



Interlake-Eastern
Regional Health Authority



Musculoskeletal Injury Prevention Manual

For Home Care Direct Service, Supportive
Housing & Adult Day Program Staff

January 2015

Musculoskeletal Injury Prevention Manual

Preface

The Interlake-Eastern Regional Health Authority (RHA) Home Care Musculoskeletal Injury Prevention (MSI) manual and program were developed to minimize work-related musculoskeletal injuries and near misses related to client handling practices. The Interlake-Eastern RHA is a large healthcare organization in Manitoba providing a full range of services to the population within a specific geographic area. Interlake-Eastern RHA consists of over 700 Home Care, Supportive Housing and Adult Day staff with diverse backgrounds and experiences. Interlake- Eastern RHA covers more than 61,000 km² of the province of Manitoba, which includes over 20 Municipalities and 17 First Nation communities.

The content of this manual follows Manitoba legislation outlining best practice for client handling, risks of Musculoskeletal Injuries and duties of employers and employees. The manual applies the requirements outlined by the Manitoba Workers Compensation Board and Safe Work Manitoba. This manual ensures consistency among client handling practice and help to reduce injuries in the workplace.

Acknowledgments

The information in this manual is the result of a collaborative effort from individuals both internal and external to the Interlake-Eastern RHA. Without everyone's contribution the construction of this manual would not have been possible. I would like to send a special thanks to the Southern Regional Health Authority and Winnipeg Regional Health Authority for their expertise and for sharing their knowledge in the construction of this manual. The Interlake- Eastern RHA acknowledges the contribution of the following individuals.

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Thank you again everyone for your contributions to help the Interlake-Eastern RHA achieve a culture of safety.

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Part II: Policies

Home Care Musculoskeletal Injury Prevention Policy

Home Care Musculoskeletal Injury Prevention: Education

Home Care Musculoskeletal Injury Prevention: Supervisory Responsibilities

Part III: Safe Work Procedures

1.0 Safe Work Procedures

MOBILITY TRANSFERS

- Independent Transfer
- Supervised Transfer
- One Minimum Assist Transfer
- One Minimum Walking Assist
- One Minimum Assist Tub Transfer

LIE ↔ SIT TRANSFERS

- Independent Lie ↔ Sit
- Supervised Lie ↔ Sit
- One Minimum Assist Lie ↔ Sit

MECHANICAL LIFT TRANSFERS

- One Minimum Assist Full Mechanical Floor Lift
- One Minimum Assist Sit to Stand Lift

REPOSITIONING

- Independent Reposition in Bed
- One minimum Reposition in Bed
- Independent Reposition in Chair
- One minimum Reposition in Chair

EMERGENCY TRANSFERS

- One Minimum Assist Emergency Transfer from Bed to Floor
- One Minimum Assist Emergency Transfer from Wheelchair to Floor
- Assisting a Fallen Client up
- Assisting a Falling Client

2.0 Delegated Client Specific Safe Work Procedures

MOBILITY TRANSFERS

- Two Minimum Assist Transfer
- Two Minimum Walking Assist Transfer
- One Minimum Assist Stair Transfer
- Supervised Sliding Board Transfer
- One Minimum Assist Sliding Board Transfer

LIE ↔ SIT TRANSFERS

- Two Minimum Assist Lie ↔ Sit

MECHANICAL LIFT TRANSFERS

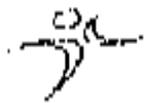
- Two Minimum Assist Full Mechanical Floor Lift
- Two Minimum Assist Sit to Stand Lift
- One Minimum Assist Ceiling Lift
- Two Minimum Assist Ceiling Lift

REPOSITIONING

- Two Minimum Reposition in Bed
- Two Minimum Reposition in Wheelchair
- Furl and Unfurl Two Length Slider Sheets

ADDITIONAL TRANSFERS

- Limb Lifting Procedure
- Range of Motion Exercises



Interlake-Eastern
Regional Health Authority

Part I -Theory

1.0 Introduction

Introduction

The guidelines and safe work procedures included in this manual meet the requirements for all client handling activities under the Workplace Safety and Health Regulations. This manual was specifically designed for client handling activity provided in Home Care environments and Community Services in our region. The content of this manual minimizes musculoskeletal injuries (MSI) among staff and improves the quality of care to clients through consistency and standardization of care practices.

Musculoskeletal injuries are injuries to muscles, tendons, ligaments and joints caused by improper client handling procedures. The overall goal of this program is to create a culture of safety for staff of Interlake-Eastern RHA and the clients receiving care.

The content of this manual will be distributed at Musculoskeletal Injury Prevention (MSIP) education, it will teach staff how to safely transfer or reposition a client. MSIP education increases staff awareness and helps to minimize the risk of musculoskeletal injuries. Staff will participate in MSIP education sessions at a minimum of every three years or as required and the manual will be available in Home Care offices for staff to review at any time.

Client handling tasks in the home and community environments propose many unique challenges. Implementing measures to eliminate or reduce exposure to occupational hazards in a home is more challenging than in a long-term care or acute care setting where the work environment is more controllable. The Workplace Safety and Health Act regulation 217/2006 defines the client's home as a "workplace" and a "healthcare facility" during the provision of Home Care services. Therefore, specific hazards in a home must be addressed in a similar way as care being provided in a hospital or long term care facility. Any client specific handling issues are referred to Allied Health professionals in our region. On site supervision is minimal due to the nature of a home care environment. Therefore, it is beneficial to educate staff so they have the knowledge to recognize and identify unsafe situations as well as how to proceed with care if unsafe situations occur.

