitions and terms used in this document, please refer to [Appendix Y**– Glossary & Definitions**](#AppendixY)

# Section 1: Statement of Commitment and Guiding Principles

[Organization’s Name]’s Board of Directors fully endorses and supports the ‘Statement of Commitment’ and ‘Guiding Principles’ of the *Safe Handling and Mobility (SHM) Program Requirements for Nova Scotia’s Home Care.*

In addition, the Board of Directors and [CEO / Executive Director] are committed to providing a safe, healthy, and supportive working environment for employees and the clients they serve.

[Organization’s Name] recognizes that providing care to clients can be physically demanding and result in work-related injuries for care providers. Care tasks that require care providers to move, transfer, reposition, or assist client movement are known to contribute to a high number of work-related injuries. [Organization’s Name] is committed to taking every reasonable precaution in the circumstances to minimize and, where possible, eliminate the risk of injuries associated with moving, transferring, and repositioning clients.

## **Statement of Guiding Principles**

[Organization’s Name] has adopted the following guiding principles to support our SHM Program:

1. All employees working for [Organization’s Name] are entitled to work in a manner and environment that helps to minimize their risk of physical or psychological harm;
2. The rights of clients to live at-risk and be provided with a person-centered care plan must be balanced with and of equal importance to an employee’s right to a safe and healthy workplace;
3. The rights of clients or their family members / substitute decision makers, to make choices regarding how and when they will receive care must always be balanced with the requirement for employees to always follow safe work practices that are in place to ensure the safety of employees and the clients they care for;
4. [Organization’s Name] will work to ensure that appropriate resources are available to support collaborative care planning, and collaborative development and implementation of effective risk mitigation strategies to reduce the risk associated with providing care to clients; and
5. [Organization’s Name] will collaborate with partner organizations and Nova Scotia Government funding departments to help ensure that appropriate resources are available, and collaborative care planning occurs in order to reduce the risk of employee injuries associated with moving, transferring, and repositioning clients.

# Section 2: Safe Handling and Mobility (SHM) Policy

We are committed to reducing client-handling and mobility-related injuries through the use of evidence-informed methods. SHM methods are essential as part of a comprehensive approach to improving the quality of life and safety for employees and clients.

We foster a collaborative environment that empowers all employees to implement the SHM procedures described in the SHM Program.

[Organization’s Name] and all its employees have a shared responsibility in the implementation, evaluation and continuous improvement of the program, as well as acting in accordance with Nova Scotia’s Occupational Health and Safety Act.

We will ensure that:

* employees are made aware of the SHM Program requirements
* employees receive the training required
* all steps will be taken to provide / make available and maintain the required equipment
* employees follow the industry lifting standard of 35 pounds, to the extent possible
* the SHM Program is evaluated and any required changes to improve its effectiveness are implemented
* employees follow the procedures required for their position, use required / provided equipment, participate in and apply program-related education/training
* client-handling and mobility-related issues / concerns are identified and reported. All employees will collaborate to identify hazards and reduce the risk associated with client- handling and mobility tasks.

See [**Appendix A**](#AppendixA) **– [Organization’s Name]** **SHM Program Policy Statement.**

# 

# Section 3: SHM Roles and Responsibilities

[Organization’s Name] has clearly defined and communicated the roles and responsibilities in the SHM Program for everyone involved.

**Board of Directors Roles & Responsibilities**

* Ensure that the Senior Leadership Team sets strategic goals and objectives related to SHM
* Review, approve and sign the SHM policy and ensure Senior Leadership Team actively promotes it to employees
* Require the CEO / Executive Director to regularly report on the effectiveness of the SHM program and support / authorize the allocation of resources allowing implementation and sustainability of the program
* Demonstrate active involvement in the SHM program by engaging employees on effective practices during site tours / visits

**Senior Leader (CEO / Executive Director / Home Support Manager) Responsibilities**

* Regularly discuss SHM issues at leadership meetings
* Review, approve and actively promote / communicate the written SHM policy
* Define roles, assign responsibilities, establish accountabilities, and delegate authority that clear communicate the expectation that employees must follow the SHM program
* Ensure the required financial, human, and other organizational resources are put in place to effectively plan, implement, monitor, review, and revise the SHM program
* Ensure that measurable objectives are set, included in a program evaluation framework and reviewed to address any gaps
* Require manager(s) and supervisors to actively support and promote the SHM program
* Promote, support and demonstrate a culture that actively seeks and welcomes feedback on the SHM program and its procedures from employees, at all levels
* Provide visible support and leadership by participating in SHM related activities (e.g. being present for portions of training sessions, inspections, or other SHM committee meetings)

**Home Support Manager / Supervisor Responsibilities:**

* Ensure all employees are provided with and receive all SHM related training that is appropriate to their roles and hazard exposure
* Actively and regularly communicate expectations regarding the SHM program
* Visibly support SHM program by actively participating in SHM activities including employee training, inspections, reviewing / adjusting care
* Promote, support and demonstrate a culture of reporting and collaborating to address issues, concerns / questions related to SHM
* Promote a culture of collaboration, recognize employees for demonstrating positive behaviors and coach to comply with practices
* Ensure employees are using SHM procedures, following mobility plans, and reporting when issues/concerns arise with implementation
* Actively support SHM committee members and / or internal trainers (providing time, understanding and promoting their role, recruiting members)
* Will ensure managers responsible for overseeing the intake / admissions / readmission process will make sure information regarding the SHM status is received, reviewed and adjusted though collaborative discussions for implementation of required SHM procedures

**Home Care Staff / Employee Responsibilities:**

* Participate in all required SHM related training
* Follow all SHM program procedures
* Report all SHM-related incidents that they are involved in / aware of
* Actively participate in the investigation of SHM-related incidents and the identification of controls for incidents that they are involved in
* Participate in and provide comments / feedback on SHM program reviews, assessments and communications
* Consult and collaborate with Internal Trainers, colleagues, Health Professionals and managers / supervisors when issues related to SHM arise, including update and modify SHM plan, as required based on changes to a client’s status
* Review all care plans and client-specific mobility plans and follow all required SHM procedures, reporting any issues or concerns to a manager / supervisor
* Support and encourage colleagues to follow and promote SHM procedures

**SHM Internal Trainers Responsibilities:**

* Understand what SHM training is required as trainers and for all employees
* Complete initial and refresher training to maintain certification
* Work with managers / supervisors to ensure attendance at required training
* Collaborate with manger(s) / supervisors when setting up training schedules for employees
* Work with managers / supervisors to support and assist employees who have concerns, raise issues with, or have questions about SHM procedures
* Observe employees performing SHM tasks and recognize employees for demonstrating positive behaviors and coach to comply with practices
* Make recommendations to the SHM / Joint Occupational Health and Safety (JOHS) Committee for changes to current procedures, or for additional resources to improve the effectiveness of the SHM program
* Act as a champion for and actively promote the SHM program
* Always demonstrate good SHM practices when working alone or with others
* Where possible, participate in the investigation of all SHM-related incidents and the identification of controls, especially those in areas where they work or have some responsibility for
* Participate in and provide comments / feedback on SHM program reviews, assessments and communications

**SHM Committee Responsibilities (if applicable):**

* Understand their specific SHM training requirements and work with senior leadership to ensure training is completed
* Participate in all required SHM-related training
* Follow all SHM program procedures
* Ensure that [Organization Name] is conducting SHM audits and identify elements and trends that may require more attention / improvement
* Review the SHM program and audit results and report on its effectiveness to senior leadership, the JOHS Committee (if applicable), and all employees
* Assign corrective actions for audit trends and monitor audit completion
* Make recommendations to senior management for SHM requirements, training needs, changes to current procedures, or for additional resources to improve the effectiveness of the SHM program
* Champion and actively promote the SHM program
* Participate in the investigation of all SHM related incidents and the identification of controls for incidents
* Participate in and provide comments / feedback on SHM program reviews, assessments and communications

**Joint Occupational Health and Safety (JOHS) Committee / Representative Responsibilities:**

* Co-operate with the management team to develop and conduct r review, monitor and evaluate the effectiveness of the SHM program
* Participate and work with managers / supervisors and employees to ensure that SHM-related incidents are documented, investigated, and effective controls are identified
* Ensure that all workplace inspections are designed to identify if required elements of the SHM program are being effectively implemented
* Make recommendations to management to address issues or enhance the effectiveness of the SHM program
* Actively support and promote the SHM program during meetings, conversations with employees, and during Committee activities
* Act as a communication conduit between employees, the union, and the employer with regards to the implementation and effectiveness of the SHM program

**Union Representative Responsibilities (if applicable):**

* Co-operate with the organization’s management team to implement, review and continually approve the SHM program
* Actively promote and encourage all members to participate in the program and follow all SHM related procedures
* Participate on the JOHS Committee (if applicable)
* Interact with management and members to address situations when requirements or practices of the SHM program are not being fully implemented, or when concerns are raised.

# Section 4: SHM Program Training Requirements

It is important that all employees receive the SHM-related training that is needed for their role and position. We have worked with employees, internal trainers, and the JOSHC to identify and agree what training is needed to allow our SHM Program to be effective and sustainable.

## **Training Requirements**

[Organization’s Name] has compiled and maintains an up-to-date document of SHM-related training requirements for all employee positions. This document:

* outlines all SHM training requirements for each job classification / position, including length of training, timeframes associated, orientation / refresher sessions
* indicates how SHM competency will be evaluated and documented
* provides information about any additional SHM training that would be considered beneficial but not required for each job classification / position
* is reviewed annually and updated as required
* outlines orientation requirement for new employees
* PACE – a pre-mobility check
* SHM Program and SHM-related roles and responsibilities
* SHM Communication Tools (logos, etc.) and responses
* SHM-related procedures appropriate for the role and responsibilities of the staff person
* SHM-related Equipment Use and Selection appropriate for the role and responsibilities of the employee
* Other SHM Program related policies and procedures as time and need allow

See [**Appendix B**](#AppendixB) **- [Organization’s Name]** **SHM Program Training Requirements.**

## **SHM Training Plans**

[Organization’s Name] has created SHM training plans for all employees. These training plans:

* list all SHM training requirements for the specific employee
* specify when the training should be completed, who should provide the training, and its length (e.g., pre-hire, after hire within specific time frame, orientation, etc.)
* identify when training was taken, how often refresher training should be provided and the length of the refresher training

See [**Appendix C**](#AppendixC)**- [Organization’s Name] SHM Program Required Training by Job Title / Position Matrix.**

See [**Appendix D**](#AppendixD) **– [Organization’s Name] SHM Program Employee Training Plan.**

# Section 5: SHM Assessments of Potential New Clients

{Organization’s name] has a review process to assess client-related factors that will increase the SHM-related risks associated with moving, repositioning, transferring, or mobilizing new clients. The review will inform the development of SHM plans and discussions to allow for the implementation of client-specific risk mitigation strategies for required SHM activities.

{Organization’s name] will:

* identify the employees who are responsible for intake
* gather information about client-related factors that may increase the risk associated with SHM tasks
* develop risk mitigation strategies to determine equipment, training, and/or staffing needs.

**See** [**Appendix E**](#AppendixE) **- Nova Scotia Initial Client SHM Assessment Form.**

# Section 6: SHM Assessments of All Clients

[Organization’s Name]has developed a policy and procedures to assess, document, monitor and communicate the status of each client.

SHM assessment procedures will ensure that evaluations are done at various points along the continuum of care following intake, i.e., change in physical / cognitive status, post falls, return to facility, and/or at an employee’s request.

[Organization’s Name] has established a process to review all relevant information to inform the development of SHM plans and discussions to allow for the implementation of client-specific risk mitigation strategies for required SHM tasks.

[Organization’s Name] will ensure the appropriate resources, equipment and supports are in place to allow required risk mitigation strategies to be implemented in order to allow for employees to safely handle and mobilize clients.

## **SHM Status: Physical and Cognitive Capacity Assessment Process**

[Organization’s Name] has developed and implemented a procedure to assess, document and communicate the mobility and cognitive status of each client. These procedures:

1. Identify what tools / methods are used to complete the assessment (including specific tests, criteria, and decision-making guides)
2. Identify who is responsible for completing the assessments, e.g., registered professional employee (RN, LPN, PT, OT)
3. Identify timelines for completion of:
   1. Initial assessment
   2. Recurring assessment(s)
   3. Requested assessment, i.e., when a client’s status has changed rendering the existing plan no longer safe
   4. Assessment when a client returns to the facility after being away
4. Include specific information on how the results of the assessment will be documented, communicated / shared, stored and retained
5. Include specific guidance on when the OT / PT was contracted or NSH CC or Department of Community Services (DCS) Care Coordinators should be contacted for support, re-assessments, etc.

## **Pre-Mobility Check Process**

[Organization’s Name] has developed and implemented procedures to ensure employees are trained and provided the opportunity to review / assess the status of each client prior to any care task, especially those that require SHM techniques. These procedures require that:

1. All employees are trained in how to use the PACE methodology and have a clear understanding of how to respond when they identify new or increased uncontrolled risks associated with the client’s physical abilities, level of aggression, communication abilities, or the environment where they are providing care.
2. Employees are aware of documentation requirements related to any change in a client’s status and ensure appropriate care staff / supervisors are notified of these changes.
3. Employees are aware that they are authorized & responsible for adjusting care plans if changes are required and/or if questions exist relating to the task / care plan.
4. Authorized employees use information about changes to the status of clients to make temporary changes to the care plans for these clients and monitor progress.
5. Authorized employees arrange for timely assessment / re-assessment of the client to ensure that care plans are appropriate and as necessary, required equipment can be obtained to allow for safe care.

**See** [**Appendix** **F**](#AppendixF) **– Nova Scotia Resident SHM Risk Profile.**

**See** [**Appendix G**](#AppendixG)**- [Organization’s Name] SHM Program Pre-Mobility Check (PACE) Process.**

# Section 7: Client-Specific Safe Handling and Mobility Plans

[Organization’s Name] has procedures for creating and modifying client SHM Plans.

1. Specific guidance and decision-making tools will allow for the creation of client specific SHM plans based on information pertaining to the client’s mobility assessment and any other relevant information.
2. RN, LPN, PT, or OT is responsible for creating and/or updating the client’s SHM plan, which will include:

* identifying required SHM equipment
* additional safe work procedures and specialized SHM requirements
* care tasks that involve client-handling, movement, transfers, repositioning, etc.

1. Employees will enable and encourage a client to actively participate in their movement and repositioning
2. SHM plan (i.e., care plans and logos) will be documented, updated, stored, communicated, and accessible to employees as needed

[Organization’s Name] has policies that provide clear guidance on the appropriateness of leaving a sling under or a transfer belt on a client.

[Organization’s Name] has a process to inform NSH CC when a change in client’s status results in the need to increase care requirements and/or when there is a need for additional support, equipment, or collaborative discussions.

