 <b>Kaleida Health</b> <b>POLICY</b>	<b>Title: Proper Use of Safe Patient Handling (SPH) Equipment</b>	<b># CL.72</b>
	<b>Owner: Director Safe Patient Handling</b>	<b>Issued:</b> 3/17/15
<b>Keywords:</b> SPH Equipment, No-Lift, Zero Lift		

**I. Statement of Purpose**

Knowing how to use the safe patient handling (SPH) equipment properly is the responsibility of all employees. Proper use of SPH equipment is outlined in this document. Employees gain skill, and further knowledge on proper SPH equipment use through live hands-on demonstration by the SPH Team, on Talent Management by viewing SPH videos and through annual completion of required SPH curriculum. Competence and confidence with SPH equipment use comes with practice, viewing the SPH videos as a refresher and reference as well regular frequent use. For the purpose of this document, the term “patient” shall include acute hospital patients as well as long term care (LTC) residents.

**II. Audience**

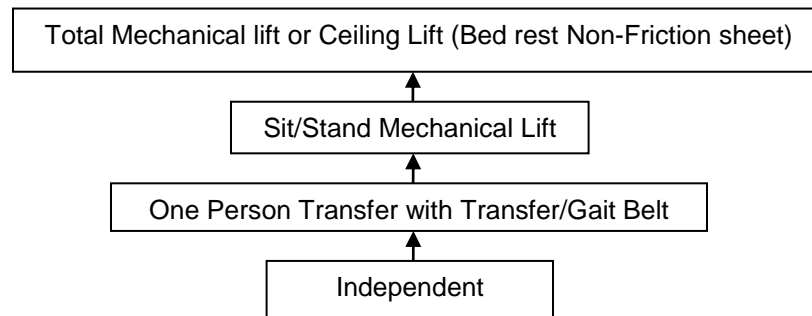
All employees caring for or transferring patients

**III. Instructions – (Outline necessary steps for consistent completion of process/ procedure)**

**A. Patient Assessment**

1. An initial lift/transfer needs assessment will be completed by the licensed professional on the day of admission or at the time of a change in the patient status. Additionally a quarterly assessment shall be done for long- term residents.
2. Select the appropriate lift/transfer status of the patient by referring to the *Lift/Transfer Protocol (CL.73a)* for assessment of patient criteria, contraindications, sling criteria and required staff.  
**\*\*Keypoint:** A patient status may differ based on the time of day or other patient factors. This may require two different levels of transfer during a single day. A secondary lift shall be identified when appropriate.
3. The caregiver shall consider his/her own ability, the environment and the patient current status prior to any lifts or transfers. When the caregiver feels that the current patient handling technique cannot be performed safely it is acceptable to move to the next higher level of transfer (i.e. sit/stand mechanical lift to a total mechanical lift, independent to a one person transfer with transfer/gait belt).
  - a. The caregiver shall not move to the next lower level of transfer without first having a licensed professional reassess the patient’s transfer lift status.
  - b. Long term care unlicensed personnel must notify the licensed caregiver immediately prior to the lift/transfer so that a reevaluation can be done.

4. Refer to the decision tree when changing the patient lift status.



5. The patient lift/transfer shall be performed as determined by the lift/transfer assessment.  
**\*\*Exception:** The licensed professional caregiver shall determine the appropriate method of lift/transfer on the patient in the event of a medical emergency or fire.

#### B. Lift/Transfer Equipment

1. **Mechanical Lifts** - All mechanical lifts shall be maintained in the designated area and plugged in for recharging when not in use. Do not block exits, fire alarms, and fire extinguishers with the lifts. Note: some mechanical lifts have a removable battery that requires recharging. The battery charger should be kept in a designated area and the unit should have a minimum of two batteries per lift.
2. **Slings** - Place all soiled slings in designated laundry bag/hamper.
3. **Safety**
  - a. Assess integrity and function of all lift equipment prior to use. Any broken or malfunctioning equipment shall be removed from use and tagged with a "Do Not Use" label. See SS-F.1 - Medical Equipment Management Plan. Non-functioning equipment shall be reported by calling TAC at 859-7776
  - b. Inspect all slings prior to use for signs of wear and tear or signs of compromised integrity including loose stitching, tears, or fraying straps. Remove damaged slings and tag "DO NOT USE" and return to unit manager.  
**\*\*Keypoint:** Damaged slings shall be replaced never repaired. The repositioning slings must be left under the patient however never utilized as a transfer sling.
  - c. Do not leave repositioning non-friction device under the patient after move/transfer is completed.
  - d. Always close the legs of the lift when moving the lift.
  - e. The brakes are to be on when the lift is parked, being charged and during the initial set up of the sit/stand lift or total mechanical lift.  
**\*\*Keypoint:** Whenever you are operating the lift or lowering the lift the brakes **must** be off. The lift has an Emergency Stop button when engaged shuts the power off to the motor. The Emergency Stop button needs to be reset to operate the lift.

