

# Soteria Strains Program Guide

## Safe Patient Handling and Mobility Program Guide

Section 3 - Controls

Section 3.6 - Training

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**soteria**

STRAINS

*A provincial strategy for healthcare workplace musculoskeletal injury prevention.*

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## 3.6 Training

### Introduction

Training is required when introducing equipment and/or changes to current practice. An effective safe patient handling and mobility program has multiple elements, and training must be an integral component. If, for example, equipment such as a patient lift is introduced to mitigate a high-risk activity, it is important that health care workers are adequately trained to operate the equipment safely. This is not only good practice, but a legislative requirement.

#### **Nova Scotia Occupational Health and Safety Act. 1996, c. 7, s. 1.**

##### Employers' precautions and duties

13 (1) Every employer shall take every precaution that is reasonable in the circumstances to (c) provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;

##### Requirement for program

28 (2) The program shall include

(a) provision for the training and supervision of employees in matters necessary to their health and safety and the health and safety of other persons at the workplace;

#### **Nova Scotia Occupational Safety General Regulations, made under Section 82 of the Occupational Health and Safety Act S.N.S. 1996, c. 7**

##### General handling of objects and material

26 Where the lifting or moving of a thing or person may be a hazard to the health or safety of a person at the workplace, an employer shall ensure that

- (a) adequate and appropriate equipment for the lifting and moving is provided; and
- (b) training and instruction as to the appropriate method of performing the lifting and moving is provided in accordance with the equipment manufacturer's instructions, or, where there are no equipment manufacturer's instructions, in accordance with adequate work methods and lifting and moving techniques.

Training and education are essential tools for cultivating a culture of safety in an organization and can be used to satisfy the legislative responsibility of informing employees of potential work hazards. Also, training and education help to ensure other elements of a program, such as evaluation and leadership commitment, are carried out effectively.

In health care, the traditional approach to reducing risk of harm from patient handling and mobility has been to focus training and education on body mechanics. However, research has clearly shown that in isolation this method is ineffective. Training on body mechanics may have a role to play in the program, but it is after hazards are identified and controls are put in place. Once work has been redesigned to include equipment, health care workers must be taught how this equipment helps them maintain good body mechanics while reducing loads placed on the body.

Materials to support delivery of training modules associated with the Soteria Strains Safe Patient Handling and Mobility Program will be made available on [www.soteriahealth.ca](http://www.soteriahealth.ca) as they are generated and updated.

### Steps/Activities Involved in Training

Step/Activity	Tools
1) Identify training needs	Reference to training material resources should be added in final draft
2) Plan for training	
a. Plan training activities	
b. Plan who will receive training	
c. Review training materials and program templates to determine if changes are required to meet unique organizational or unit needs	
3) Identify Trainers	
4) Conduct Train the Trainer Sessions	
5) Deliver Training	
6) Evaluate training	

### Step 1 – Identify Training Needs

As a first step, the organization (through its program coordinator, managers, unit champions, senior leaders and the safe patient handling and mobility program committee) must identify its training needs. Conducting an initial inventory of current practices, content, and delivery methods as well as identifying potential trainers and unit champions is useful. When implementing the program initially, resources should be allocated to high-risk units, and this includes training. Please refer to “Section 2.1-Identifying Priority Areas” for more direction. Training and/or education will also be required for staff that supports these units (e.g., procurement, housekeeping, maintenance) depending on their specific roles (please refer to section 1.2 Roles and Responsibilities for a breakdown of tasks according to job title). As the program matures, the needs assessment for training will grow in scope to include all areas where patient handling and mobility is done. A needs assessment should include:

- patient handling skills and techniques currently in use
- training staff have received and when
- needs identified by the unit specific to safe patient handling and mobility

This information may be obtained from:

- observation of staff performing patient handling techniques
- current training records
- Unit Assessments (Refer to Soteria Strains Safe Patient Handling and Mobility Program Guide Section 2.2: Unit Assessments)

## Step 2 – Plan for Training

Planning for training should be done at an organizational level as well as at the unit level. Important elements to consider are:

**The trainers** – Who will provide the training? Training will be delivered by multiple facilitators including organization/facility coordinators, unit-level peer champions, and vendors (for specific equipment).