# Section 8: Inventory of SHM-Related Equipment

[Organization Name] will track, document and monitor all equipment used / needed to support the SHM program. This will include needs assessment, inventory, and inspection:

## **Equipment Inventory**

[Organization Name] has compiled and maintains an up-to-date inventory of all related equipment:

* Lifts / Slings / Beds
* Transfer / Repositioning Aids
* Specialized Equipment

The inventory includes data on the type of equipment and the next testing date, as applicable.

[Organization’s Name] reviews and updates the inventory list at least annually or whenever new equipment is required and / or when current equipment needs to be replaced.

[Organization’s Name] stores the inventory list in a location that is accessible to employees responsible for creating plans and maintaining, testing or purchasing equipment. Otherwise, the list is made available to any employee, upon request.

**See** [**Appendix H**](#AppendixH) **– [Organization’s Name] SHM Program Equipment Inventory Form.**

# Section 9: SHM-Related Equipment Needs Assessment

[Organization’s Name] has completed an assessment of their SHM equipment needs and will re-assesses equipment needs when the status / capabilities of client changes, when employees identify issues with the current equipment, or at a minimum - annually.

This process will lead to the creation of an action plan to ensure that any required SHM-related equipment is obtained. This may require working with your government funding partners and/or NSH CC.

See [**Appendix I**](#AppendixI) **- [Organization’s Name] SHM Program Equipment Needs Assessment Form.**

# Section 10: Environmental Risk Assessment for Safe Handling and Mobility

[Organization’s Name] ensures that all environmental / design factors are taken into account where client-handling and mobilization tasks are performed, when implementing effective SHM plans.

Assessments are completed in the following areas:

* Bedrooms, bathrooms, and other indoor areas where transfers or mobilization tasks are / may be performed

All initial and ongoing assessment results will be assessable to employees when creating SHM plans.

**See** [**Appendix J**](#AppendixJ) **- [Organization’s Name] SHM Program Area Environmental Risk Assessment Form.**

# Section 11: Safe Work Procedures for SHM-Related Equipment / Activities

[Organization’s Name] has safe work procedures for specific SHM related tasks / techniques, and responses to SHM-related situations.

## **General Use of Equipment**

Policies / procedures will address selection, how / when to use, care / maintenance of, and how / when to remove equipment from service. The development of these policies and procedures will consider specific client factors and environmental contraindications to use.

Equipment may include: slings, lifts, slider sheet systems, transfer belts, positioning wedges, hospital beds and mobility aids.

As new SHM equipment / devices are identified and made available, the appropriate use will be reviewed and as required, new policies and procedures developed regarding their use.

SHM equipment procedures provide guidance to employees on the safe use of equipment, how to talk to the client / families about use, and the safety benefits to both employees and clients.

## **Specific Lift, Transfer, Mobilization Tasks**

[Organization’s Name] has safe work procedures to support and provide guidance on how to safely perform all regularly required SHM tasks (i.e., transfers, repositioning, turning, moving, mobilizing, toileting, bathing, personal care, etc.), how to safely / properly use the SHM-related equipment required, best possible body mechanics and other manual aspects of the task, and how to perform the task with one and/or two care providers.

All employees who perform these tasks are trained on how to use these techniques and are able to demonstrate ability to perform them safely, which could include:

* + - 1. Bed to chair transfer with lift
      2. One person assist transfer with transfer belt
      3. Bed repositioning using fitted slider sheets (i.e., Swift Glider Sheet Systemtm)
      4. Bed repositioning using Slider Sheet System (Maxi Slidetm)
      5. Side repositioning using J-Ro EZ Rest
      6. Putting on / removing stockings using Doff N’ Donner
      7. Client falls (see below)

## **Falls Prevention / Awareness / Response**

[Organization’s Name] has a process to support and provide guidance to employees who are providing stand-by or minimal assistance to clients who are able to self-mobilize / assess as independent. Employees will be trained on how to safely assist the client in order to help reduce the risk of falls and also to reduce the risk of employee injuries if / when a client does fall and will be informed of the results of that client’s falls risk assessment.

[Organization’s Name] has policies and procedures on how to respond when a client falls, including consideration of client factors (physical & cognitive abilities), the urgency to move the client given their acute health status and location, the availability of other employees / equipment, etc.

See [**Appendix K**](#AppendixK) **- [Organization’s Name] SHM Program General Use of Equipment.**

# 

# Section 12: Pre-Use and Scheduled Equipment / Sling Inspections & Testing

## **Equipment Inspection and Testing Requirements**

[Organization’s Name] has developed and implemented procedures to formally / informally inspect all equipment and where required - test equipment.

These procedures are as follows:

* Informal inspections will be completed by employees prior to the use of any equipment; any concerns will be reported, documented, and addressed accordingly
* Define how employees report / request service to supervisor / family when equipment needs maintenance / replacement

See[**Appendix L**](#AppendixL) **- [Organization’s Name] SHM Program Equipment Inspection and Testing Requirements.**

# Section 13: SHM Communication Requirements

[Organization’s Name] has procedures and resources (i.e., posters, pamphlets, etc.) to allow for effective communication about [Organization’s Name] SHM Program to employees, clients, families / substitute decision makers, visiting health care professionals (i.e., PTs / OTs, RNs / LPNs) and system partners (e.g. NSH CC).

## **Use and Placement of SHM Related Logos**

[Organization’s Name] has approved the use of SHM logos to communicate SHM requirements for specific clients.

The logos depict the SHM requirements outlined in the specific client’s SHM plan. They are designed to ensure care staff are reminded of the need to follow SHM practices to protect their own safety and the safety of the clients they care for.

Logos will be updated as the client’s SHM plan changes. Logos will be changed immediately following approval of changes to the plan. The registered care staff member updating the client’s plan is responsible for ensuring that the logos are also updated.

See [**Appendix M**](#AppendixM) **-** **[Organization’s Name] SHM Program** **SHM Logos.**

## **Safety Huddles**

A safety huddle is:

* no longer than 15 minutes in length
* held at a consistent time via virtual or telephonic means
* involve all available employees who work for a specific manager / supervisor

At the end of the safety huddle, managers / supervisors should reinforce the importance of staff safety, the need to report identified hazards / all incidents, and of following SHM plans / safe work procedures.

Manager(s) / supervisors should keep records for each safety huddle, indicating that it took place, who was present, and summarizing the issues / topics discussed and any decisions regarding required risk mitigation strategies.

See [**Appendix N**](#AppendixN) **- [Organization’s Name] SHM Program Safety Huddles Booklet.**

## **Reporting of SHM Risks Associated with Care Tasks**

[Organization Name] has policies and procedures that **require and enable** all employees to report specific SHM-related risks associated with providing care. These procedures address situations like:

1. care is provided in bed that is inadequate for the care required
2. required SHM-related equipment is unavailable or out-of-commission
3. changes have been made to the environment where care is provided resulting in increased risk or challenges to follow SHM plans or use required SHM equipment
4. client capabilities or behaviours have changed indicating the need for an updated assessment / SHM plan
5. the client or family member(s) / substitute decision maker(s) is / are refusing to allow employees to follow required SHM procedures, or pressuring the employees not to follow the required safe work procedures
6. employees are concerned about the approved SHM plan for a client

Employees will report all identified SHM-related risks or concerns to their manager / supervisor, as soon as possible after the risk / concern has been identified.

## **SHM-Related Incident Reporting and Investigation Requirements**

It is important that all SHM-related incidents be reported and investigated. As such, [Organization’s Name] will ensure that we have a policy regarding how, when and by whom SHM-related incidents are to be investigated. We will follow the general incident reporting and investigation procedures that is documented in our Occupational Health and Safety Management System.

Having said this, it is vital that employees are aware of the importance of reporting and investigating SHM-related incidents, and that detailed information about these incidents be documented. Employees should know how to report these incidents and what is expected of them in the investigation of SHM-related incidents.

For SHM-related incidents:

* Employees will be aware that they should report all incidents, even if they don’t result in an injury, including, but not limited to:
  + Equipment issues / failures identified during inspections and/or use
  + Employees fail to conduct a pre-use inspection of any required SHM equipment
  + Employees are unaware of a client’s SHM plan prior to providing care
  + Employees are unable to safely perform required SHM task
  + Employees fail to use approved SHM techniques / equipment
  + Employees use unacceptable SHM techniques / equipment
  + Employees stumble, slip or fall when performing a SHM task
  + Employees experience pain, discomfort, or any type of injury that they associate with the performance of one or more SHM tasks
  + Employees initiate a SHM task only to discover that the client is unable to assist with SHM task to the level indicated in their SHM plan
  + Client is dropped, slips out of a sling, is struck by a piece of equipment, etc.
  + Client stumbles, slips, or falls during the SHM task
  + Client experiences pain, discomfort, or any type of injury that they associate with a SHM task
  + Client resists, is uncooperative /unwilling to allow staff to follow an approved SHM plan
  + Client is physically or verbally aggressive toward staff when they are performing a SHM task (grabs, pinches, punches, slaps, strikes, kicks, elbows, knees, pulls, holds onto, shouts at, uses unacceptable language, spits on, etc.)
  + Family member or substitute decision maker is refusing to allow employees to follow an approved SHM plan
* Manager(s) / supervisors will be expected to receive incident reports in a non-judgmental and supportive manner and will initiate an investigation of the incident as soon as possible, following our Incident Investigation Policy and Procedure.
* Investigations of SHM-related incidents should be conducted in a way that isn’t seeking to assign blame, but to find and ensure the root causes of these incidents are understood, so that effective controls can be established to reduce the likelihood of the incident from occurring again in the future.

See [**Appendix O - [Organization’s Name} SHM Program Employee Incident Follow-Up Tool**](#AppendixO)**.**

## **Addressing Client Refusals**

[Organization’s Name] has a process to support and provide guidance to employees when responding to a situation where a client refuses to be moved / repositioned / transferred using the required SHM equipment / procedures outlined in their SHM plan (e.g., refuses to be moved with a ceiling or portable lift, refuses to use / wear a transfer belt, etc.)

All employees who preform SHM tasks are made aware of this process and are trained and supported to follow it to ensure that SHM techniques are used at all times.

See [**Appendix P - [Organization Name]’s SHM Program Addressing Client Refusals**](#AppendixP)**.**

## **Addressing Family Member’s Questions / Concerns**

[Organization Name] has a process to support and provide guidance to employees when responding to a situation where family members or substitute decision makers for a client have questions or express concerns regarding the use of required SHM techniques / equipment or refuse to ‘allow’ the client to be transferred, moved, or repositioned using the required SHM technique(s). All employees who preform SHM tasks, or supervise those who do, are made aware of this process and are trained and supported to follow it to ensure that SHM techniques are used at all times.

[Organization Name] will ensure that:

* All clients, substitute decision makers, and/or family members are aware of the SHM requirements associated with their care and that any concerns raised will be addressed by employees and their manager / supervisor. Every effort will be made to accommodate their care requests though employees must follow approved SHM procedures at all times.
* Managers / supervisors will support and collaborate with employees in order to ensure that SHM procedures are used.
* Under no circumstances will a manager, supervisor, or employee agree to disregard the required SHM procedures unless an alternative practice is identified that add no additional risk to the employee or client.

See [**Appendix Q - [Organization Name]’s SHM Program Addressing Concerns or Refusals from Family Members / Substitute Decision Makers.**](#AppendixQ)

# Section 14: SHM Program Training Implementation

[Organization’s Name] will verify that key employees have been provided with the SHM-related training required for their role and position. [Organization’s Name] will review the SHM Training Plans for:

* SMH Internal Trainers / Champions
* Senior Leadership Team
* Home Support Manager(s) / Supervisors
* Home Care Staff / Employees

The plan will ensure that all employees have received, or at a minimum - have been scheduled to participate in the SHM-related training required for their role / position. If all required training has not been provided / scheduled, [Organization’s Name] will take steps to correct this as soon as possible.

# Section 15: SHM / JOHS Committee

[Organization’s Name] has established a SHM / JOHS Committee to support, manage, monitor and continually improve our SHM Program. This committee will ensure that SHM-related policies and procedures are created and implemented, assist with planning and/or delivery of SHM-related training, conduct spot checks to ensure SHM procedures are being followed, and help to review and evaluate the SHM Program and offer recommendations to the employer for improvements.

[Organization’s Name] will ensure that we:

* establish a process for recruiting / selecting Committee members
* define and ensure the Committee members receive all required SHM-related training
* document how they will work and collaborate with the JOSHC and senior management
* have the Committee members create a terms of reference that outlines how they will function and their main areas of work / focus including:
  + quorum requirements and meeting schedule
  + Main areas of focus / work:
    - Reviewing and reporting on the effectiveness of the SHM Program
    - make recommendations to improve the effectiveness of the SHM Program including changes to procedures, policies, training
    - identify when new resources / equipment is required
    - Promote and champion the SHM Program
    - Assist with the investigation of SHM-related incidents and the identification of controls

**See** [**Appendix R - [Organization’s Name] SHM Committee Terms of Reference**](#AppendixR)

**See** [**Appendix S - [Organization’s Name] SHM Committee Meeting Agenda**](#AppendixS)

# Section 16: SHM Program Evaluation

[Organization’s Name] has a program evaluation process to determine how well the organization and its employees are following the required SHM procedures outlined in [Organization’s Name] SHM Program.

It is important to ensure we are monitoring and measuring the effectiveness of our program. We will do this by conducting regular audits, reviewing incident data, and surveying employees on what improvements are needed to make our SHM-Program effective for employees and clients. We will conduct regular spot-check audits of the use of our pre-care check tool (e.g., PACE).

The SHM Program Evaluations Process:

* 1. Identifies who is responsible for conducting the evaluation
  2. Specifies how often the evaluation will be conducted
  3. Ensures the evaluation addresses key SHM procedures, including:
     1. Creation and updating of client SHM plans
     2. Awareness of SHM pans for specific clients
     3. Use of Pre-Mobility Check (e.g., PACE)
     4. Use of the PACE Audit Tools (i.e., PACE Self-Assessment, SHM Audit)
     5. Equipment & sling selection / inspection procedures
     6. SHM equipment & technique safe work procedures
     7. Teamwork and communication when two or more employees performing SHM tasks
     8. Communication with client including, as appropriate, encouraging client to participate in transfers / movements to help maintain or enhance mobility
  4. Outlines the process for reviewing and communicating the results of the evaluation to specific employees
  5. Outlines the process for how to collaborate with employees to address any issues identified during the audit including coaching, additional training, or identifying any ideas for changes / improvements to the SHM Program.
  6. Includes employee feedback – an annual review process to gather employee feedback and comments on [Organization Name’s] SHM Program.

## **PACE Audit Tools**

[Organization’s Name] will have a process in place to regularly audit the use of the PACE Self-Assessment and SHM Audit Tools, to ensure employees are using it correctly and making care and work-task-related decisions based on the results.