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C. **Infection Control**

1. Barriers shall be used between the patient's skin and the sling. (E.g. underwear, incontinent pad)
2. All SPH soft goods (which include slings, non-friction sheets, gait belts, air matts etc.) with minor soilage may be spot cleaned using hospital approved disinfectant wipes. See IC.21 – Non Commercial Washing Machine Use.
3. A single dedicated sling will be used for a patient on isolation/or a LTC patient known to have a multi resistant organism or communicable illness and laundered after discontinuation of isolation or discharge, whichever comes first.
4. All framework/hardware will be wiped down with hospital approved disinfectant wipes after each patient use.

D. **Total Mechanical Lift**

A total mechanical lift provides a safe transfer for patients from a supine to seated position or seated to seated transfer. A total mechanical lift will be used by those patients who have no weight bearing abilities or who have been assessed to need a total mechanical lift for transfer.

1. **Equipment/Personnel**

- a. Total mechanical lift
- b. Two (2) or more caregivers

2. **Procedure**

- a. There must be two caregivers interfacing with their hands on the patient & the total mechanical lift.
- b. Adjust bed to a height that promotes good body mechanics.
- c. Visually inspect sling for signs of wear and tear. Do not use any sling that is visibly damaged.
- d. Position patient on the appropriate sling.
- e. Position lift with the base open so that the spreader bar is perpendicular to the patient's shoulders and hovering above the chest.
- f. Attach the sling straps without pulling or tugging, to the desired setting.
- g. Verbally prepare patient for transfer.
- h. Gently raise patient minimally from surface.
- i. **Be sure to close the legs of the lift while moving the lift; keeping the patient's body on the inside of the lift legs. Not swinging to the outside of the lift legs.**
- j. Gently lower patient into chair. (The staff should limit the distance and time the patient is in the mechanical lift by arranging the environment. This practice is known as the zero air space procedure when transferring the individual).
- k. Remove sling from under patient (if appropriate).
- l. **Before** a patient that is on the floor is moved, touched or mechanically lifted, a licensed professional **must** assess the patient. In order to promote safe patient handling, **use** a total mechanical lift (floor or ceiling model) when getting a patient off the floor.
- m. The two methods for the hammock sling applications are the cross through method and the cradle method.
  - a. The cross-through is the recommended method for a total hip patient. The cross through method is the safer method that anchors the patient.

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- b. The cradle method is used on a patient with an amputee of their lower extremity(ies), and for a patient who experiences discomfort in the cross through method (i.e., patient with increased girth at their thigh).
- n. The universal sling may be utilized to transfer a bariatric patient. The lower limb straps are crossed between the thighs of the patient.
- o. The staff may choose to utilize a limb strap or the easy glide boards to assist in placing a sling behind a patient.

**E. Ceiling Lift - when available**

A ceiling lift provides a safe transfer for a patient similar to the total mechanical lift. Floor space challenges are not an issue with a ceiling lift therefore there is reduced injury risk for patient and healthcare worker. With the use of the repositioning slings the ceiling lift reduces the exertion and injury risk related to positioning tasks in bed.