**The trainees** – Who will require training and to what extent? Training needs of frontline health care workers differ from those of senior leadership and support staff. Soteria Strains training material ([www.soteriahealth.ca](http://www.soteriahealth.ca)) has suggestions on what staff should attend what training.

**The training modality** –Content may be delivered online, in classrooms, or a combination of both. Classroom learning may encompass hands-on practice to ensure competency and retention. Soteria Strains training material ([www.soteriahealth.ca](http://www.soteriahealth.ca)) has suggestions on the recommended delivery method including e-learning, classroom/hands on, on the job coaching, or a blended approach.

**The training environment** – For e-learning sessions: Is there easy access to a working computer? Is the computer located in a quiet place conducive to concentrating? For the classroom/hands-on sessions: Are there learning rooms available that can accommodate equipment to practice on? Completing training on the unit is not a preferred method as it can distract trainees. However, follow-up coaching done on the unit can be very helpful in assisting health care workers to translate training to the work environment, and it encourages a culture of continuous learning and improvement. Rooms should be booked well in advance, and there should be access to required A/V and other necessary equipment. Ideally an organization will have a dedicated training room to complete this training or have plans to create one in the future.

**The schedule** – Timing of the training is important, and units/organizations must plan for coverage of individuals participating in training and accommodate for casual employees and those who tend work a set schedule (e.g., evenings only). Trainers' schedules must also be taken into account as well as other training being delivered by the organization.

**The tracking** – Organizations must track training delivered and analyze the results of any competency evaluations. Also, timing for refresher courses must be tracked. Organizations should incorporate the tracking into current systems and ensure that the tracking and reporting meets legislative requirements and facilitates program evaluation. (Refer to Section 1.3 – Program Evaluation and Continuous Improvement for further details on program evaluation.)

**The type of course** – During implementation all training will be initial training. Over time individuals may require refresher courses while initial training will still be required for new recruits and transfers from other units. The needs of staff taking a refresher course or for those transferring from another unit will be different and may take significantly less time to deliver. Soteria Strains training material ([www.soteriahealth.ca](http://www.soteriahealth.ca)) has suggestions for when a refresher will be necessary for the module in question.

**The measurement of competency** – Employees learn at different rates, and it is important to ensure all relevant health care workers have an opportunity to demonstrate that they are able to safely handle and mobilize patients. Competence measures ensure that those who require further time or tutelage receive it. As well, these measures can provide helpful information when evaluating the effectiveness of the training delivery. Competency measures such as tests, quizzes and direct observation are included in each Soteria Strains training material.

**The budget** – The estimated cost of implementing a safe patient handling and mobility program on a specific unit is reviewed in section “2.1 Identifying Priority Areas” and should be included in business planning. The estimation includes cost of equipment and training but not maintenance of the equipment.

### **Step 2a – Plan Training Activities**

Training activities should be overseen by a facility or organizational coordinator in collaboration with unit champions, managers, and the safe patient handling and mobility program committee. Training activities include:

- Recruiting and educating peer champions
  - Coordinating training sessions and logistics
    - Booking training facility and equipment
    - Allocating peer champions to facilitate each workshop
- Notifying sections and units about the training schedule  
Registering staff  
Disseminating information about the workshop (e.g., dates, time, and location)  
Providing completion certificates to staff  
Maintaining training records including participants’ names, specific competencies, and topics covered  
Advocating for the patient handling program  
Mentoring and supporting peer champions

### **Step 2b - Plan who will receive training**

Using the information collected in the needs assessment, the safe patient handling and mobility coordinator in conjunction with senior leadership should formulate an educational strategy covering:

- who will require education or training
- what they will require and when
- who will provide the training and how it will be delivered

### **Step 2c – Review training materials and program templates to determine if changes are required to meet unique organizational or unit needs**

The Safe Patient Handling and Mobility Program Coordinator should review the training materials and program templates to ensure that any unique organizational or unit needs are addressed during the training sessions. It may also be important to add additional competency evaluation measures to training modules. Members of the safe patient handling and mobility program committee could be recruited to assist with this work.