**PACE Employee Self-Assessment**

[Organization’s Name], in conjunction with the SHM Committee, has determined that every employee will complete a PACE Self-Assessment once per quarter. The assessments will be reviewed by the Manager / Supervisor to determine any coaching or re-training requirements. The results from the PACE Self-Assessments will be forwarded to the SHM / JOHS Committee to determine trends, which will inform future training and re-fresher opportunities.

**SHM Manager / Supervisor Audit Tool**

[Organization Name’s], in conjunction with the SHM / JOHS Committee, has determined that each Manager / Supervisor will conduct monthly SHM audits with each employee, ensuring that all employees are audited at least once annually.

The results from the SHM audits will be reviewed by the SHM / JOHS Committee to determine trends, which will inform future training and refresher opportunities.

## **SHM Training Effectiveness**

[Organization’s Name] has a process to evaluate both the effectiveness and the implementation of SHM -related training requirements. The process will seek to:

* 1. Verify and review the SHM training requirements for employees
  2. Review employee training plans and document the percentage of employees with SHM related training identified in their annual training plan / requirement
  3. Review SHM training session attendance and document the percentage of employees who completed all required SHM related training for a specific time period
  4. Gather and compile employee feedback for all SHM training sessions (pre-, post- knowledge assessment, post-training ability to apply knowledge and skills, etc.)
  5. Gather / compile results of any evaluations / steps to ensure competency in SHM related skills
  6. Review and communicate the results the SHM training evaluation and share recommendations for changes / improvements.

The following indicators should be considered to determine the effectiveness of the [Organization’s Name] SHM Program:

|  |  |
| --- | --- |
| **Indicators for SHM Program Effectiveness** | |
| **Lagging Indicators** | **Leading Indicators** |
| * Injury Statistics   (#, # lost time claims, costs, WCB premiums) | * # inspections completed |
| * Incident Statistics | * # controls implemented |
|  | * # training sessions completed |
|  | * # safety huddles completed |
|  | * # audits completed |

**Reporting of SHM Program Performance Results**

[Organization’s Name] will make available all data collected through SHM activity and/or PACE Audits, staff feedback, and SHM-related incidents, to all employees, Senior Leadership and the Owners / Board of Directors. Where indicated, [Organization’s Name] will celebrate as our SHM Program improves and we recognize those who made it happen.

See [**Appendix T**](#AppendixT) **- [Organization’s Name] SHM Program PACE Employee Self-Assessment Form**

See [**Appendix U**](#AppendixU) **- [Organization’s Name] SHM Program PACE Employee Self-Assessment Job Aid**

See [**Appendix V**](#AppendixV) **- [Organization’s Name] SHM Program Manager / Supervisor Audit Tool**

See[**Appendix W**](#AppendixW) **- [Organization’s Name] SHM Manager / Supervisor Audit Tally Form**

See [**Appendix X**](#AppendixX) **- [Organization’s Name] SHM Program Review Employee Feedback Form**

**Appendix A: [Organization’s Name]** **SHM Program Policy Statement**

***{Organization’s Name} Safe Handling and Mobility Policy***

We are committed to reducing client-handling and mobility-related injuries through the use of evidence-informed methods. SHM methods are essential as part of a comprehensive approach to improving the quality of life and safety for employees and clients.

We foster a collaborative environment that empowers all employees to implement the SHM procedures described in the SHM Program.

[Organization’s Name] and all its employees have a shared responsibility in the implementation, evaluation and continuous improvement of the program, as well as acting in accordance with Nova Scotia’s Occupational Health and Safety Act.

We will ensure that:

* employees are made aware of the SHM Program requirements
* employees receive the training required
* all steps will be taken to provide / make available and maintain the required equipment
* employees follow the industry lifting standard of 35 pounds, to the extent possible
* the SHM Program is evaluated and any required changes to improve its effectiveness are implemented
* employees follow the procedures required for their position, use required / provided equipment, participate in and apply program-related education/training
* client handling and mobility-related issues / concerns are identified and reported. All employees will collaborate to identify hazards and reduce the risk associated with client- handling and mobility tasks.

**Approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Review Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B: [Organization’s Name]** **SHM Program Training Requirements**

[Organization’s Name] requires all employees to receive training related to its SHM program. Training requirements for each position are identified and reviewed on an annual basis or as required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course / Program** | **Length** | **When** | **Provided by** | **Refresher** | **Competency Assessment** |
| **Safe Handling and Mobility Program / Procedures** | 3 Hours | On hire - pre care delivery | SHM Trainer | 1 Hour Annually | Self-rating Assessment  Post Testing( PACE Card) Auditing |
| **Client-Specific**  **SHM Plan** | 2 Hours | On hire - pre care delivery | SHM Trainer | 30 min Annually | Post Testing |
| **P.A.C.E.** | 1 Hours | On hire - pre care delivery | SHM Trainer | 1 Hour Annually | Post Testing and Auditing |
| **SHM Plan / Communication** | 1 Hour | On hire - pre care delivery | SHM Trainer | 30 min Annually | Post Testing and Auditing |
| **SHM High Risk / Prohibited Techniques** | 1 Hour | On hire - pre care delivery | SHM Trainer | 30 min Annually | Post Testing and Auditing |
| **SHM Equipment Use (including selection / inspection)** | 4 Hours | On hire - pre care delivery | SHM Trainer | 1 Hour Annually | Post Testing, Demonstrated Abilities and Auditing |
| **SHM - Fall Prevention/ Awareness & Response** | 2 Hours | On hire - pre care delivery | SHM Trainer | 30 min Annually | Post Testing |

**Please see the SHM Program Implementation Guide for additional information pertaining to:**

* **Phase I Program Elements**
* **Phase 2 Program Elements**
* **Phase 3 Program Elements**

**Appendix C: [Organization’s Name]** **SHM Program Required Training by Job Title / Position Matrix**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **CEO / Executive Director** | **Manager / Supervisor** | **SHM Internal Trainer** | **CCA / RSW** | **\*RN / LPN**  **(\*VON only)** |
| **SHM Program / Procedures** | **✓** | **✓** | **✓** | **✓** | **✓** |
| **PACE** | **✓** | **✓** | **✓** | **✓** | **✓** |
| **SHM Plan / Communication** |  | **✓** | **✓** | **✓** | **✓** |
| **SHM Equipment Use (including selection / inspection)** |  | **✓** | **✓** | **✓** | **✓** |
| **SHM - Fall Prevention/ Awareness & Response** |  | **✓** | **✓** | **✓** | **✓** |
| **Client-Specific**  **SHM Plan** |  | **✓** | **✓** |  | **✓** |

**Appendix D: [Organization Name] SHM Program Employee Training Plan**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit / Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date Established / Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course / Program | Required (Y/N) | Completed (Date) | Competent (Y/N) | Refresher Date (1) | Refresher Date (2) | Refresher Date (3) |
| SHM Program / Procedures |  |  |  |  |  |  |
| P.A.C.E |  |  |  |  |  |  |
| SHM Plan / Communication |  |  |  |  |  |  |
| SHM Plan / Communication |  |  |  |  |  |  |
| SHM Equipment Use (including selection / inspection) |  |  |  |  |  |  |
| SHM - Fall Prevention/ Awareness & Response |  |  |  |  |  |  |
| Client-Specific SHM Plan |  |  |  |  |  |  |

**Appendix E -** **Nova Scotia Initial Resident SHM Assessment (Page 1 of 2)**

|  |  |  |
| --- | --- | --- |
| Resident / Client Name: | Resident /Client Age: | Client Gender: |
| Completed by (First and last name, Job Title): | | Completion Date: |
| Care Location (Home, Clinic, LTC Facility, Retirement Living Facility, Other): | | |
| Care Location Address: | | |

**Nova Scotia Provincial Discharge / Transfer, Presenting Situation, or other Form**

|  |
| --- |
| * A complete copy of the Nova Scotia Provincial Discharge / Transfer Form provided for this client/ client * The ***Medical Information*** section of the Discharge / Transfer Form is completed including weight and height * The ***Communication*** section of the Discharge / Transfer Form is completed * The ***Mental / Emotional Health, Cognition,*** and ***Behaviour*** sections of the Discharge / Transfer Form are completed * The ***Mobility, Balance, and ADLs*** sections of the Discharge / Transfer Form are completed * If appropriate, the **PT, OT supports required, and the Equipment required** sections of the Discharge / Transfer Form are completed   Does the information provided on the Discharge / Transfer Form indicate that the client / client will require **more than minimal assistance or they may demonstrate responsive behaviours** when being transferred / repositioned? **( )Yes ( )N**  Does the information provided on the Discharge / Transfer Form indicate that the client will require that a hospital bed is needed (e.g., care will need to be provide in bed)? **( )Yes ( )N**  If Yes, note key risk factors of concern below: |

**Medical History**

|  |
| --- |
| * The organization has been provided with an up-to-date medical history and status for the client / client * The medical information includes a list of current medications currently prescribed to the client / client * Medical information related to the client’s / client’s physical and cognitive capabilities has been provided * Medical issues impacting behaviours are identified   Does the Medical History information provided suggest that the client / client will require **more than minimal assistance, or they may demonstrate responsive behaviours** when being transferred / repositioned? **( )Yes ( )N**  Does the information provided on the Discharge / Transfer Form indicate that the client will require that a hospital bed is needed (e.g., care will need to be provide in bed)? **( )Yes ( )N**  If Yes, note key risk factors of concern below: |

**NSH Continuing Care / DCS Care Coordinator Information**

|  |
| --- |
| * NSHA CC / DCS Care Coordinator has shared information regarding client’s / client’s mobility status including recently completed physiotherapy assessment, SHM plans, SHM equipment requirements, or any relevant information from NSHA / DCS staff, staff at home care agencies, DSP organizations, or LTC facilities, or the client’s / client’s family or treatment providers * NSHA CC / DCS Care Coordinator has provided up-to-date Presenting Situation information   Does the information provided by NSHA Continuing Care suggest that the client / client will require **more than minimal assistance or they may demonstrate responsive behaviours** when being transferred / repositioned? **( )Yes ( )N**  Does the information provided on the Discharge / Transfer Form indicate that the client will require that a hospital bed is needed (e.g., care will need to be provide in bed)? **( )Yes ( )N**  If Yes, note key risk factors of concern below: |

**Appendix E -** **Nova Scotia Initial Resident SHM Assessment (Page 2 of 2)**

**Additional SHM Considerations:**

Based on the information provided, does the client / client require:

* Bariatric equipment (lift / slings / bed / other) to allow for safe delivery of care / support
* Care / support to be provided in a room designed for bariatric clients / clients
* A mechanical lift that is currently not available in facility / home
* An adjustable height hospital bed that is currently not available in facility / home
* Other SHM devices (slider sheets, positioning wedges, limb supports, etc.)

**If any of the above are checked, has a plan been developed to ensure that the required equipment and/or a suitable room will be available prior to admission or care / support being provided. ( ) Y ( ) N**

**If No, meet with NSHA CC / DCS CC to identify effective risk mitigation strategies until required equipment / room is available, and clarify expectations regarding actions, accountabilities, and timelines for obtaining the required equipment / room.**

**Initial SHM Assessment Results:**

\_\_\_\_\_ **Independent:** The information provided suggests that the client / client is independent and that are able to boost in bed or a chair, roll over, sit up, move from the bed to chair / toilet / bath / dining room, or to perform other activities of daily living without any assistance.

\_\_\_\_\_ **Stand-by / Minimal Assist:** The information provided suggests that the client / client is independent and or requires only stand-by / minimal assistance to boost in bed or a chair, roll over, sit up, move from the bed to chair / toilet / bath / dining room, or to perform other activities of daily living

\_\_\_\_\_ **More than Minimal Assistance Required:** The information provided suggests that the client / client requires more than minimal assistance to boost in bed or a chair, roll over, sit up, move from the bed to chair / toilet / bath / dining room, or to perform other activities of daily living

\_\_\_\_\_ **Maximal Assistance / Fully Dependent:** The information provided suggests that the client / client is fully dependent / requires maximum assistance to boost in bed or a chair, roll over, sit up, move from the bed to chair / toilet / bath / dining room, or perform other activities of daily living

**Required Response / Actions:**

**Independent:** On admission / in-take, have a qualified person verify that the client / client is independent and ensure staff are aware of this and work with the client / client to promote and support movement and independence. Document status and plan to maintain mobility on care / support plan.

**Stand-by / Minimal Assist:** On admission / in-take, have a qualified person verify that the client / client is able to move / transfer / reposition with minimal staff support. Ensure that a SHM plan is completed that specifies when and how care staff are to stand-by or provide minimal assistance and how to work with the client / client to promote and support movement and maintain or, if applicable, enhance mobility levels. Ensure that staff are aware the requirements of the SHM plan. Document client’s / client’s status and SHM plan in care / support plan.

**More than Minimal Assistance Required:** On admission / in-take, have a qualified person verify client’s / client’s status. Ensure that a SHM plan is completed that identifies required SHM practices and required logos or other communication tools are used. Ensure that staff are aware the requirements of the SHM plan, the plan requires the use of SHM equipment, and that this equipment is available. Document client’s / client’s status and SHM plan in care / support plan. If applicable, ensure staff are aware of need / plan for enhancing mobility.

**Maximum Assist / Dependent:** On admission / in-take, have a qualified person verify client’s / client’s status. Ensure that a SHM plan is completed that identifies required SHM practices and required logos or other communication tools are used. Ensure that staff are aware the requirements of the SHM plan, the plan requires the use of SHM equipment, and that this equipment is available. Document the client’s status and SHM plan in care / support plan.

