Choose function:
lateral transfer, bed-to-chair, full-body lift, or repositioning

Apply protocol.
Use Algorithms.

*For repositioning, put bed at comfortable / safe height for staff; flat or in Trendelenburg position to aid in gravity, with side rail down.

*For patients with Stage III or IV pressure ulcers, avoid shearing force. Use devices designed to minimize shearing force.

P: Does patient have upper body extremity strength?  
**YES**  
Seated transfer aid — use gait / transfer belt. Use stand and pivot technique with gait/transfer belt or powered standing assist lift with 1 staff.

**NO**  
Use full body sling lift and 2 or more staff.

P: Can patient bear weight?  
**FULLY**  
Assistance not needed. Stand by for safety.

**PARTIALLY**  
Use non-powered stand assist or full body sling lift equipment.

**NO**  
Use full body sling lift and 2 or more staff.

P: Can patient assist?  
**FULLY**  
Assistance not needed.

**PARTIALLY**  
Encourage patient to assist using a positioning aid or cues.

P: Is the patient cooperative?  
**YES**  
**NO**  
Risks: flooring, obstacles, space, equipment, potentially confusing wall/floor patterns, distance to be moved, lighting, noise, temperature.

Q: Is environment free from all hazards? Is there adequate space to perform task?  
**YES**  
Utilize appropriate equipment. Prepare area.

**NO**  
Risks: flooring, obstacles, space, equipment, potentially confusing wall/floor patterns, distance to be moved, lighting, noise, temperature.

Q: Is the patient cooperative?  
**YES**  
**NO**  
Evaluate frequency of handling tasks for your patient. Manage your workload and time to conduct lifts and transfers safely.

Injuries occur among staff as a result of:

**Force:** The amount of physical effort required to perform the task or to maintain control of the equipment

**Repetition:** Performing the same motion or series of motions continually or frequently: Micro tears and Micro fractures

**Awkward postures:** Assuming positions that place stress on the body, such as reaching above shoulder height, kneeling, squatting, leaning over a bed, or twisting the torso while lifting.

Participate and complete training sessions to stay up to date and competent to perform safe patient handling tasks, including knowledge about proper use of equipment and devices. Ask for additional training as needed. Training should be annually, for new hires or if there is a break in procedure.

Assess
Assess the patient’s physical and mental status, care needs, ability to assist, and weight-bearing capability in relation to lift or transfer activity.

F: Function  
Choose function: lateral transfer, bed-to-chair, full-body lift, or repositioning

Apply protocol.
Use Algorithms.

*For repositioning, put bed at comfortable / safe height for staff; flat or in Trendelenburg position to aid in gravity, with side rail down.

*For patients with Stage III or IV pressure ulcers, avoid shearing force. Use devices designed to minimize shearing force.

E: Equipment  
Choose lifting equipment.
Ensure number and kinds of equipment available for each patient and on the unit for each shift.

< 200 pounds  
Use a friction reducing device and 2-3 staff for partially assisting patients.

> 200 pounds  
Use a friction reducing device and at least 3 staff.

L: Lift support  
Call for assistance or obtain help from co-workers as needed.

I: Injury  
Evaluate frequency of handling tasks for your patient. Manage your workload and time to conduct lifts and transfers safely.

Injuries occur among staff as a result of:

**Force:** The amount of physical effort required to perform the task or to maintain control of the equipment

**Repetition:** Performing the same motion or series of motions continually or frequently: Micro tears and Micro fractures

**Awkward postures:** Assuming positions that place stress on the body, such as reaching above shoulder height, kneeling, squatting, leaning over a bed, or twisting the torso while lifting.

T: Training  
Participate and complete training sessions to stay up to date and competent to perform safe patient handling tasks, including knowledge about proper use of equipment and devices. Ask for additional training as needed. Training should be annually, for new hires or if there is a break in procedure.
What can you do to protect yourself and your patients?

**Workplace walk-through**
- Recognize hazards in the work place and report findings for repair.
- Perform a walk through to identify patient handling hazards.
- Note hazards and inform your facility’s safe patient handling committee.
- Survey staff for patient handling tasks they feel pose injury risk.
- Get data for safe patient handling committee.
- Prioritize and address high risk areas and tasks.

**Review injury data**
*Employees and labor representatives are entitled to information about:*
- Worker injury logs, compensation data, facility injury surveillance data and accident reports.
- Use this data to prioritize actions for the safe patient handling committee.

**Inventory lift equipment**
- Determine whether patient handling needs are being met.
- Assess if additional or updated equipment is needed.
- Ensure lift equipment is in working order by routinely assessing the equipment and repairing if required. No workarounds.

**Identify barriers and solutions**
*Factors to consider:*
- Management support
- Budget
- Staff readiness and training
- Physical space
- Architectural plans

*Being aware of these issues can help you implement safe patient handling plans more effectively.*