**1. Equipment/Personnel**

- a. Ceiling lift
- b. Two (2) or more caregivers

**2. Procedure**

- a. There must be two caregivers present to operate the ceiling lift
- b. Adjust the height of the bed to promote good body mechanics.
- c. Visually inspect sling for signs of wear and tear. Do not use any sling that is visibly damaged.
- d. Position the patient on the appropriate sling. The two methods of sling attachment for the hammock sling are cross through and cradle method.
- e. The universal sling may be utilized to transfer a bariatric patient. The lower limb straps are crossed between the thighs of the patient.
- f. Position the motor so the carry bar is perpendicular to the patient's shoulders. If utilizing two motors position the second carry bar perpendicular to the hips.
- g. Lower the carry bar(s) attaching the sling straps to the desired setting.
- h. Verbally prepare the patient for transfer.
- i. Gently raise the patient clearing the surface they are on; guide the patient by grasping the sling and moving toward the desired transfer surface. Gently lower and position the patient to the chair or desired transfer surface. (The staff should limit the distance and time the patient is in the mechanical lift by arranging the environment. This practice is known as the zero air space procedure when transferring the individual).
- j. When performing a positioning task on a dependent patient, the staff should utilize a repositioning sling. The repositioning sling can be used with the ceiling or floor mechanical lift. The different style slings are: the tri-turner, full body and split sheet sling. The sling loops/strap buckle is attached to the carry bar by the staff without pulling or tugging.
- k. When positioning the dependent patient on their side the sling attachment loops/buckle strap is fastened to the lift carry bar(s) on one side. (Note the tri-turner and split sheet sling is only utilized to turn the patient in bed)
- l. When repositioning the patient up in bed align the carry bar parallel to the patient's trunk. The full body sling attachment loops are connected on both sides of the carry bar.

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- m. When repositioning the patient with 2 ceiling lift motors both carry bars should be aligned perpendicular to the patient's trunk. The attachment loops on the full body sling will be connected on both sides of the carry bars. The full body sling is only utilized to turn, reposition and laterally transfer a patient from bed to gurney. Never utilize any of the repositioning slings to transfer a patient to a chair.
- n. The staff may choose to utilize a limb strap or the easy glide boards to assist in placing a sling behind the patient.
- o. To maintain charge the ceiling lift motor must be returned to the docking station. The amber light will indicate the motor is accepting the charge. Please note, some fixed ceiling motors have a continuous charging track. The amber light will appear when the lift is stationary awaiting use.
- p. The ceiling lift motor has an emergency (red) pull cord to lower the carry bar. The emergency pull cord needs to be reset once disengaged to operate the motor.

**F. Sit/Stand Mechanical Lift**

A sit/ stand mechanical lift provides a safe seat-to-seat transfer for the patient who has partial weight bearing capabilities in one or both legs and has good cognition. With assist, the patient must be able to move from a supine position to sitting position and balance in a sitting position on the edge of the bed. The assist handle/rail or head of bed can assist with sitting balance. Prepare for transfer before patient sits bedside, including the use of 2-assist. Never leave a patient alone sitting bedside, maintain hands on.

**1. Equipment/Personnel**

- a. Sit/stand mechanical Lift
- b. Two (2) or more caregivers

**2. Procedure**

- a. Apply proper harness so that the bulk of the harness rests in the patient's lower back region. Tighten the inner belts so that they fit snug to the patient. Apply leg straps if applicable. Never tighten the legs straps on the TT Harness.
  - b. Position the sit/stand mechanical lift with the base of the lift open and lift is facing patient.
  - c. Instruct/assist patient to place feet on the footplate of the lift. Patient's legs must be against the black calf pad at all times during the transfer.
  - d. Attach the strap of the harness to the lift without pulling or tugging.
  - e. Instruct/assist patient to grasp handles on lift with arms on the outside of the harness.
  - f. Close the legs of on the lift during movement of the lift with patient in it. **Do not** move the lift with the legs open.
  - g. Verbally prepare patient for transfer.
  - h. Instruct/ assist patient to lean back into the harness as they are gently lifted minimally from the surface.
  - i. Transfer patient to new surface.
- There must be two caregivers present with their hands on the mechanical lift

**\*\*Keypoint:** The patient's patella should be above the shin pad when performing a transfer with their feet stationary on the footplate. The patient's patella should be in the middle of the shin pad when

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ambulating with the footplate removed. The patient may be transferred with one leg resting on the shin pad. i.e. total knee patient.