**All Care Staff should be instructed to conduct a Pre-Care / Support Check before each and every client / client transfer or repositioning task**

**Appendix F -** **Nova Scotia Resident SHM Risk Profile (Page 1 of 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Resident / Client Name: | Resident / Client Age: | Client Gender: | |
| Completed by (First and last name, Job Title): | | Initial Completion Date: | |
| Organization: | | First Update / Review Date: | Initials: |
| Client / Client Location: | | Second Update / Review Date: | Initials: |

**Detailed Resident / client SHM Risk Profile**

**Completed for:**

Admission / Intake

Transfer to different facility / care provider

Change in condition / status of client / client

**Review Care Plan / Chart / Information provided by:**

NSHA CC:  DCS CC:  NSHA Acute Care:  Treatment Provider:  Family Members:

Different facility / care provider:  Nova Scotia Provincial Discharge Transfer Tool:

**General Information**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Weight**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BMI**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL CONSIDERATIONS**:

Obese  Cognitive Impairment  Amputation

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABILITY TO COMMUNICATE: Speaks:**

Understands / Follow Directions  English

Articulates Intentions / Needs  French

Unable to Communicate  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing:**

Normal Hearing Aids  Deaf

**Communication Channels:**

Verbal Non – Verbal  Sign Language  Written

**COGNITIVE ABILITY:**

Normal Result of Medication  Dementia

Brain Injury  Psychological Comorbidities  Other

**Appendix F -** **Nova Scotia Resident SHM Risk Profile (Page 2 of 3)**

**History of Violence**:  Yes  No (Review Resident / Client Behavioural Profile)

If yes, review an up-to-date Resident / Client Behavioural Profile and describe the nature of violence and known triggers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review of Falls Risk Assessment Tool or information provided by NSHA CC:**

**Morse: < 25 / Frailty: <= 5 (Low Risk)**  **Morse: 25 - 45 / Frailty: 6 (Moderate Risk)**

**Morse: > 45 / Frailty: > 6** **(High Risk)**

**NOTE: Handling & Mobilizing Residents / Clients with a High Risk of Falls should be done with a mechanical lift at all times**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Abilities Assessment** | | **Reason for Assessment**  1 – upon admission / intake, 2 – transfer to different care provider / facility, 3 – change in resident / client condition / mobility status | | |
| Resident / Client is able to… | | ☐ 1☐ 2☐ 3  D: yy/mm/dd  T: 0-2400hrs | ☐ 1☐ 2☐ 3  D: yy/mm/dd  T: 0-2400hrs | ☐ 1☐ 2☐ 3  D: yy/mm/dd  T: 0-2400hrs |
| **SUPINE POSITION:** | **Unassisted** | **Minimal Assistance** | **Moderate Assistance** | **Maximal Assistance** |
| Boost up in bed |  |  |  |  |
| Roll in Bed onto both sides |  |  |  |  |
| **TRANSITIONAL POSITION:** | **Unassisted** | **Minimal Assistance** | **Moderate Assistance** | **Maximal Assistance** |
| Move from lying to sitting upright |  |  |  |  |
| **SITTING:** | **Unassisted** | **Minimal Assistance** | **Moderate Assistance** | **Maximal Assistance** |
| Sits on edge of bed / stable |  |  |  |  |
| Corrects sitting position when disturbed |  |  |  |  |
| Leans side to side, forward to back to neutral |  |  |  |  |
| **SIT TO STAND:** | **Unassisted** | **Minimal Assistance** | **Moderate Assistance** | **Maximal Assistance** |
| Leans forward, lift buttocks off surface |  |  |  |  |
| Stands up |  |  |  |  |
| **STANDING:** | **Unassisted** | **Minimal Assistance** | **Moderate Assistance** | **Maximal Assistance** |
| Stand still unassisted |  |  |  |  |
| Step from side to side |  |  |  |  |
| March on spot |  |  |  |  |

**Appendix F -** **Nova Scotia Resident SHM Risk Profile (Page 3 of 3)**

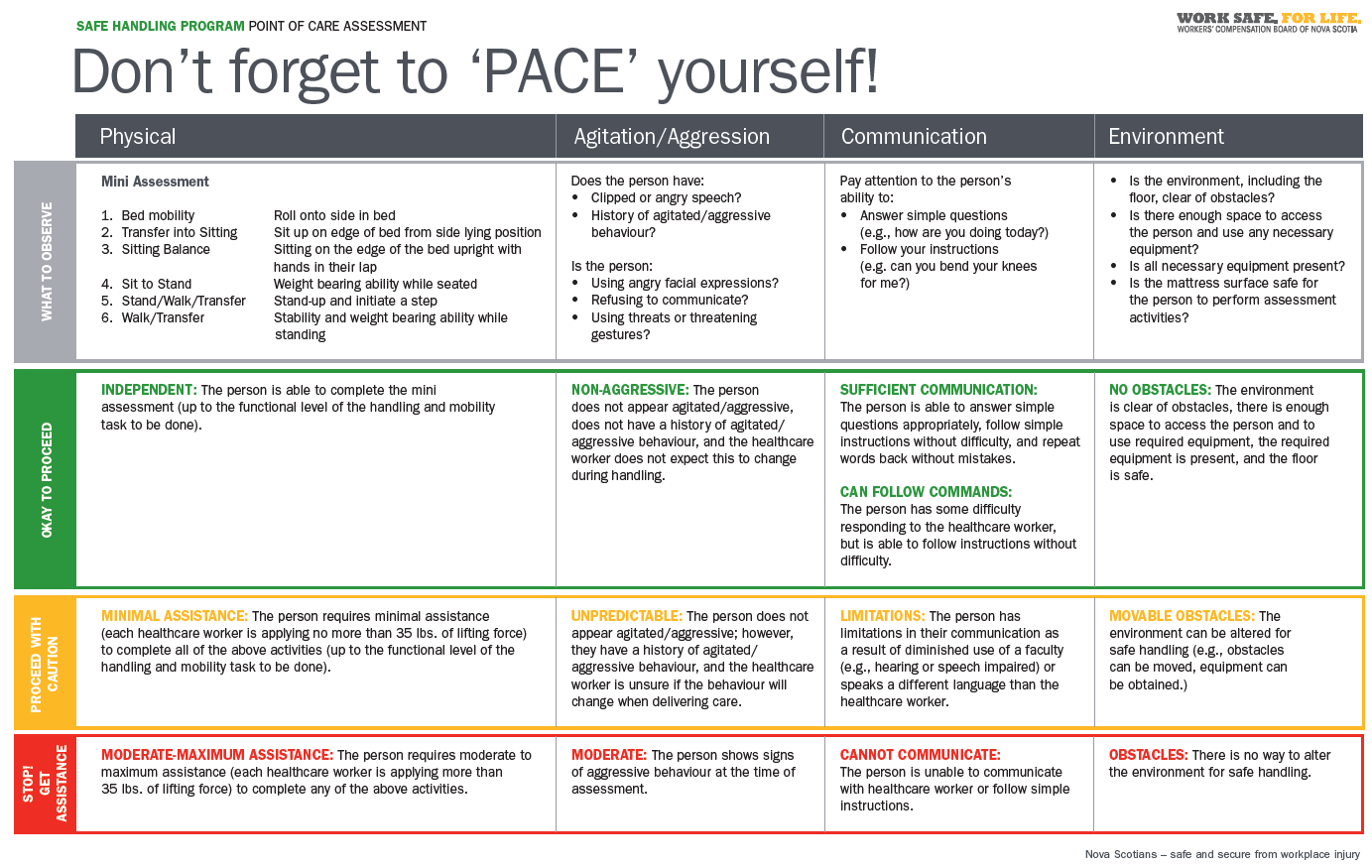
**SHM Plan for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHM Plan Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SHM Task Risk Levels:  **L**ow = Weight bear / fully assist & cooperative **M**edium = Cooperative but only partially weight bear / assist **H**igh = Unable to assist / can’t weight bear **OR** uncooperative | **L** | **M** | **H** | Required Equipment / Assistive device | # Health care workers |
| Place / remove sling in bed |  |  |  |  |  |
| Place / remove sling in chair |  |  |  |  |  |
| Reposition / boost in bed |  |  |  |  |  |
| Reposition / boost in chair |  |  |  |  |  |
| Sitting up / laying down in bed |  |  |  |  |  |
| Turn / position on side in bed |  |  |  |  |  |
| Move from laying down to sitting up on the edge of bed |  |  |  |  |  |
| Move from sitting up on the edge of the bed to laying down |  |  |  |  |  |
| Move from sitting to standing / walker |  |  |  |  |  |
| Transfer from bed to chair / commode / toilet |  |  |  |  |  |
| Transfer from chair to commode / toilet / bathtub / bed |  |  |  |  |  |
| Transfer from commode / toilet / bathtub to chair |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

**Sling choice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sling Size**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sling Type**: Seated \_\_\_\_\_\_\_\_ Seated (Amputation) \_\_\_\_\_\_\_\_ Standing \_\_\_\_\_\_\_\_

Supine \_\_\_\_\_\_\_\_ Ambulation \_\_\_\_\_\_\_\_ Limb Support \_\_\_\_\_\_\_\_

**Appendix G: [Organization’s Name] SHM Program Pre-Mobility Check (PACE) Process**

| **Appendix H: [Organization’s Name] SHM Program Equipment Inventory Form** *Last Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Type of Equipment** | **Model Information** | **Current #** | **# Required** | **Approved for Use** | **Comments** |
| Lift |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sling |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Hospital Bed |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Wheelchair |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Mobility Aids |  |  |  |  |  |
|  |  |  |  |
| Transfer Belt |  |  |  |  |  |
|  |  |  |  |
| Fitted Slider Sheets |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Non-fitted Slider Sheets |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Positioning Wedge |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Doff &  Donner |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  | | | | | |

**Appendix I: [Organization Name] SHM Program Equipment Needs Assessment Form**

[Organization’s Name] will ensure that an assessment of their SHM Equipment Needs, along with an up-to-date inventory, is regularly documented (See Appendix H: [Organization’s Name] SHM Program Equipment Inventory Form). This information will then be reviewed considering client needs, changes, or when new types of SHM equipment becomes available and/or recommended for use.

|  |  |  |
| --- | --- | --- |
|  | **Data** | **Comments** |
| Number of clients: |  |  |
| Number / Percentage of clients with up-to-date SHM Plans on file |  |  |
| Number of clients requiring 2 person assisted care |  |  |
| Number of clients that require SHM Equipment: |  |  |
| * Mechanical Lift |  |  |
| * Slider Sheet Systems |  |  |
| * Transfer Belt |  |  |
| * Positioning Wedge |  |  |
| * Wheelchair |  |  |
| * Walking Aids |  |  |
| * Adjustable Care (Hospital) Bed |  |  |
| * Doff N’ Donner |  |  |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Appendix J: [Organization’s Name] SHM Environmental Risk Assessment Form (Page 1 of 4)**

Purpose: To identify an area’s specific design features / hazards that may increase the risk of injury to employees and clients while performing SHM tasks / activities. Identification will allow for mitigation and/or elimination as much as possible.

This assessment will be reviewed, and if necessary - updated on an annual basis or whenever changes to the design, layout, equipment, or purpose of an area occur.

|  |  |
| --- | --- |
| Date | Time: |
| Identify Location: | |
| Completed by (Name, Position): | |
| Reviewed by (Name, Position): | |

| **SHM Program Area Assessment** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | | **No** | **N/A** | **Observations & Existing Controls** | **Risk Level (L, M, H)** | **Action Items** | **Intended Outcomes** |
| **Environment (Outdoors)** | | | | | | | | |
| Parking / driveway are well maintained | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Sufficient lighting exists to gain access to home | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Steps / Entry way are in good condition | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **General Environment (including all common areas)** | | | | | | | | |
| Floors are even, non-slip, with no obvious trip hazards | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Hallways / Doorways are wide enough for walkers, wheelchairs, & other mobility aids, including bariatric equipment; free of clutter | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Sufficient ambient lighting exists for all tasks | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Furniture / equipment layout allows for movement of required SHM equipment and for care staff to safely provide care | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| SHM equipment / devices/ supplies stored in a location that is easy and convenient to access | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Travel paths for employees and clients are free of obstructions and clutter | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Are pets securely stowed from area(s) where care is being delivered | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Is the home free of smoke at least 1 hour prior to services delivered | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Is the home free of strong scents at least 1 hour prior to services delivered | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Does the home meet the fire safety requirements of the agency? | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Other:** | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Bedrooms** | | | | | | | | |
| Bedroom is equipped with a ceiling lift that is properly positioned relative to the bed, can easily travel to all areas needed, and allow for safe, suitable docking for ceiling lift with required power supplies | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Bedroom has sufficient clear floor space for easy movement of SHM equipment and care staff | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Client’s bed can be easily accessed from three sides | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Other:** | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Toileting / Bathing Areas** | | | | | | | | |
| Toilet / bathing areas have sufficient space for the care being provided | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| Toilet / bathing areas have slip-resistant flooring | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| Devices are available to assist client while in tub | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| There is space on both sides of the toilet for care staff to safely perform all toileting / care tasks | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| Grab bars are available / suitable for use | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| **Other:** | 🞎 | 🞎 | | 🞎 |  |  |  |  |
| **Home Care Activity Equipment** | | | | | | | | |
| Supplies are available (i.e cleaning supplies) | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Electrical appliances are suitable / good working order | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Other:** | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Personal Care Equipment** | | | | | | | | |
| Mechanical Lift | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Slider Sheet Systems | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Trans Transfer Belt | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Positioning Wedge | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Wheelchair | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Walking Aids | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Adjustable Care (Hospital) Bed | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Doff N’ Donner | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Other:** | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Unusual Circumstances** | | | | | | | | |
| Guns in Home | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| Potential Violence – Client / Visitors | 🞎 | | 🞎 | 🞎 |  |  |  |  |
| **Other:** | 🞎 | | 🞎 | 🞎 |  |  |  |  |

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Pages 1/2 of 11)**



**Bed to Chair Transfer with Lift**

**Qualification: Client not suitable for any active form of transfer (sit to stand or assisted)**

* Read Care Plan
* Complete PACE Assessment
  + **IF DIFFERENT -**
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, level of assistance can be increased but not decreased without an official re-assessment)*

**This is a TWO CARE STAFF / EMPLOYEE TRANSFER**

**Applying Sling in Bed**

*\*Check the sling for bleached, frayed or torn part. Take out of service and replace if damaged.*

1. Explain to the client what is going to be done and what they can do to help.
2. Adjust the height of the bed so that employee can work at waist height. If employees are of different height use the waist height of the shorter person. If the head of the bed is up, lower it, unless the client’s condition requires that it be left up.
3. Ask or assist client to bend knees. Assist client to roll away from you and into side lying position. Once on their side second employee should hold client in position at shoulder and hip.
4. Only use the sling that is indicated in client’s care plan.
5. Ensure back loops and label are on the outside, facing away from client. Place the sling under where the client would be lying flat on their back. When centering sling, ensure middle of sling legs line up with the client’s tail bone. Shoulders should be covered by sling
6. The center of sling should run up along client’s spine. Tuck one half of sling under client and other place other half over side of client facing you.
7. Reposition client on their back, second employee should roll Client to opposite side and pull sling out on the other side.

**Attaching Sling to Lift**

*\*If using a portable lift may need to raise client’s bed or move furniture to use lift in client’s rooms*

*\*If using a portable lift do not engage brakes when using the lift.*

1. Raise head of client’s bed
2. Pass strap under one leg and up between legs, cross straps between legs before attaching to carrier bar. Straps should be positioned so client is unable to inadvertently slide downward through sling (Any deviation from the normal process will be indicated in client care plan).
3. Attach sling straps to carrier bar. Check that sling is applied smoothly and symmetrically.

