Safe Handling and Mobility Program Development Guide:

Long Term Care

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

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

***–*** Epictetus

Providing care to residents can be physically demanding. Tasks that require care providers to move, transfer, reposition, or assist resident 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** methods. These mobility methods are essential as part of a comprehensive approach to improving the quality of life and safety for both employees and residents.

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 residents 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**. Residents (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 Safe Handling and Mobility Program.

This guide is designed to assist employers in developing a Safe Handling and Mobility Program. By developing and implementing this program, you are committing to reducing the risks associated with handling and mobility of resident, as well as ensuring appropriate resources are available to employees. . The program and accompanying training is intended to improve outcomes for residents and reduce injuries to employees associated with resident handling and mobilization activities.

# Section 1.0: Safe Handling and Mobility Policy

The first part of a successful program should be the development of a policy. A policy is the foundation of any program and is intended to influence behaviours. A safe resident handling and mobility policy sets a structure to ensure that resident transfers and repositioning tasks are performed in a way that minimizes risk of injury to both employees and residents. It is an important element in a program and guides organizational-level, as well as, employee’s decisions and actions.

An effective safe patient handling and mobility policy should:

1. State the organization’s commitment to the safe resident handling and mobility program.
2. State the intent of the policy; to protect the health of employees and residents
3. Be understood by all employees and reviewed on a regular basis (typically annually)

# Section 2.0: Defined Safe Handling and Mobility Roles and Responsibilities

Employers must clearly define the roles and responsibilities in their program for everyone involved. These roles and responsibilities should be clearly communicated to those individuals. These roles and responsibilities should be documented as part of job descriptions and performance evaluations as well. Ensuring that roles and responsibilities are systematically defined helps maintain sustainability of the program.

Depending on your operational needs, you may define roles in your SHM program for:

* Board of Directors,
* Senior Leaders
* Frontline managers and supervisors
* Frontline employees
* Support Staff
* Trainers
* Committee/JOHSC
* Union Rep (if applicable)

# Section 3.0 Safe Handling and Mobility Program Administrative Procedures

## **Training Expectations**

All employees will be trained on elements of SHM program, and this will be **tracked, documented, and monitored**. The following is a list of training expectations:

* Determine what roles require what elements of training;
* Determine when **initial training should be completed** for existing employees and new hires;
* Determine what/when **refresher training** should be completed.

## **Equipment**

The organization will track, document and monitor all equipment used/needed to support the SHM program. In order to do this the following should be completed:

* **Inventory**
  + List all existing equipment; this included both small and large equipment on an annual basis, or as needed
* **Needs assessment** 
  + Engage employees regularly to help identify this;
  + What is missing from current inventory to support the SHM program?
* **Inspection**
  + Informal (non-documented)
    - Pre-use by employee – undocumented unless there is a concern
  + Formal (documented)
    - Internal – as per manufacturer/organizational requirements
    - External – as per manufacturer requirements

## **Resident Mobility Assessments**

The organization has developed a policy and procedures to assess, document, monitor and communicate the status of all clients/residents. In order to determine this the following should be completed:

* Determine who completes the **formal mobility assessments**
* Determine when formal mobility assessments are required;
  + New admissions, post fall, change in physical/cognitive ability, employee request
* PACE
  + **Informal point of care pre-mobility check** (*document if changes exist*);
  + Empower employees to use the decision ladder to guide care

## **Specific SHM Plans**

Based on formal assessment findings, develop a customized mobility plan for each client/resident as part of their complete care plan; **documenting and monitoring as necessary**. Determine the following:

* Who creates and updates the mobility plan (ex. RN, OT, PT)
* Who needs to be informed when a change occurs (both internal and external to the organization)
* Supporting visual aids
  + Criteria and placement of logos;
  + Who will update and monitor, and time expectations to complete this

## **SHM Program Communication Requirements**

The organization has developed and implemented procedures to allow for effective communication of SHM information. This is completed by determining the following:

* Internal
  + How will you engage, inform and educate employees about SHM
* External
  + How will you engage, inform and educate stakeholders about SHM

# Section 4.0 Safe Work Policies and Procedures

The organization will develop safe work policies and/or procedures for the following:

* **General use of Equipment**
  + Any equipment listed in the Equipment section requires a standardized Safe Work Practice.
* **Specific lift, transfer, mobilization techniques (including contraindications)** 
  + Any and all transfers and repositions (i.e. one person assist, two person assist, mechanical lift, etc.) requires a standardized Safe Work Practice.
* **Addressing Resident refusals** 
  + The organization should develop a Policy/guiding document to guide employees in addressing this.
* **Falls Management**
  + Prevention / Awareness
  + Response
* **Safe Handling and Mobility Procedures for Community Visits**
  + Plan to assess who goes out, transportation requirements, and to have all necessary equipment.
* **Emergency Safe Handing and Mobility Process**
  + Ensure that a process is in place to support and provide guidance to staff regarding approved SHM techniques to be followed during an emergency situation (e.g. fire, flood, code sliver, etc.).

# Section 5.0 Safe Handling and Mobility Program Evaluation

The organization will **develop an evaluation program which will empower, support and hold all levels accountable**. This will include, but not be limited, to the following:

* Completion of the Supervisor Audits;
* PACE Card self-audits;
* Review of audit findings;
* Review of incidents involving SHM;
* Training requirements;
* Trending of all gathered data related to SHM.