Safety

Huddles

Safe Handling & Mobility

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| Part of implementing and sustaining a Safe Handling Mobility program at your workplace is communicating and reinforcing the key elements of the program. **One way to do is this through regular (daily/weekly) supervisor talks, also known as, Safety Huddles.** The following are some ways you can engage your employees is Safe Handling Mobility discussions to bring awareness and encourage best practices.You can choose one lead off question and the accompanying follow up questions per Safety Huddle in any of the four categories (Bed Repositioning, Transfers, PACE, Reporting) |

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| **TOPIC: Bed Repositioning** |
| **Lead off question(s)** | **Follow up questions specific to your organization** |
| 1. What piece of equipment can aid in keeping the client/resident positioned lying at 90 degrees while administering bed care?

**Answer:****J-RO EZ Rest Wedge** | What residents are we currently using the wedge with? |
| List 2 or 3 positives from using the wedge with these residents. |
| 1. Using a mechanical lift requires two workers to perform the task, when should the second person aid in the process?

**Answer:****From the very beginning, specifically the donning of the sling** | Describe the process for inspecting a sling? |
| How do you utilize the bed during the mechanical lift process? |
| List some types of slings we currently have in our organization? |
| 1. When using the fitted slider sheet system on the bed, what must we ensure with the draw sheet when making the bed?

**Answer:****That it is tucked in under the mattress** | Can you identify any residents who would benefit from the use of these slider sheets? |
| What might make a resident/client not suitable for the fitted slider sheet system |
| 1. When performing a reposition or move in bed, the STABLE technique says: a) arms should be kept out 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** | When boosting someone up in bed using the slider sheet how should your feet be positioned? |
| When using a draw sheet to turn a resident/client on their side what position should your wrists be, towards ceiling or towards floor? |
| 1. True or false, the JRO EZ wedge can be placed on top of a draw sheet?

**Answer:****False, the JRO has grip surface to allow to rest on the fitted sheet but the draw sheet may move with the JRO on top compromising the resident’s/client’s safety.** | Can you identify any residents who would benefit from the use of the wedge? |
| What challenges currently exist with you using the wedge?*(if some are noted)* How might we overcomes these challenges? |
| 1. Often with bariatric resident/clients one leg will be in excess of 35lbs. What tool can assist with raising the leg when necessary for providing care?

**Answer:****Limb sling (attached to a ceiling/mechanical lift)** | What are some other tools valuable aiding us with bariatric resident/clients? |
| Describe how a limb sling is valuable for any resident/client we are providing foot care to? |

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| **TOPIC: Transfers** |
| **Lead off question** | **Follow up questions specific to your organization** |
| 1. If transferring a resident labelled a two person transfer requires more than 70lbs of force 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 resident’s mobility who and what is updated? |
| How many resident are currently on lifts (mechanical and or ceiling)? |
| What do you do when lift isn’t 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 very beginning, specifically the donning of the sling** | Describe the process for inspecting a sling? |
| How do you utilize the bed during the mechanical lift process? |
| List some types of slings we currently have in our organization? |
| 1. When using a transfer belt, how many times should you tighten the belt around the resident/client?

**Answer:****Twice, once when in a sitting position & again when they are standing to ensure snug** | Where are out resident/client transfer belts kept? |
| How many resident/clients currently require a transfer belt? |
| How do you personally use the transfer belt (demonstrate)? |
| 1. When should a pre-mobility check be done? a) Twice; in the morning/afternoon b) when you first engage with resident/patient c) every time the resident/client needs to be transferred.

**Answer:****c) every time the resident needs to be transferred** | When and how do we request formal assessments? |
| Do you know of any resident/clients with inconsistent mobility issues? |
| What is your process for gauging a client/resident’s mobility? |
| 1. True or false, transfer belts can remain on clients or residents while in wheel chair to be ready for next transfer?

**Answer:****False, transfer belts should be removed once resident is in desired location.** | Where are all the places you can find a resident/clients mobility status? |
| How do you usually communicate to a resident/client to stand during a transfer? |
| Why do you personally find transfer belts helpful? |
| 1. When using a portable mechanical lift to move a resident to a wheel chair what brakes should be engaged? a) both lift and wheel chair brakes b) lift but not wheel chair c) wheel chair but not lift

**Answer:****c) wheel chair brakes but not the lifts brakes during use** | How many resident/clients are currently using wheel chairs? |
| How do you inspect the lifts before use? |
| Do we have any resident/client’s who have trouble sliding down in wheel chair? If so what do you do? |

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| **TOPIC: PACE** |
| **Lead off question** | **Follow up questions specific to your organization** |
| 1. When beginning a safe handling mobility task it is important you communicate with who: a) resident b) co-worker(s) c) all of the above

**Answer:****c) all of the above.** | What can we do to prevent talking over the resident to your co-worker(s)? |
| Do we do a good job at discussing the planned activity before entering the room, and also include the resident in the conversation as we do the task? |
| 1. True or false, if the resident/clients current mobility has improved from their previously assessed mobility you can change the movement activity from a moderate to a minimum assist?