**Lifting the Client**

1. Ensure client’s wheelchair is located at the bedside, with brakes applied.
2. Before raising lift, ensure that all loops are attached symmetrically and the strap locks are pulled down properly over hooks on spreader bar. If needed adjust the leg straps toward client’s knees to ensure sling is smooth under thighs.
3. Raise client by using hand control. Before moving client above chair, ensure that there are no wrinkles in sling and that there is nothing to hook on the sling as you raise client.
4. Only raise client as high as necessary making sure heels clear all surfaces.
5. One employee should use the hand control and move the lift. The other employee should guide client by their shoulders or knees during the lift. The guiding employee should not hold onto sling seat as this may cause the weight of client to shift in the sling.
6. Position client over top of back of wheelchair and lower them using hand control. Their buttocks should slide down the back of wheelchair. The wheelchair will tip in this process, but this is a good indicator that client will be positioned correctly.
7. Unhook sling and move mechanical lift away.
8. The sling must be removed from under client unless otherwise documented in the client’s care plan.

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 3/4 of 11)**

**One Person** **Assist Transfer with Transfer Belt**  

**Qualification: Client is full weight bearing on at least one leg and needs assistance rising from a seated position but not more than 35lbs of force and they can take some steps.**

* **Read Care Plan**
* **Complete PACE Assessment**
  + **IF DIFFERENT -** 
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, you can move up the decision ladder based on PACE results, not lower without an official re-assessment)*

1. If the client’s current status matches care plan/logo begin procedures. Clear all obstacles from the path of the transfer, ensure the client is wearing appropriate clothing and non slip footwear. Explain to the client what you are going to do and what they must do to help with the procedure.
2. Position the wheelchair at a 45o angle to the bed on the side to which the client is to be transferred, preferably their stronger side. Remove the footrests and the armrest closest to client. If possible, lock all wheels of the equipment in use, unless otherwise required. If using a walker keep the walker within reach of the client (or other walking aid).
3. Remove or lower the bed rail. Adjust the height of the bed so that the client is able to place their feet flat on the floor with their knees at an 80°-90° angle. Ask or assist the client to sit on the edge of the bed and place both feet flat on the floor. Pause for a moment to let Client adjust to the upright position.
4. Apply the transfer belt and tighten until snug. Place transfer belt around the client’s waist - **NOT over the hips or ribs**, ensure it is snug

1. Use the hand closest to the client to grasp the back of the transfer belt. Grip the entire transfer belt, not just loops. With the other hand, if necessary, stabilize through client’s elbow. **DO NOT** grab client under their arm or by their pants or underwear.
2. Ask the client to look up and lean slightly forward (nose over toes). The client’s feet should be shoulder width apart. Ask the client to assist as much as possible, using their arms to push down when it is time to transfer.
3. Based on specific care plan, an employee may block the client’s foot / feet with their foot. To do this, place one foot in front of client’s weaker side to prevent slipping. The employee’s rear foot should be aligned with client’s hip. The employee’s lead foot should be in front of client’s feet - facing in the direction you want to go.
4. Employee should bend their knees; tighten the abdominal and buttock muscles. Count “1…2…3…stand”. On “stand”, the employee should use their body weight (using no more then 35lbs of force) to initiate the movement, straighten the knees and assist the client to a standing position using a smooth motion. Stop, with client standing, double check transfer belt snugness and position before proceeding. The employee’s final position should be shoulder to shoulder and hip to hip with the client
5. Ask the client to walk forward, using walker if needed, then backup toward the wheelchair until they are able to feel their legs touching the chair and to place both hands, if possible, on the arm rests of the wheelchair. If using a walker, the client should **NOT** pull themselves up using the walker. Keep the walker within reach of the client
6. Count “1…2…3…down”. Slowly assist the client to sit back down in wheelchair. Remove the transfer belt. Replace the footrests and ensure the client is comfortable, safe and well-supported.

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 5 of 11)**

**Bed Repositioning using Fitted Slider Sheet (ie Swift Glider Sheet Systemtm)**

**Qualification: Dependent and heavier clients who need frequent repositioning.**

* Read Care Plan
* Complete PACE Assessment
  + **IF DIFFERENT -** 
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, level of assistance can be increased but not decreased without an official re-assessment)*

**THIS IS A TWO CARE STAFF / EMPLOYEE TRANSFER**

**Making the Bed**

1. Base sheet is the mattress cover and should be put on with coloured slippery strip facing up.
2. Draw sheet should be placed directly over the base sheet with the coloured slippery material facing down. Smooth-out draw sheet. Align draw sheet under the client’s upper torso (shoulders to hip) and tuck side flaps firmly under mattress to prevent unwanted sliding of sheets.

**Reposition**

1. Explain to client what you are going to do and how they can provide assistance.
2. Adjust the height of the bed so that employee can work at waist height. If employees are of different heights, use the waist height of the shorter person. If the head of the bed is up - lower it, unless the client’s condition requires that it be left up. Lock the bed brakes.
3. Place a pillow at the head of the bed to protect the client’s head. With an employee on each side of the bed, lower the bedrails
4. Client should be lying on draw sheet and base sheet.

***Note: If there is a soaker pad present, the sheets will be under the soaker pad.***

1. Untuck the draw sheet from each side of the bed.
2. Grasp the draw sheet with both palms up. Roll or bunch the draw sheet in your hands until your hands are close to the client, elbows tucked to sides (keeping in mind - this is not a lift).
3. With one foot placed in the direction of the move, place the other to ensure a wide base of support. With knees bent, place weight on your leg at foot-end of the bed.
4. Together: Count “1, 2, 3, move”. On “move,” **slide** client up in bed. Repeat in several small stages if needed. The employees should move their feet and knees forward at each stage.
5. Smooth out the draw sheet and tuck side flaps back underneath mattress. Ensure the sheet is under the client’s upper torso from shoulder to hip (soaker pad would be under pelvis).
6. Ensure the client is comfortable, safe and well supported. Raise the bed rails, if necessary

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 6/7 of 11)**

**Bed Repositioning using Slider Sheet System (ie. Maxi Slidetm)**

**Qualification: 1. Client in a wheelchair and has little capacity to support themselves**

**2. No capacity to support themselves**

**3. Completely bedridden**

* Read Care Plan
* Complete PACE Assessment
  + **IF DIFFERENT -** 
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, you can move up the decision ladder based on PACE results, not lower without an official re-assessment)*

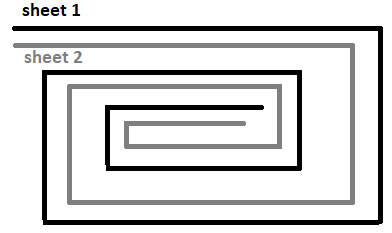
**THIS DEVICE REQUIRES 2 CARE STAFF / EMPLOYEES TO COMPLETE TASK**

**Start**

1. Explain to client what you are going to do and what they must do to help.
2. Adjust the height of the bed so that employee can work at waist height. If employees are of different height use the waist height of the shorter person. If the head of the bed is up, lower it, unless the client’s condition requires that it be left up. Lock the bed brakes.

**Apply Slider Sheet**

1. Put the two slider sheets together lengthwise. Fold them over into 6-8” folds. Roll the folds underneath. Such as the diagram below:



1. Place under the client’s head with loose end towards head of bed. Sliding the sheets under the client’s pillow is the preferred method. If no pillow carefully raise the client’s head off of bed. Bring the sheets as close to the client’s shoulders as possible.
2. The hand closest to the head of the bed pushes the loose ends down against the bed to hold in place. The hand closest to the foot of the bed grabs the roll from underneath with palms up and unravels the sheet towards the feet of the client, without lifting up or lifting the hand off of the bed (prevents skin shearing).
3. Unravel the next fold in the same method moving down the bed, repositioning your hands along the edge of the slider sheets (to prevent overreaching). Continue until the sheet is fully unraveled.

**Note: If there is a soaker pad present, the sheets can be unraveled under the soaker pad.**

**Reposition Client**

1. Place a pillow at the head of the bed to protect the client’s head. With an employee on each side of the bed, lower the bedrails
2. Grasp the maxi slide with both hands palms up and elbows tucked to sides (keeping in mind this is not a lift). Roll or bunch the draw sheet in your hands until your hands are close to the client.
3. With one foot placed in the direction of the move, place the other on the floor giving yourself a wide base of support. With knees bent, and weight on your leg at foot end of the bed.
4. Together: Count “1, 2, 3, move”. On “move,” **slide** client up in bed. Repeat in several small stages if needed. The care staff should move their feet and knees forward at each stage.

**Remove Maxi Slide**

1. Starting at the client’s feet, grasp the corner of the bottom slider sheet and slowly begin pulling it out from underneath the client. This sheet will slide out nice and easy. Remove the complete sheet
2. For the remaining slider sheet, grasp the far bottom corner and fold this underneath the slider sheet back to your side. Slowly pull the complete slider sheet out from underneath the client.

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 8 of 11)**

**Side Repositioning using J-RO EZ Rest**

**Qualification: 1. Clients who are unable to lay on their side at 90-degrees because of varying physical limitations ex. MS, Parkinson’s, obesity, a CVA**

**2. Clients who are resistive and push back excessively i.e. some with dementia**

* Read Care Plan
* Complete PACE Assessment
  + **IF DIFFERENT -** 
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, level of assistance can be increased but not decreased without an official re-assessment)*

**\*THIS DEVICE IS NOT MEANT TO REPLACE A 2nd PERSON**

**Rolling Client on Side w/ Draw Sheet**

1. Explain to the client what you are going to do and what they must do to help
2. Adjust the height of the bed so that lines up with **mid thigh of lead employee**. If the head of the bed is up - lower it, unless the client’s condition requires that it be left up. Lock the bed brakes.
3. With an employee on each side of the bed, lower the bedrails
4. Ask or assist the client to bend their knees (or cross their ankles if they cannot) and cross their arms over their chest
5. Employee located on the side client is rolling away from **(lead employee),** grips the draw sheet with palms up and rolls or bunches the sheet until the hands are close to the client.
6. Lead employee **slides** client from center towards them. From squatted position, core tight, and elbows against side, resume a standing motion stepping into bed while rolling client on their side while the **assisting employee** (on other side of bed) helps guide.
7. Roll the client on their hip to at least 90 degrees. Assisting employee takes the sheet from lead employee to hold client.

**Inserting J-RO EZ Rest**

1. Lead employee grasps the base sheet and pulls it away tightly directly behind client’s back to prevent wrinkles.

**NOTE: Do not place J-RO EZ Rest on top of a repositioning draw sheet.**

1. Lead employee firmly pushes the black angled edge of the J-RO EZ Rest towards the client’s back between the shoulders and small of the back. The bottom black side should be in contact with the bottom sheet.
2. J-RO EZ Rest is positioned correctly if the zipper is away from client and the zipper is not visible when looking down at the wedge.
3. Lead employee holds the J-RO EZ Rest in place as the client lies back against it. Ensure the J-RO bears all weight of the client before releasing it. Raise bed to waist height to perform care.

**Lowering Client to Back**

After care is completed, remove J-RO EZ rest and guide the client onto their back. Tuck draw sheet back under mattress ensuring to eliminate creases. Put rails back up.

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 9 of 11)**

**Putting on / Removing Stockings using Doff N’ Donner**

**Prepping the Stocking for Donning**

1. Place the donning cone on a level surface and secure to surface using the suction cup mechanism.
2. Take the compression stocking and slide it over the donning cone. You want to ensure that the stocking is pulled tightly all the way down the cone and remove as many creases as possible.
3. It is now time to apply the stocking onto the Doff N’ Donner. Slowly slide the Doff N’ Donner down the donning cone all the way to the bottom, flipping the open end of the stocking over the edge of the Doff N’ Donner. Slowly roll the Doff N’ Donner up the donning cone until it is removed and the stocking is completely rolled onto the device.

**Donning (Putting on) the Stocking**

1. Position yourself squarely in front of the client; they can either be in a sitting or prone lying position, explaining the client what it is you are about to be doing, and select the foot you are going to begin with.
2. If the client can provide assistance have him / her raise their leg into an extended position; if they cannot assist, raise the heel off of any supporting surface.
3. Position client’s toes against the toe seam of the Doff N’ Donner, ensuring the heel of the stocking is facing down.
4. Slowly begin to roll the Doff N’ Donner around the client’s heel, continuing up over their ankle and calf until the stocking is completely unraveled.
5. Roll the Doff N’ Donner over the applied stocking to remove it from the client’s leg.
6. Finish by ensuring the stocking is pulled tightly onto the foot and up the leg by removing any wrinkles.

***Repeat this process for the other foot/leg.***

**Doffing (Taking off) the Stocking**

1. Slowly slide the Doff N’ Donner up the client’s leg until approximately an inch of stocking is left showing on top.
2. Flip the open end of the stocking over the edge of the Doff N’ Donner. Slowly roll the Doff N’ Donner down the client’s leg until it is removed and the stocking is completely rolled onto the device.
3. Remove the stocking from the Doff N’ Donner using the donning cone for support.

**Appendix K: [Organization’s Name] SHM Program General Use of Equipment (Page 10/11 of 11)**

**Client Falls**

* Read Care Plan
* Complete PACE Assessment
  + **IF DIFFERENT -** 
    1. Document!
    2. Identify safe and appropriate mobility technique

*(Remember, you can move up the decision ladder based on PACE results, not lower without an official re-assessment)*

**THESE ARE ALL TWO CARE STAFF / EMPLOYEE TASKS**

**Mandatory Pre-Assessment**

* If a client experiences a fall, it is important to notify the Home Care Support Manager.
* Once they determine it is safe to move the client, the client can be guided to get up on their own with the assistance of a chair, or if unable to do so, **call 911**.

**If the client is able to get themselves up**

* Explain to the client what you are going to do and what they must do to help.
* Bring a sturdy chair with arms and no wheels and place it at the client’s head.
* Have one employee member hold the chair secure to prevent it from sliding or tipping. Have the other employee cue the client to roll onto their side, and then onto all fours.
* Bring the chair closer to the client and have the client place their hands on the seat or arms of the chair.
* Cue the client to bring one leg up so the knee is bent, and the ankle is below the knee.
* Cue the client to use their thigh muscles to bring the other leg into position and stand up. Together: Count “1, 2, 3, up”. On “up” have the client stand up.
* Cue the client to turn around and sit in the chair.

**Appendix L: [Organization’s Name] SHM Program Equipment Inspection and Testing Requirements (Page 1 of 3)**

**LIFT INSPECTION PROCEDURES**

For all lifts, employees will perform a visual inspection prior to each use. Employees will notify manager of identified issues / concerns that cannot be immediately addressed. A documented annual inspection will be arranged by the family and the inspection report will be shared with the agency. Key aspects of the inspection are listed below.