**G. Transfer/Gait Belt**

A transfer/gait belt provides a firm, grasping surface for the caregiver, protects the patient from accidental trauma to the skin, provides a sense of security to the patient, and protects the caregiver from injury while transferring or ambulating a patient. Transfer/gait belts are used on a patient who is not independent in rising or during ambulation. The patient must be able to move their feet in the desired direction during a transfer. Also, the patient should not require lifting or need to be held up. If a patient is at risk for collapsing or falling, the transfer/gait belt is not the safest mode of transfer. A reassessment is indicated. The sit/stand lift with the TT harness and leg straps may be indicated or a full mechanical lift.

**1. Equipment/Personnel**

- a. Transfer/gait belt
- b. One caregiver – second caregiver assistance used only to manage medical equipment or a wheelchair.

**2. Procedure**

- a. Explain purpose of the transfer/gait belt and the procedure of its use to the patient.
- b. Put the transfer/gait belt on over the patient's clothing and around the waist and make sure the belt is snugly in place.
- c. Assist patient to a standing position by grasping the handles on the transfer/gait belt.  
**\*\*Keypoint: Caregiver should be able to insert two fingers between the belt and the patient's clothing.**
- d. Before assisting patient in transfer or ambulation, make sure that the belt is properly positioned and that the buckles are securely fastened.
- e. Do not allow patient to place hands or arms around the caregiver's neck
- f. If a patient begins to slide while getting up, lock the patient's knees against the caregiver's knees.
- g. If the patient begins to fall during transfer/ambulation, pull the patient close to the caregiver's body using the transfer/gait belt, call out for help and lower patient as far as your arms will extend to the floor.
- h. Use the total mechanical lift or ceiling lift to lift patient from floor.

**H. Non-Friction Device**

A non-friction device helps to reduce the push pull forces associated with repositioning and laterally transferring patients. The device is utilized for a patient who is dependent requiring assistance for bed mobility or lateral transfers.

**1. Equipment/Personnel:**

- a. Non-friction device
- b. Two (2) or more caregivers

**2. Procedure for use of Non-Friction Device to reposition in Bed:**

- a. Adjust bed to a height that promotes good body mechanics and place the bed in the flat position.

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- b. Have the patient roll to one side. Position the non-friction device underneath the patient. Place a sheet between the patient and the non-friction device.  
**\*\*Keypoint:** Do not pull the non-friction device. Utilize the sheet that is between the patient and the non-friction device. The non-friction device may be applied by tucking the device under a sheet or incontinent pad. Multiple non-friction sheets maybe utilized for a bariatric patient tucking the device half way underneath the individual. The non-friction device may be utilized when performing a portable X-ray slipping the film between sheet layers.
- c. With at least one caregiver on either side of the bed, grasp the sheet with the caregiver's palms down and maintain wrists flat on the bed while transferring.
- d. Using proper body mechanics, caregivers will shift their weight sliding patient into proper position on the bed.
- e. Roll patient until the non-friction device can be removed. The non-friction device may be removed by tucking the device under the sheet or incontinent pad with the second caregiver walking and grasping the device.

3. **Procedure for use of Non-Friction Device to Laterally Transfer**

- a. Roll the patient until he/she is positioned on the non-friction device. A sheet should be positioned between the patient and the non-friction device. Note: the non-friction sheet may be tucked underneath the patient if they are dependent requiring assist to roll.
- b. Adjust bed so that it is at the same height as the stretcher and so that bed is in the flat position.
- c. **Be sure to bridge the gap between the 2 surfaces with a slide board.**
- d. The caregivers should be positioned: one on the side of the supporting surface (example: bed, stretcher, procedure table) and the other caregiver on the opposite side of the second supporting surface.
- e. The caregiver will grasp the sheet with their palms down and maintain their wrists flat on the supporting surface.
- f. Using proper body mechanics, the first caregiver shall push the patient towards the stretcher while the second caregiver receives patient and pulls the patient the rest of the distance.
- g. Roll patient until the non-friction device can be removed. The non-friction device may be removed by tucking the device under the sheet or incontinent pad with the second caregiver walking and grasping the device.

**\*\*Keypoint:** The non-friction device cannot be left under the patient after use.

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I. **Air Matt**

An air matt technology increases employee and patient safety by reducing friction, push-pull forces and load during all positioning, repositioning, turning and lateral transfer acts conducted.