**Answer:** **False, you can go up the decision ladder to increase mobility assistance but you can never go down (example a two person assist cannot be a one person assist on a ‘good day’)** | If you notice a change in a client/resident’s mobility, where do you document this? Who do we let know? |
| 1. As part of the PACE physical mini assessment what must a resident/client be able to do to 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 d) Weight bear while seated e) All of the above

**Answer:** **e) all of the above** | If PACE assessment differs from Care Plan you should? |
| What types of changes have we been seeing with our residents/clients lately? |
| 1. When assessing a resident/clients 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** | Have we been seeing any increased signs of agitation/aggression with any residents? |
| If we see a consistent pattern of aggression that is new/different who can we notify? |
| 1. What do the PACE letters stand for?’

**Answer:** **Physical, Agitation, Communication, Environment** | What is the actual order we follow to do the PACE mini risk assessment? |
| What are some other ways we can remind ourselves and each other about using PACE? |
| 1. When should you do the PACE process? a) only with the first resident of your shift b) once per shift when providing care c) every time you are providing care to residents

**Answer:** **c) Every time you are providing care to residents** | Do you find walking yourself through the PACE process helps you to pause and think before rushing to do the task? |
| How often does using the PACE process result in you changing the care you were planning to do? |

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| **TOPIC: PACE** |
| **Lead off question** | **Follow up questions specific to your organization** |
| 1. Often a resident/client will show signs of agitation or aggression because of?

**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 client/residents? |
| Do we have residents that are not aggressive with some workers and aggressive with others? What do we think might be the triggers? |
| 8. Which of the following fall under the Environment check: a) lighting levels are appropriate for task, b) bed is positioned properly, c) all equipment for task is 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/home? |
| List some unmovable objects you have to be aware of when maneuvering in a client/resident’s room |
| 9. True or False, you should communicate what you are doing to the resident/client during the entire activity.**Answer:** **True, by explaining the task you are including the resident/client and continuously checking their feedback and understanding** | Do we have any resident/clients that you find it difficult to communicate with? |
| What are some non verbal cues you look for in resident/client to confirm understanding? |
| 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 look for changes in a client/residents communication level? |
| What are some non verbal ways you communicate with client/residents? |
| 11. If a resident has a history of agitation or aggression and is having an “off moment” when you go in to provide care, what do you do?**Answer:** **Assess the situation – if they are not in danger of injury tell them you will be back in a bit to check on them again. If they are in danger of injury, get assistance and use appropriate de-escalation techniques.** | What are some strategies you use when approaching a resident with a history of aggression even if it seems like a “good day”? |

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| **TOPIC: Reporting** |
| **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 in this organization do you report incidents to? And who if that person is not here? |
| How do you typically report an incident? (Verbal, written, email, etc.) |
| Who fills out the internal incident form in this organization? (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. Where are the three leading areas of the body that health care providers report musculoskeletal injuries?

**Answer:** **Back, shoulder, and neck**  | Has anyone here had aliments in one or all three of these body parts? |
| At what point in the discomfort do you typically inform your supervisor? |
| Are there any resident/clients contribute to these discomforts during care? |
| 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 report a problem with a mechanical/ceiling lift to |
| Do we have documentation to fill out for formal inspections of equipment (slings, lifts, etc.)? |
| 1. What is a near miss?

**Answer:** **A near miss is an event that didn’t, 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 here? |
| What are some typical near misses reported here? |
| 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? |
| Is there any existing hazards that have not been attended to or controlled you are aware of? |
| 1. When do you need to fill out a WCB report?

**Answer:** **when you either miss time or seek outside medical attention for an injury (ex: physio or doctor)** | Who is one of our service providers that we use for functional assessments (i.e. Local physio or chiro clinics)? |
| What are some transitional duties we have here for injured workers on a return to work plan? |
| *Create your own – specific to your location…* |
| **Lead off question** | **Follow up questions specific to your organization** |
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