### **Step 3 – Identify Trainers**

#### **Training to be delivered by the Program / Facility Coordinator**

The program / facility coordinator, on their own or with assistance of one or more members of the safe patient handling and mobility program committee will deliver a number of the required training modules. It is expected that they will deliver the following modules:

- Evaluation
- ID Priority Areas/ High Risk
- Unit Assessment
- Control Selection & Procurement
- Training the trainer for:
  - Patient Risk Profile
  - Equipment use
  - PACE
  - Safety Huddles & After Action Reviews

#### **Training to be delivered by the Unit Peer Champions**

The Program Coordinator should work with the Managers from the units to select Peer Champions. Each unit should have at least two peer champions, and larger units should have more to ensure adequate coverage. Each unit based peer champion will be a resource for safe patient handling and mobility. With the support of their manager, they will help train others on their unit, reinforce and model safe handling behaviours, answer questions from co-workers, help co-workers to problem solve difficult patient handling situations, etc.

The Unit Peer Champion(s) on their own, with another Peer Champion or with assistance of the Program / Facility Coordinator will deliver a number of the required training modules. It is expected that they will deliver the following modules:

- Patient Risk Profile
- Equipment use
- PACE
- Safety Huddles & After Action Reviews

Peer Champions must be able to conduct patient assessments (e.g. patient assessment must be included in their scope of practice).

The use of peer champions as change agents and trainers has proven to be important in creating a successful safe patient handling and mobility program. Peer champions will require advanced training to allow for proper development of techniques and to build familiarity with equipment as well as continued education to ensure they remain current on best patient handling practices.

## Step 4 – Conduct Train the Trainer Sessions

Peer champion training should be completed in a series of seminars that will require a total of four or five days depending on the size of the facility and the experience of the peer champions. These seminars will cover the previously mentioned modules. Peer Champions should also be provided an opportunity to facilitate sessions with guidance from the Program / Facility Coordinator. Refer to Soteria Strains Safe Patient Handling and Mobility Implementation guide for details on when each module should be completed during program roll out.

### Training Records Management

After completing the training module, the program coordinator should ensure that they have a record of all participants who completed the training and all appropriate results (knowledge transfer, competency). This should be provided to the manager(s) of the participants. It is the managers' responsibility to ensure that the records of this training are submitted to the appropriate individual or system as per the organization's training record management policy.

The program coordinator should ensure that each participant that successfully completes the training receives a certificate that includes their name, date and duration of the training along with a record of their results.

## Step 5- Deliver Training

Once Peer Champions are competent they should begin and continue to deliver content. They should deliver training on a regular basis to ensure they stay up to date with the content and remain comfortable delivering the training.

### Training Records Management

After completing the training module, the peer champion(s) should ensure that they have a record of all participants who completed the training and all appropriate results (knowledge transfer, competency). This should be provided to the manager(s) of the participants. It is the managers' responsibility to ensure that the records of this training are submitted to the appropriate individual or system as per the Organization's training record management policy.

The peer champion should ensure that each participant that successfully completes the training receives a certificate that includes their name, date and duration of the training along with a record of their results.

## Step 6 - Evaluate Training

After completing any type of training session (initial, follow-up, or refresher), peer champions should gather feedback on the training using the tools provided in the specific training module(s).



Each of the training modules that will be delivered by peer champions will include a process to evaluate the competency level of participants as it relates to the skills being taught. The results of these, along with on-unit observations and feedback from managers and their delegates, will be used to evaluate the effectiveness of the training as per the Evaluation Framework of the Safe Patient Handling and Mobility Program.

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