**Employees will ensure:**

1. the annual testing / inspection tag is present and valid
2. the manufacturer’s decal indicating model type, serial number and weight capacity is present
3. the frame and all metal parts are in good condition, free of deep scratches, damage, corrosion, and free of any deformities
4. the lift mast is securely attached to the base and the boom is securely attached to the mast
5. the boom moves freely up and down and/or rotates through full range of motion
6. casters / wheels are in good condition, clear of debris, and roll and turn freely
7. caster / wheel brakes are working
8. For ceiling and gantry lifts, the track doesn’t show any visible damage, cracks, or have missing hardware, bolts, screws, etc.
9. the lift / sling bar is free of any deep scratches, sharp edges or deformities
10. the sling bar rotates freely
11. sling clips are securely attached and move freely
12. the sling bar is securely attached to the lift strap and the connector is free of damage and all bolts / rivets / springs / etc. are in place and free of corrosion
13. The full length of the lifting strap doesn’t have any frayed edges, signs of wear and tear, heavy wrinkles or loose stitching.
14. adjustable legs / bases are tested and move through their full range of motion
15. hand control buttons and, if present, the cord for the hand control, are not damaged and all controls tested to ensure they all work as expected
16. the emergency stop button works, prevents use of lift when activated, and allows for use of lift when released
17. any levers / locking handles are present and working as required
18. there are no leaks of hydraulic systems and no sign of damage for electrical motors or actuators
19. the emergency lift/lower functions work correctly when there is no power for the lift
20. battery chargers are working as expected and all indicator lights are working

**NOTE**: Review the user manual for further details

**Appendix L: [Organization’s Name] SHM Program Equipment Inspection and Testing Requirements (Page 2 of 3)**

**SLING INSPECTION PROCEDURES**

**Undocumented Sling Integrity Inspection (to be completed by care staff prior to each use)**

Lay sling out on a flat surface so that all areas of the sling are visible.

1. Check the stitching of the sling, look for any fraying or loose stitching.
2. Check the body of the sling for any rips or holes.
3. Check all loops at their connection/stress points.
4. Check all loops for signs of wear or damage
5. Ensure that all loops are securely attached to the sling body at their connection points
6. Check to make sure the manufacturers label is still attached and legible (size and weight limit present)
7. If there is any question concerning the safe condition of a sling, take it out of service.

**Appendix L: [Organization’s Name] SHM Program Equipment Inspection and Testing Requirements (Page 3 of 3)**

**HOSPITAL BED INSPECTION PROCEDURES**

**Undocumented Hospital Bed Inspection (to be completed by care staff prior to each use)**

Care staff will ensure that:

1. all foot and headboards are in good condition and firmly attached to the bed frame
2. bed side rails are in good condition, firmly attached to the bed frame and can be raised / lowered easily
3. bed adjustments (height, upper torso angle) are working
4. there is no obvious damage or missing pieces of hardware
5. caster locks are in place and functioning
6. casters show no obvious damage or build up around them
7. Any issues or concerns identified during the daily inspection, and any actions taken to address the concerns, will be documented by care staff in an incident report. Care staff will ensure that a copy of the incident report is provided to their supervisor / manager
8. If serious issues are identified, care staff will report these to their supervisor / manager in order to have a replacement bed provided as soon as possible, and as required - adjust any care or safe handling and mobility plans.

**Appendix M: [Organization’s Name] SHM Program PACE Logos**

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy Statement**: [Organization Name] has adopted and approved the safe handling and mobility (SMH) logos shown in Appendix K.

**Policy Objectives**: To ensure that all employees who provide care to any specific clients are reminded of the need to use required / approved SHM techniques and equipment. To prompt employees who are not aware of a specific client’s SHM plan to review the plan.

|  |  |
| --- | --- |
| Transfer Type | Logo |
| Unsupervised Transfer  With this transfer, client requires no physical assistance or supervision and no verbal assistance. |  |
| Supervised Transfer  With this transfer, the client requires no physical assistance. Client may be supervised from a distance. Client may require verbal guidance, cueing and/or device set-up. |  |
| One Person Minimum Assistance with Transfer Belt  With this transfer, the client may require some assistance to use equipment. In most cases, the client is still able to take steps. |  |
| Lift  This transfer is used for moving a non-weight bearing client or a client who is inconsistent with transfers from surface to surface. |  |

**Appendix N: [Organization’s Name] SHM Program Safety Huddles Booklet**

Safety

Huddles

Safe Handling & Mobility

|  |
| --- |
| Part of implementing and sustaining a Safe Handling Mobility (SHM) program at your workplace is communicating and reinforcing the key elements of the program.  **One way to do is this through regular (i.e., daily/weekly) manager / supervisor talks, also known as**  **Safety Huddles.**  Use of the following examples is suggested to engage your employees in SHM discussions to promote awareness and encourage application of best practices.  Choose a topic from the 4 categories suggested (i.e., Bed Repositioning, Transfers, PACE, or Reporting) and start with the lead-off question. Use the follow-up questions to continue the discussion. |

|  |  |
| --- | --- |
| **TOPIC: Bed Repositioning (Page 2 of 7)** | |
| **Lead off question** | **Follow up questions specific to your organization** |
| 1. What piece of equipment can position a client on their side while administering bed (personal) care?   **Answer: J-RO EZ Rest Wedge** | Which clients currently benefit from use of the J-Ro EZ Rest wedge? |
| List 2 or 3 benefits from using the wedge with these clients. |
| 1. Use of a mechanical lift requires two employees. When should the second person participate in the process?   **Answer: From the beginning - specifically when donning of the sling** | Describe the process for inspecting a sling |
| How can the bed be utilized when using a mechanical lift? |
| List some types of slings we currently have in our organization |
| 1. What is an absolute “must” when using the fitted slider sheet system?   **Answer: That the draw sheet is tucked in under the mattress** | Which clients would benefit from use of the slider sheet system? |
| When is a client not suitable for use of the slider sheet system? |
| 1. When repositioning a client or moving them in bed, the   **S-T-A-B-L-E** technique says:  a) arms should be kept in front - away from your body  b) arms should be close to your body  **Answer: Arms should be close, with elbows tucked in and down** | How should your feet be positioned when boosting up a client in bed using the slider sheet system? |
| How should your wrists be positioned on the draw sheet to turn a client onto their side – positioned towards the ceiling or towards the floor? |
| 1. True or false, the J-RO EZ wedge should be placed on top of a draw sheet to position a client for personal care   **Answer: False, as the J-RO has a grip surface, it can rest on a fitted sheet without risk of moving. A J-Ro placed on a draw sheet may move - compromising the client’s safety.** | Can you identify any clients who would benefit from using a positioning wedge? |
| What challenges currently exist using the wedge?  *(if some are noted - h*ow might we overcomes these challenges? |
| 1. The legs of a bariatric client can weigh in excess of 35lbs. What tool can assist with raising the leg to provide care?   **Answer: Limb sling (attached to a ceiling/mechanical lift)** | What other tools could help us provide care to bariatric clients? |
| Describe how a limb sling is valuable for providing foot care |

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC: Transfers (Page 3 of 7)** | | | |
| **Lead off question** | **Follow up questions specific to your organization** | | |
| 1. If transferring a client requiring more than 70 pounds of force and two-person assistance, what should you do?   **Answer: Switch to a mechanical lift or leave in bed and perform bed care (worker 35lbs limit)** | When there is a change in client’s mobility, who updates and what is documented / shared? | | |
| Which clients may benefit from using lifts (mechanical and or ceiling)? Why? | | |
| What do you do when the lift is not functioning properly? | | |
| 1. Using a mechanical lift requires two workers to perform the task. When should the second person aid in the process?   **Answer: From the beginning, specifically the donning of the sling** | How do you inspect a sling? | | |
| How do you leverage the bed when using a mechanical lift? | | |
| What types of slings do we currently have at our facility? | | |
| 1. When using a transfer belt, how many times should the belt be tightened around the client?   **Answer: Twice -once when sitting & again when they are standing to ensure a snug fit** | Where are the transfer belts stored? | | |
| How many clients require use of a transfer belt? | | |
| How do you use a transfer belt (demonstrate)? | | |
| 1. When should a pre-mobility check be done?   a) Twice; in the morning/afternoon  b) when you first engage with the client  c) every time the client needs to be transferred.  **Answer: c) Every time the client needs to be transferred** | When / how do we request formal assessments? | | |
| What are some signs that suggest a client’s transfer / mobility status may have changed? | | |
| What is the process for gauging a client’s mobility? | | |
| 1. True or false - Transfer belts can remain on a client while in a wheelchair, to be ready for the next transfer?   **Answer: False - transfer belts should be removed once a client is seated in the desired location.** | Where do you locate a client’s mobility status? | | |
| How do you ask a client to stand during a transfer? | | |
| Why is the use of transfer belts helpful? | | |
| 1. What brakes should be engaged when using a portable mechanical lift to move a client to a wheelchair   a) both lift and wheelchair brakes  b) lift but not wheelchair brakes  c) wheelchair but not lift  **Answer: c) wheelchair brakes but not the lifts brakes** | How many clients currently use a wheelchair? | | |
| How do you inspect a lift? | | |
| Do we have any clients who slide down in their wheelchairs? If so what do you do? | | |
| **TOPIC: PACE (Page 4 of 7)** | | | |
| **Lead off question** | | **Follow up questions specific to your organization** | |
| 1. When beginning a SHM task, it is important to communicate with:   a) client  b) co-worker(s)  c) all of the above  **Answer: c) all of the above** | | How can we involve the client in the completion of the transfer? | |
| Do we discuss the planned activity before entering the room? Do we include the client in the conversation as we do the task? | |
| 1. True or false, if the client’s current mobility has improved from their previously assessed level, you can change the movement status from a moderate to a minimum assist?   **Answer: False, you can increase mobility assistance but never decrease (i.e., 2 person assist cannot be a 1 person on a good day)** | | Where do you document a change in a client’s mobility? Who do you inform? | |
| 1. A client must be able to do what …to be considered appropriate for a one-person minimal assist transfer?   a) Turn to their side in bed  b) Sit up on the edge of the bed  c) Balance and weight bear while seated  d) All of the above  **Answer: d) all of the above** | | What do you do If the PACE assessment differs from the documented care plan? | |
| How do you assess a client’s ability to communicate if they are unable to speak? | |
| 1. When assessing a client’s level of aggression, you should evaluate:   a) their communication  b) their facial expressions  c) their history  d) all of the above  **Answer: d) all of the above** | | What are some triggers that increase agitation / aggression in our clients? | |
| Who do you notify if you see new / changing patterns of agitation / aggression in a client? | |
| 1. What do the P-A-C-E letters stand for?’   **Answer: Physical, Agitation, Communication, Environment** | | What is the actual order we follow to apply PACE? | |
| What are some strategies to remind ourselves and others to use PACE? | |
| 1. When should you do the PACE process?   a) only with the first client of your shift  b) once per shift when providing care  c) every time you are providing care  **Answer: c) Every time you are providing care to clients** | | Does use of the PACE process help you to pause and think before rushing to do a task? | |
| How often does use of the PACE process result in a change in the care activity you were planning to do? | |
| **TOPIC: PACE (Continued – Page 5 of 7)** | | | |
| **Lead off question** | | | **Follow up questions specific to your organization** |
| 1. Often a client will show signs of agitation or aggression because…?   **Answer: An unmet need: hunger, thirst, need to use the washroom, pain or discomfort, or an unrecognized trigger** | | | What are some unrecognized triggers with some of our clients? |
| Do we have clients who are aggressive with some employees and not with others? Possible triggers? |
| 8. Which of the following fall under the Environment check:  a) lighting levels - appropriate for task  b) bed positioning  c) equipment – assembled / ready prior to activity  d) all of the above  **Answer: d) all of the above** | | | What are some common environmental obstacles you typically encounter when entering a room? |
| What are some unmovable objects you have to be aware of when maneuvering in a client’s room? |
| 9. True or False, you should communicate what you are doing to the client/client during the entire activity.  **Answer: True - by explaining the task, you are including the client and continuously checking their feedback and understanding** | | | How do you change your approach to communicate with a client who is unable to speak? |
| What are some non-verbal cues that confirm a client understands your question / request? |
| 10. True or False, communication is just the sharing of information.  **Answer: False, for real communication to occur the recipient must also understand the message** | | | Where do you document and locate changes in a client’s communication level? |
| What are some nonverbal ways to communicate with clients? |
| 11. If a client has a history of agitation or aggression and is having an “off moment”, when should you provide care? What do you do?  **Answer: Assess the situation – if you are not in danger of injury, tell them you will be back in a bit to check on them again. If you are in danger of injury, get assistance and use appropriate de-escalation techniques.** | | | What are some strategies to use when approaching a client with a history of aggression even if it seems like a “good day”? |

|  |  |
| --- | --- |
| **TOPIC: Reporting (Page 6 of 7)** | |
| **Lead off question** | **Follow up questions specific to your organization** |
| 1. The purpose of reporting an incident to a supervisor is   a) to trigger an incident investigation  b) to prevent others from getting hurt  c) to practice the Internal Responsibility System  d) to log relevant information in case it results in a WCB claim  **Answer: d) all of the above.** | Who do you report incidents to? What if that person is not available? |
| How do you typically report an incident? (Verbal, written, email, etc.) |
| Who fills out the internal incident form (i.e. yourself, supervisor, or other) |
| 1. The steps of an Incident Investigation are:   a) Report, Implement corrective actions, Investigate, Identify Root Cause  b) Report, Investigate, Identify Root Cause, Implement corrective actions  c) Report, Identify root cause, implement corrective actions, investigate  **Answer: b) Report, Investigate, Identify root cause, Implement corrective actions** | How are you made aware of incidents that happen in our workplace? |
| Name two members of our JOHSC committee |
| 1. Which areas of the body are most often injured by health care workers?   **Answer: Back, shoulder, and neck** | What is the most frequent cause of MSIs among health care workers? |
| When do you inform your supervisor of your injury? |
| When should you see a physiotherapist for your discomfort? |
| 1. When should informal inspections be done on equipment (slings, lifts etc.)?   a) Daily  b) weekly  c) monthly  d) annually  e) before every use?  **Answer: e) before every use** | Who do you notify if there is a problem with a mechanical/ceiling lift? |
| Are there documents to complete when performing a formal equipment inspection? |
| 1. What is a near miss?   **Answer: A near miss is an event that didn’t occur but could have resulted in an incident. They should be viewed by their potential for harm not the outcome.** | How do you report a near miss? |
| What are some typical near misses we see in our facility? |
| 1. Which of the following should be reported   a) injury  b) hazard  c) near miss  d) all of the above  **Answer: d) all of the above** | What are some common hazards at our workplace? |
| Are there any existing hazards that have not been attended to or controlled that you are aware of? |
| 1. When do you need to fill out a WCB report?   **Answer: When you either miss time from work or seek outside medical attention (ex: physio or doctor) for an injury that occurred during and in the course of work** | Who is a service provider we use for functional assessments? |
| What are some transitional duties that can be performed as part of a gradual RTW plan? |
| **Identify your own topic – specific to your location… (Page 7 of 7)** | | |
| **Lead off question** | | **Follow up questions specific to your organization** |
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**Appendix O: [Organization’s Name] SHM Program Employee SHM Incident Follow-Up Tool (Page 1 of 2)**

**Employee SHM Incident Follow-Up**

The reason for doing an incident investigation is to make sure the incident does not happen again. It is a way to learn from experience and is used for ‘Fact Finding not Fault Finding’ purposes. Below are some questions using the PACE format, listed in the order they are completed; you can ask after a SHM incident to identify the root and/or contributing causes to the incident. This will also help in the auditing of the SHM Program. The “things to look for” section is a guide to help you during the process but does not encompass every element of SHM.