1. **Equipment/Personnel:**

- a. Air matt
- b. Two (2) or more caregivers

2. **Use of the Air Matt to reposition in bed:**

- a. Adjust bed to a height that promotes good body mechanics.
- b. Air matt is placed on top of the mattress under the bedding.
- c. Air matt stays under the patient for as long as needed.
- d. Air matt is always deflated under the patient.  
**\*\*Keypoint:** Air matt is only inflated when caregivers are standing next to the patient and next to the bed and **prepared** to conduct the following tasks: turning, repositioning and performing a lateral transfer.
- e. Air matt use requires two side rails to be up before turning on the air supply and it requires the patient to be centered on the air matt.

3. **Use of the Air Matt to laterally transfer:**

- a. Adjust bed so that it is at the same height as the stretcher and so that bed is in the flat position.
- b. Make sure patient is centered on the air matt.
- c. The caregivers should be positioned: one on the side of the supporting surface (example: bed, stretcher, procedure table) and the other caregiver positioned close to the side of the other supporting surface (side rails positioned up if available on surface).
- d. Using proper body mechanics, the first caregiver should push the patient diagonally (feet first) towards the supporting surface while the second caregiver pulls and receives the patient (feet). Same procedure is performed when the patient torso is diagonally transferred to the supporting surface.
- e. Once patient is safely transferred to supporting surface, deflate the air matt.

4. **Use of Air Matt to position patients:**

- a. Adjust bed to a height that promotes good body mechanics.
- b. Make sure patient is centered on the air matt.
- c. Make sure bed rails are in the up position. A pillow should cover the bed rails in the direction the patient is rolling.
- d. The caregivers should be positioned on both sides of the bed working as a team.
- e. Using proper body mechanics, one caregiver will push the patient towards the second caregiver, while the second caregiver pushes down on the inflated air matt and pulls the straps towards them.  
**\*\*Keypoint:** This will cause the patient to begin to roll easily on their side, so the caregivers should not over exert or use excessive force.
- f. Once the patient is safely positioned on their side, the air matt should be deflated.



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5. **Applying portable x-ray cassette for diagnostic procedure:**
  - a. Adjust bed to a height that promotes good body mechanics.
  - b. Make sure patient is centered on the air matt.
  - c. Inflate air matt and slide x-ray cassette under air matt.
  - d. Deflate air matt and perform procedure/diagnostic test.
  - e. Inflate air matt and remove the x-ray cassette.
  - f. Deflate air matt making sure patient is properly positioned in bed.

**J. Complications and Reportable Incidents**

1. All damaged slings should be reported to the nurse manager or nurse supervisor.
2. Employee injury during lifts or transfers should be reported to employee health and manager. Complete incident report on STARS.
3. Patient injury during lift or transfer will be reported to the unit manager and physician. A complete incident report will be completed on STARS.  
**\*\*Keypoint:** Report all of the above to the Safe Patient Handling (SPH) Director and SPH Coordinator.

**IV. Approved by - (Include date)**

Infection Control Committee	8/14
Nurse Policy Council	2/11/15, 3/9/16
Nurse Executive Committee	2/15, 3/16/16

**V. References**

[CL.73](#) - Safe Patient Handling (SPH)  
[CL.73a](#) - Safe Patient Handling Assessment Tool  
[IC.21](#) - Noncommercial Washing Machine Use  
[SS-F.1](#) - Medical Equipment Management Plan

[American Association for Safe Patient Handling & Movement](#)

[Centers for Disease Control and Prevention – Safe Patient Handling](#)

NYS Assembly Subcommittee on Workplace Safety. [Safe Patient Handling in New York: Short Term Costs Yield Long Term Results](#) (2011).

[OSHA – Safe Patient Handling](#)

**Version History:**

Effective Date:	Reviewed/ Revised
4/11/16	Revised

Kaleida Health developed these Policies, Standards of Practice, and Process Maps in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team, hospital administration and staff in making clinical and non-clinical decisions about our patients' care and the environment and services we provide for our patients. These documents should not be construed as dictating exclusive courses of treatment and/or procedures. No one should view these documents and their bibliographic references as a final authority on patient care. Variations of these documents in practice may be warranted based on individual patient characteristics and unique clinical and non-clinical circumstances. Upon printing, this document will be valid for 3/11/2019 only. Please contact Taylor Healthcare regarding any associated forms.