**Environment** (Was the environment clear of obstacles and did you have all necessary equipment):

|  |  |
| --- | --- |
| **Things to look for:**   * Cleared obstacles and cleaned spills that hinder maneuvering and transferring (if not why) * Bed position appropriate for task (if not why) * Equipment is available (ex: JRO) equipment is secure (ex: bed rails) (if not why) | **Notes:** |

**Communication** (Did the client and/or co-worker understand the procedure before beginning):

|  |  |
| --- | --- |
| **Things to look for (checked to see if client/client could do at least 1 of the following):**   * Client/client answered questions (if not why) * Client/client followed instructions (if not why) * Client/client could respond to verbal cues (if not why) | **Notes:** |

**Agitation / Aggression** (Were there indications of change in behavior before or during the task being performed):

|  |  |
| --- | --- |
| **Things to look for:**   * Reviewed/aware of client/client violent history (if not why) * Noted verbal cues before proceeded (if not why) * Noted non-verbal cues before proceeded (if not why) | **Notes:** |

**Physical** (Were there physical limitations of the client or the employee that may have contributed to the incident):

|  |  |
| --- | --- |
| **Things to look for:**   * Pre mobility physical assessment completed (if not why) * Force exertion 35lbs or less (if not why) * Utilized available equipment (if not why) * Checked any documented changes in mobility (if not why) | **Notes:** |

(Page 2 of 2)

**Corrective Actions**

|  |  |  |
| --- | --- | --- |
| **Actions to consider:**   * Review of PPE * Repair/replace equipment * Task rotation (compliance/fatigue) | * Policy review by Management * Improve/develop work procedures * On the job education/training | * Request for assessment of job task * Improve communication (verbal/documentation) |

**Action(s) required to prevent the problem from occurring again with the *injured worker*:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Management Action(s) required to prevent the problem from occurring again with *other care staff*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Appendix P: [Organization’s Name] SHM Program Addressing Client Refusal (Page 1 of 1)**

**ADDRESSING CLIENT REFUSALS PROCEDURE**

1. If a client has questions or raises concerns regarding the techniques and procedures outlined in their SHM plan, care staff will answer the inquiries / address the concerns in a calm and professional manner and to the best of their ability. If this does not resolve the issue, they will ask their manager / supervisor and / or the PT / OT for assistance.
2. If a client refuses to allow care staff to follow the techniques and procedures outlined in their SHM plan, care staff will, where possible, seek to understand the client’s concerns, fears, etc. and, if possible, address so that the client allows the SHM procedures to be used.
   1. If the care staff member / employee is unable to gain the client’s permission to use the required SHM procedures, they will:
      1. complete the required [care / support] tasks **if it is possible for them to do so without increasing the risk to themselves or the client** (e.g., no need to adopt additional awkward postures, exert high forces, or use unacceptable handling and mobility practices) and/or,
      2. report the client’s refusal to their manager / supervisor in order to have them attempt to gain the client’s permission to follow the required SHM procedures. The manager / supervisor will ensure that the client understands that it may not be possible for them to receive the same / desired level of care / support unless SHM procedures are followed.
   2. If the client continues to refuse to allow care staff / employees to follow the required SHM procedures, the manager / supervisor will work with the DOC, PT / OT, and others to decide what steps to take, but at no time will employees be required to perform high-risk / unacceptable SHM techniques.

**Appendix Q: [Organization’s Name] SHM Program Addressing Concerns or Refusals from Family Members / Substitute Decision Makers (Page 1 of 1)**

**ADDRESSING CONCERNS OR REFUSALS FROM**

**FAMILY MEMBERS / SUBSTITUTE DECISION MAKERS PROCEDURE**

1. If a family member / substitute decision maker has questions or raises concerns regarding the techniques and procedures outlined in the specific client’s SHM plan, care staff will answer the questions / address the concerns in a calm and professional manner and to the best of their ability. If this does not resolve the issue, they will ask their manager / supervisor and/or the PT / OT for assistance.
2. If a family member / substitute decision maker refuses to allow care staff / employees to follow the techniques and procedures outlined in the specific client’s SHM plan care staff will, where possible, seek to understand the family member’s / substitute decision maker’s concerns, fears, etc. and, if possible, address so that the family member / substitute decision maker does not object to the SHM procedures being used.
   1. If the family member is not authorized to make care decisions on behalf of the specific client but insists that care staff / employees not follow the established SHM plan, they will:
      1. ask their manager / supervisor to speak to the family member in an area away from where client care is being provided in order to reinforce with the family member the reasons why care staff / employees use SHM techniques, and that these techniques will be used at all times.
      2. Care staff / employees should wait until the family member is removed from area where care / support is being provided and then continue to provide care / support following the SHM plan.
   2. If the person with objections is a substitute decision maker (family member or otherwise), and the care staff providing care / support is unable to gain permission to use the required SHM procedures, they will:
      1. complete the required [care / support] tasks **if it is possible for them to do so without increasing the risk to themselves or the client** (e.g., no need to adopt additional awkward postures, exert higher levels of force, or use unacceptable SHM practices) and/or,
      2. report the substitute decision maker’s refusal to allow SHM techniques to be used to their manager / supervisor in order to have them attempt to gain the substitute decision maker’s permission to follow the required SHM procedures.
   3. If a substitute decision maker continues to refuse to allow care staff to follow the required SHM procedures, the manager / supervisor will work with the DOC, PT / OT, and others to decide what steps to take, but at no time will care staff / employees be required to perform high-risk / unacceptable SHM techniques.

**Appendix R: [Organization’s Name] SHM Program Committee Terms of Reference (Page 1 of 2)**

**Safe Handling and Mobility Program Committee**

**Terms of Reference**

* + - 1. **Purpose**

The SHM Committee endeavors to provide safe services for clients and a safe workplace for employees. Lifting, transferring or repositioning clients is an important part of care services.

The SHM Committee is comprised of employees who are involved in these activities. The Committee is responsible to promote safe, effective and consistent transfers and lifts - endeavoring to protect both clients and employees from injury.

* + - 1. **Objectives**
* To assist with establishing procedures pertaining to transfers and lifts
* To ensure proper documentation and communication is carried out regarding client transfers
* To make recommendation for training - both refresher and new, as well as other stainability activities, such as use of PACE audit cards, supervisor audit forms etc.
* To audit the program in all aspects, by ensuring assessments are completed in a timely manner and performed in care areas, in accordance with procedure and process
  + - 1. **Accountability**

The SHM Committee is accountable to the Executive Director

* + - 1. **Composition**

SHM Committee will be composed of: (example)

**CCA: 2 Home Support Manager: 1 SHM Champion: 1**

* Members of the Committee will select one person to serve as chair and one person to serve as notetaker.
* Committee members serve on a voluntary basis and may resign at any time, with notice to the Committee Chair.
* New members may be requested as the need arises.
* The Committee Chair reserves the right to change the composition of the team as deemed necessary.
  + - 1. **Frequency of Meetings**
* The Committee will endeavor to meet monthly or at the call of the committee chair.
* Meeting dates be communicated via email / text
* The frequency of the meetings may be altered, and team members may request meetings with appropriate rationale
* Emergency meetings can be called at any time

**Appendix R: [Organization’s Name] SHM Program Committee Terms of Reference (Page 2 of 2)**

* + - 1. **Responsibilities**
* Employee Education / Training
* New Hire Orientation
* Yearly Reviews / Refresher training
* Specific training updates as requested
* Reviewing and updating SHM-related policies and procedures
* Recommendations to the employer for changes to the SHM Program to improve outcomes and effectiveness (Note: in collaboration with the JOHSC)
* Recommendations to the employer for additional resources or equipment to support the SHM Program (Note: in collaboration with the JOHSC as necessary)
* Auditing, monitoring of SHM Program elements, and reporting on results to management and employees
* Appropriate documentation - ensure that all information pertaining to a client’s transfer status is coordinated (i.e., care plan, transfer book and logo(s) all read the same.)
* Promoting the SHM Program with all staff and identifying opportunities to promote and celebrate SHM-related successes
  + - 1. **Decision Making**

All decisions will be made by consensus. If consensus cannot be reached, then CEO /Administrator will make the decision.

**Appendix S: [Organization’s Name] SHM Committee Meeting Agenda (Page 1 of 1)**

**SHM Committee – Meeting Agenda (Sample)**

**Objective**

* Reiterate of the group’s vision statement, if created, or purpose of the group

**Incident Report Review**

* Review client fall incidents as well as others involving employee injuries secondary to client handling or transfers.
* Ensure there is discussion around strategies for prevention and how these incidents will be communicated to employees.

**New Admissions**

* Discuss SHM considerations for any new admissions

**Transfer and Mobility Status Check**

* Review clients of concern - current status; any changes noted; reassessments that are needed and/or any that have been completed.

**Equipment**

* Review equipment being used and any feedback; discuss clients who could use additional equipment and any needs for new/additional equipment

1. **PACE Card Assessments and Supervisor Audit findings**

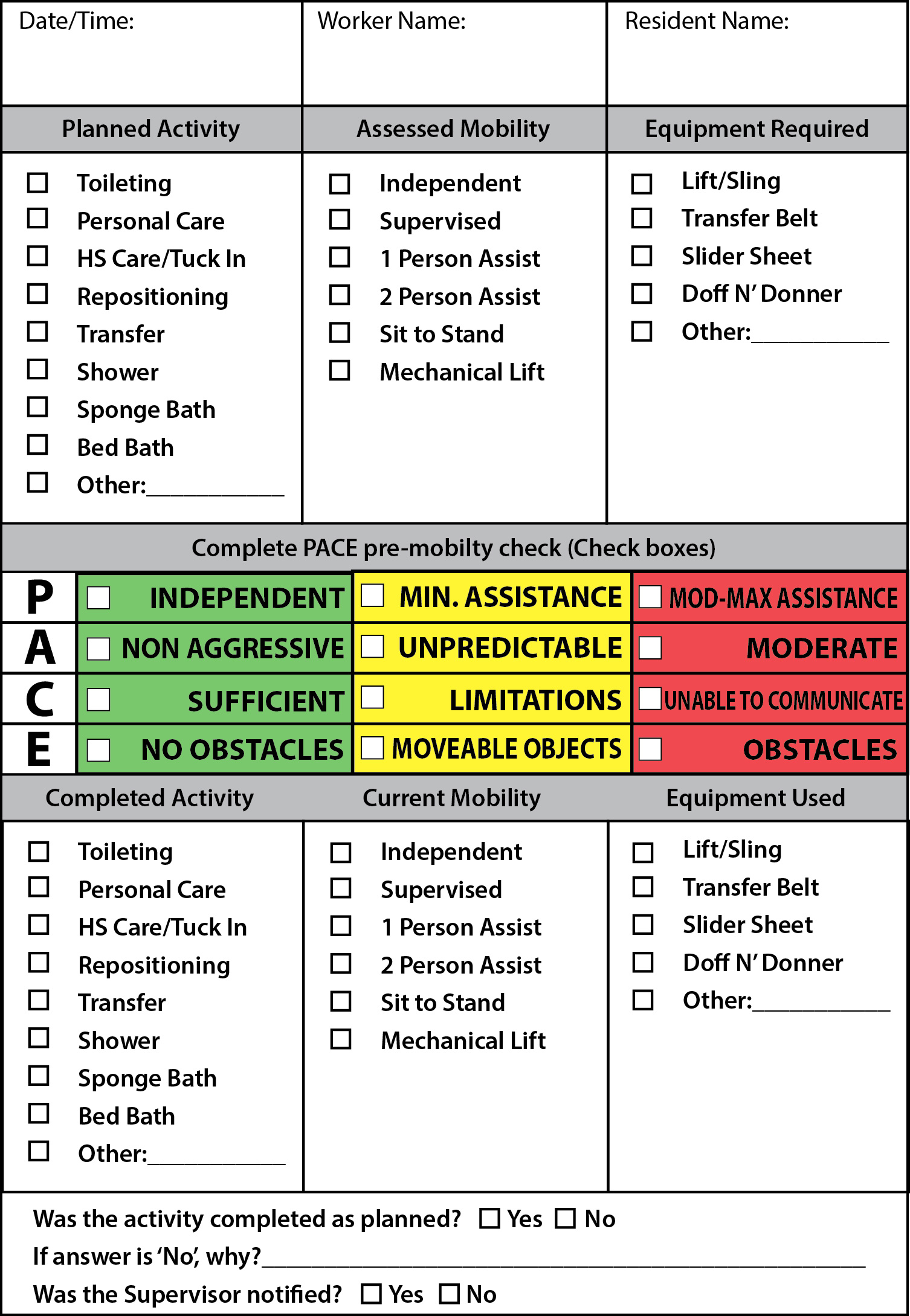
* Review any trending being seen rather than individual results

**7. Other Concerns**

* + - 1. **Awareness Opportunities**
* Identify topics to be included in shift start meetings, weekly or monthly safety meetings. Look to any trending being seen in the PACE cards and/or Supervisory Audits.
  + - 1. **Training**
* Status of employee training needs (new hire orientation, refresh training…)
  + - 1. **Next meeting**

**NOTE:** If the Joint Occupational Health and Safety (JOHS) Committee is used to review and discuss SHM the above agenda can be modified accordingly.

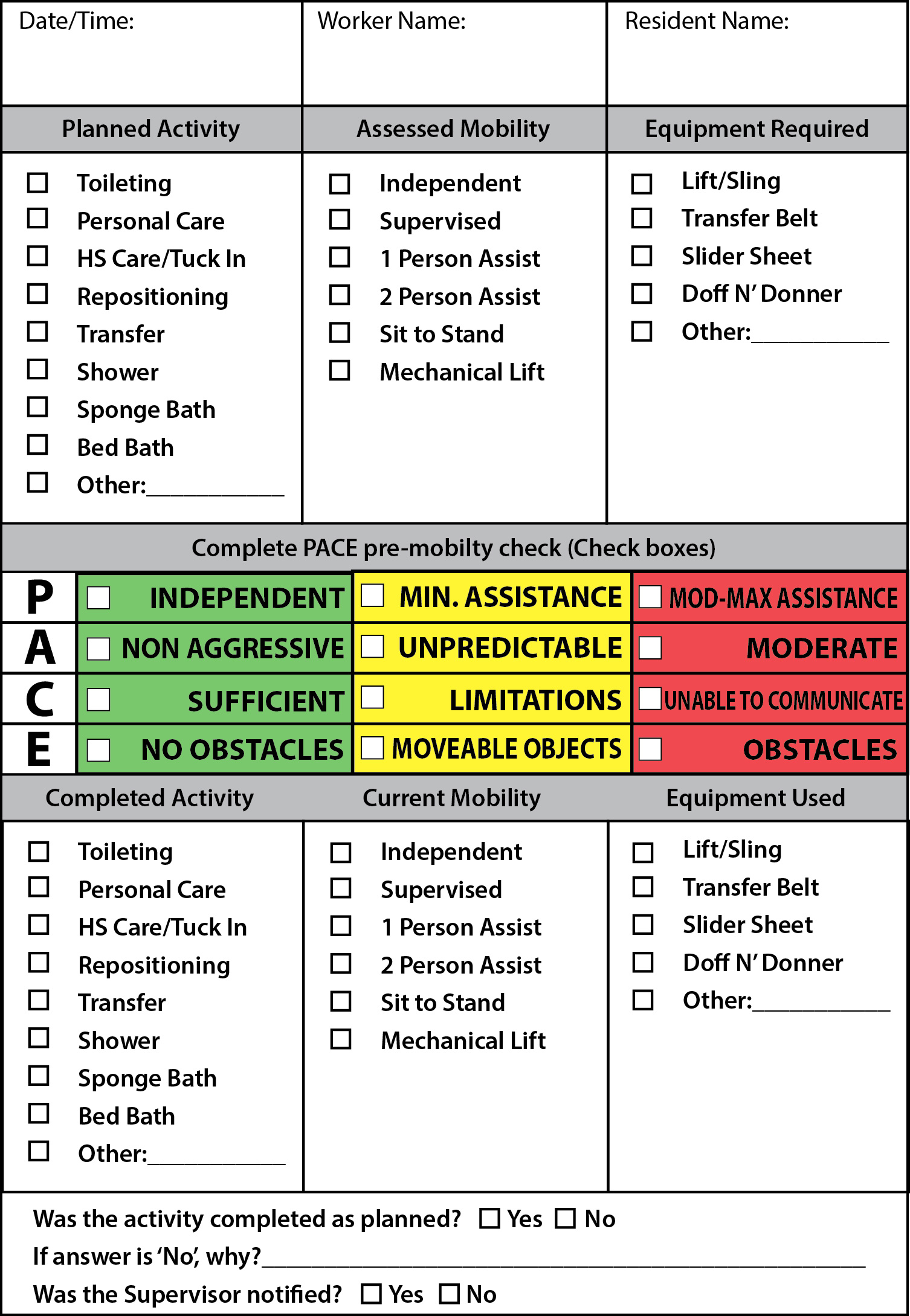
**Appendix T: [Organization’s Name] SHM Program PACE Employee Self-Assessment (Page 1 of 1)**



**Appendix U: [Organization’s Name] SHM Program PACE Self-Assessment Job Aid (Page 1 of 1)**

PACE EMPLOYEE SELF-ASSESSMENT TOOL JOB AID

**This job aid is aimed to help you complete the form as thoroughly and accurately as possible.**



Complete the Pre-Mobility Check – identifying the client’s assistance needs across the 4 PACE components. If unsure – speak to your supervisor.

Confirm what activity was completed, the client’s observed mobility status and equipment needs. Again, consider if the equipment needs support the level of assistance required. If not – speak to your supervisor.

**Remember** – you can always secure more assistance – **never less**.

Enter identifiers such as: the date / time of the check, the name of the worker completing the check, and the name of the client

Choose a planned activity from the list by checking the corresponding box. Review the care plan and check the boxes that best describe the level of assistance documented and any equipment needs. Ensure the equipment requirements support the level of assistance noted. If not – speak to your supervisor

Confirm if the planned activity was completed. If not – outline the reason(s) why and determine if the supervisor should be advised. If yes - confirm if the supervisor was notified and if a reassessment should be considered.

**Appendix V: [Organization’s Name] SHM Program Manager / Supervisor Audit Tool (Page 1 of 3)**

|  |  |
| --- | --- |
| **SAFE HANDLING & MOBILITY AUDIT TOOL** | |
| **Date & Time:** | **Area Observed:** |
| **Audit Completed By:** | **Staff Observed:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **(E) ENVIRONMENT** |  |  |  |
| **YES** | **PARTIAL** | **NO** |
| Clutter/Obstacles removed from workspace |  |  |  |
| Lighting levels are appropriate for the task(s) at hand |  |  |  |
| Bed is properly positioned (i.e., bed moved away from wall for access to both sides; bed height raised or lowered to staff’s/client’s ideal position) |  |  |  |
| All appropriate equipment (for the task at hand) is assembled prior to starting activity |  |  |  |
| All equipment is properly secured. (i.e., bedrails are lowered, wheelchair locked activated, etc.) |  |  |  |
| **Comments:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(C) COMMUNICATION** |  |  |  |
| **YES** | **PARTIAL** | **NO** |
| Staff communicate presence and activity in a way appropriate for client awareness and/or understanding. |  |  |  |
| **Comments:** | | | |

**Appendix V: [Organization’s Name] SHM Program Manager / Supervisor Audit Tool (Page 2 of 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **(A) AGGRESSION/AGITATION** |  |  |  |
| **YES** | **PARTIAL** | **NO** |
| Staff assess client for signs of aggression/agitation. |  |  |  |
| Based on assessment, and if required, staff adjust their work or STOP the activity. |  |  |  |
| Comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(P) PHYSICAL**  What activity(s) are you observing?  i.e., ceiling/Hoya lift; sit to stand lift; in bed repositioning; 1 or 2 person transfer; etc. | | | |
| **Activity(s) Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **PARTIAL** | **NO** |
| The movement activity being completed is appropriate, as per the client’s current function |  |  |  |
| Equipment is prepared in accordance with the activity *(i.e. chair in proper location, brakes applied where necessary, armrests/footrests/headrests removed)* |  |  |  |
| All equipment used during the activity was pre-inspected before use. |  |  |  |
| Appropriate number of staff is/are present for the activity. |  |  |  |
| Staff are using appropriate body mechanics throughout the task. |  |  |  |
| Staff correctly followed organization’s safe work practices during the task. |  |  |  |
| **Comments:** | | | |

**Appendix V: [Organization’s Name] SHM Program Manager / Supervisor Audit Tool (Page 3 of 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **AUDIT FOLLOW-UP**  **Date *(if different)*:\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | |
| **YES** | **PARTIAL** | **NO** |
| If adjustments to client care were necessary, were all client information documents updated? |  |  |  |
| Were audit results shared with staff member(s)? |  |  |  |
| Were corrective actions recommended and documented? |  |  |  |
| Please list corrective actions implemented, or underway, as a result of the audit. | | | |
| **Additional Comments:** | | | |

**Appendix W: [Organization’s Name] SHM Manager / Supervisor Audit Tally Form (Page 1 of 1)**

**SAFE HANDLING & MOBILITY SUPERVISOR AUDIT TALLY**

This form is to be used with the ‘SAFE HANDLING & MOBILITY AUDIT’ form. Record the total number of audits completed each month. Beside each letter (E) Environment, (C) Communication, (A) Aggression/Agitation, and (P) Physical, tally the total number of forms where at least one ✓ in the **Partial** or **No** column was indicated - denoting a deficiency in this area. Numerous ✓ in the **Partia**l or **No** columns suggest an opportunity for re-fresher training.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **(E) ENVIRONMENT** |  |  |  | | **YES** | **PART** | **NO** | | Clutter/Obstacles removed from workspace | ✓ |  |  | | Lighting levels are appropriate for the task(s) at hand |  | ✓ |  | | Bed is properly positioned (i.e., bed moved away from wall for access to both sides; bed height raised or lowered to staff’s/client’s ideal position) | ✓ |  |  | | All appropriate equipment (for the task at hand) is assembled prior to starting activity |  |  | ✓ | | All equipment is properly secured. (I.e. bedrails lowered, wheelchair brakes locked |  |  | ✓ | | \*Would warrant just 1 tally in the ‘E’ Section |

|  |  |  |  |
| --- | --- | --- | --- |
| **20\_\_ / January** | **20\_\_ / February** | **20\_\_ / March** | **Totals** |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | ★% of Staff Completed 1st Quarter \_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **20\_\_ / April** | **20\_\_ / May** | **20\_\_ / June** | **Totals** |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | ★% of Staff Completed 2nd Quarter \_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **20\_\_ / July** | **20\_\_ / August** | **20\_\_ / September** | **Totals** |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | ★% of Staff Completed 3rd Quarter \_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **20\_\_ / October** | **20\_\_ / November** | **20\_\_ / December** | **Totals** |
| Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | Total Audits: \_\_\_\_  E: \_\_\_  C: \_\_\_  A: \_\_\_  P: \_\_\_ | ★% of Staff Completed 4th Quarter \_\_\_\_ |

**Appendix X: [Organization’s Name] SHM Program Review Employee Feedback Form (Page 1 of 1)**

**SHM Program Review Employee Feedback Form**

Please complete the following survey and provide your comments to help us to ensure we are able to provide safe and effective care to our clients in a manner that also maintains our own health and safety and the health and safety of our co-workers. Your feedback is very important to us.

|  |  |  |
| --- | --- | --- |
| **Review Question** | **Employee Feedback** | **Ideas to Address Areas of Opportunity** |
| **Safe Handling and Mobility (SHM) plans are complete and current for all clients?** |  |  |
| **PACE is used consistently by all applicable employees?** |  |  |
| **SHM equipment is available and used by employees?** |  |  |
| **Systems are in place to obtain SHM equipment when client needs change?** |  |  |
| **When clients require assessments, they are done in a timely manner and the SHM plans are updated?** |  |  |
| **SHM-related incidents are reported including those involving support from other employees, supervisors and managers?** |  |  |
| **SHM-related incidents are investigated to determine root cause and corrective actions are put in place? Findings and recommendation are communicated back to employees?** |  |  |
| **There is collaboration and effective communication in place with system partners including NSH CC Care Coordinators and Community PT / OT to identify and implement risk mitigation strategies?** |  |  |

**Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix Y: Glossary and Definitions (Page 1 of 3)**

Glossary / list of definitions of words and terms related to SHM, transfers and repositioning. Individual policies and procedures may also include definitions for words and terms that are unique to the specific policy and/or procedure.

|  |  |
| --- | --- |
| TERM | DEFINITION |
| Client | An person who receives care in a long term care facility |
| Dependent | Client is unable to safely move without more than minimal assistance |
| Employee / Staff / Worker | A person employed by *[Organization’s name]* whose salary and compensation are provided by *[Organization’s name]*. |
| Hazard | A condition or practice with a potential for harm to people or damage to equipment, materials, property, or the environment. |
| Incident | An unplanned and unwanted event that causes, or has the potential to cause, harm to a person or damage to equipment, materials, property, or the environment. |
| Independent | Level of assistance where the client is able to safely move without help |
| Joint Occupational Health and Safety Committee (JOHSC) | Site-based committee of management and non-management employees required at workplaces with 20 or more employees that is composed and functions in accordance with the NS Occupational Health and Safety Act. |
| Manager/delegate | Includes administrators, directors, managers, assistant managers, supervisors, and others who have management or supervisory roles. |
| Maximal Assistance | Level of assistance where the client requires one or more staff members to exert more than 35 pounds of force to move / transfer. See Dependent |
| Minimal Assistance | Level of assistance where the client is able to safely move with staff assistance of not more than 35 pounds (16 kg) of exertion |
| Mobility Assessment | Assessment conducted by Registered Staff member to determine the ability of the client to safely self-mobilize. Considers physical ability, stability, cognitive status, and the likelihood of responsive behaviours |
| Near Miss | An incident that had the potential for harm or damage, but where no harm or damage occurred. This includes a situation where staff, through use of training or another intervention, was able to recognize the need to change a safe handling and mobility plan / care plan and implement the change that helped them to protect their own health and safety or the health and safety of the client they are providing care to. |
| PACE | A pre-care check that considers the client’s physical ability, level of aggression, communication abilities, and the environment where the care is to be provided |
| Pre-care Check | A process to determine current status of the client prior to the delivery of care, or other interactions with the client. See PACE |
| Person-Centered Care | Person-centred care takes into account the desires, values, family situations, social circumstances and lifestyles of the client; seeing the person as an individual, and working with them to develop appropriate and safe care plans |
| Post Incident Debrief | A post incident discussion with those involved in a workplace violence related incident, conducted by a designated person who is trained on how to conduct debriefing sessions. These sessions may be conducted for specific individual staff members, with a group of staff members who were involved in or impacted by the incident, or may involve involved / impacted staff along with other stakeholders (e.g. clients, family member / substitute decision makers, managers, external partners, etc.).  A post incident debriefing session should ensure that any staff who were involved / impacted by the incident are recognized and get the support they need. The session may also look to identify factors leading to onset of violence, the responses taken, the effectiveness of the responses, and recommendations for how to minimize the risk of a similar incident occurring in the future. |
| Safe Handling and Mobility Assessment | An assessment conducted by Registered Staff that determines the Safe Handling and Mobility requirements (level of assistance, staffing levels, equipment needs, etc.) for a specific client. Considers the results of a Mobility Assessment, Falls Risk Assessment, Behavioural Profile, care needs, etc. |
| Safe Handling and Mobility Equipment | Equipment and devices that are designed and used to help staff safely mobilize, move, transfer, reposition, etc. clients (e.g., ceiling and portable lifts, slings, slider sheets, transfer boards, transfer belts, adjustable beds) |
| Safety Huddle | A brief, interactive team meeting covering such topics as staffing issues, changes to client status, equipment status, challenges, updated procedures / care plans, positive results. The purpose is to ensure staff are updated on current issues and situation, and discuss how these challenges will be address in order to ensure safe delivery of care. |
| Serious Incident | Serious Incidents are defined as:   * Unconsciousness * A fracture of skull, spine, pelvis, arm, leg, ankle, wrist or major part of the hand or foot * Loss or amputation of leg, arm, hand, foot finger or toe * Third degree burn to any part of the body * Loss of sight in one or both eyes * Asphyxiation or poisoning * Any Injury that requires admission to hospital * Any injury that endangers life * An accidental explosion * A major structure collapse of building or other structure * Major release of a hazardous substance * A fall from a work area where fall protection is required * Death or any injury that may cause or prove to be fatal in the Workplace |
| Workplace | Any place where an employee is or is likely to be engaged in any occupation and includes, but is not limited to: *[Organization]* owned / leased managed facilities, community locations where care is provided, offices, locations where work-related meetings are held, any vehicle used or likely to be used by employees engaged in an occupation.  Can also include other spaces used by employees for work activities or during work hours, including washrooms, cafeterias, facilities / routes required for business travel, conferences, work related social functions, employee / staff rooms, etc. |

(Page 3 of 3)