Manitoba Workplace Safety and Health Regulations

This manual includes information from the Manitoba Workplace Safety and Health legislation indicating the responsibilities for both employers and employees in the work place. All counterparts of the Interlake-Eastern RHA must adhere to the following;

Employer Responsibilities

Interlake-Eastern RHA adheres to their responsibilities of protecting their staff of injuries at the workplace through the development of the MSIP program. Under the Workplace Safety and Health Act, the employer bears the primary responsibility for the safety, health and welfare of all workers at the workplace. This responsibility includes taking steps to:

- Reduce and eliminate hazards;
- Educate workers about hazards and safe work procedures; and,
- Develop and implement protective measures.

These general duties of an employer are detailed in section 4.1 of the Workplace Safety & Health Act indicating that “Every employer shall ensure, so far as is reasonably practicable, the safety, health & welfare at work of all his workers”.

Employee Responsibilities

The general duties of an employee are detailed in section 5 of the Workplace Safety & Health Act that;

“Every worker while at work shall, in accordance with the objects and purposes of this Act, (a) take reasonable care to protect his safety & health and the safety & health of other persons who may be affected by his acts or omissions at work, (b) at all times, when the nature of his work requires, use all devices and wear all articles of clothing and personal protective equipment designated and provided for his protection by his employer, or required to be used and worn by him by the regulations.”

In 2006, the Manitoba government, in consultation with various industries, introduced part 8 - Musculoskeletal Injury into the Workplace Safety and Health Regulation MR 217/2006. This regulation outlines more specifically, the responsibilities of employers and employees in an effort to eliminate or reduce MSI in the workplace. Part 8 of the Workplace Safety and Health Regulation indicates that the following;

Assessing Risk - when an employer is aware, or ought reasonably to have been aware, or has been advised, that a work activity creates a risk of musculoskeletal injury, the employer must (a) ensure that the risk is assessed and, (b) on the basis of the assessment, implement control measures to eliminate or reduce, so far as is reasonably practicable, the risk of musculoskeletal injury to the worker.

Control Measures - The control measures may include one or more of the following: (a) providing, positioning and maintaining equipment that is designed and constructed to reduce or eliminate the risk of musculoskeletal injury, (b) developing and implementing safe work procedures to eliminate or reduce the risk of musculoskeletal injuries, (c) implementing work schedules that incorporate rest and recovery periods, changes to workload or other arrangements for alternating work, (d) providing personal protective equipment.

Monitoring Control Measures - An employer must (a) monitor the effectiveness of any control measure implemented to eliminate or reduce the risk of musculoskeletal injury; and (b) where the monitoring identifies that a risk of musculoskeletal injury is not being or has not been eliminated or reduced, implement further control measures, where it is reasonably practicable to do so.

Duty to inform workers - An employer must ensure that every worker who may be exposed to a risk of musculoskeletal injury (a) is informed of the risk and of the signs and common symptoms of any musculoskeletal injury associated with the worker's

work; and b) receives instruction and training respecting any control measure implemented by the employer.

Research shows that injury and claim costs are reduced when the risks of MSI are identified, assessed, and controlled as part of an effective occupational health and safety program associated with client handling. This guide was constructed from a comprehensive literature review that will provide consistency, while providing a culture of safety among the staff of Interlake-Eastern RHA.

Understanding Musculoskeletal injuries (MSI)

MSI is defined as an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels resulting in a sprain, strain or inflammation. Home care staff experience more MSI's resulting in client handling demands than any other professional within the healthcare profession. MSI account for a significant number of work injuries in Manitoba (Work Safe MB, 2006). Statistics have proven that MSI rates among home care and community service staff are astonishingly high and require safe work procedures and guidelines that outline evidence based practice.

When physical demands of a job task exceed the physical capabilities of a worker the worker may likely get injured. Injury resulting in sprain or strain to structures of the body (Northern BC Health, 2005). Workers can help reduce MSI's if they are aware of the early signs and symptoms of MSI.

Recognizing Musculoskeletal Injury - Early signs and symptoms may include:

- Pain
- Redness
- Swelling
- Numbness and tingling
- Loss of full or normal joint movement

The following stages of MSI include:

- 1) Early stage: the body part aches, feels tired at work but symptoms disappear when away from work. It does not interfere with ability to do work.
- 2) Intermediate: body part aches and feels weak soon after the state of work, and lasts until well after work has ended
- 3) Advanced: body part aches and feels weak even at rest. Sleep is affected and even light tasks are difficult on days off or vacation.

Don't ignore any signs and symptoms of MSI. Recognizing and reporting them as soon as possible and seeking medical attention right away can help reduce any further injury. Experiencing muscular aches is normal especially when an individual begins a new job, as well as one that involves body movements that may be unfamiliar to you. However, if the muscular aches persist and begin to result in pain you should report as follows:

- Report them to your supervisor
- Speak to Workplace Safety and Health
- Consult physician or other treatment practitioner
- Review risk factors and modify work environment

Are you at risk of Musculoskeletal Injuries?

Understanding ergonomic MSI risk factors and learning to avoid them may also help to prevent MSI's. When assessing the risk of MSI, it is important to consider how often and how long you are exposed to each risk factor. If a job task involves more than one risk factor, the level of risk increases substantially. The prevention of MSI often requires changing work practice and redesigning job tasks. For example, replacing the task of manually lifting a client out of bed in the morning with a mechanical lift greatly reduces the physical demand of this job task. There are three main categories of MSI risk when transferring clients in home care:

- 1) **FORCEFUL EXERTION:** effort that places high loads on the muscles, tendons, ligament and joints of the body increases the body's energy demands and the possibility of injury. Manually assisting clients to transfer or reposition in bed can require forceful exertion.

There are three basic types of force (Work Safe BC, 2008);

a) Gripping Force

Handling tasks that require high levels of grip force or excessive bending or sideways twisting of the wrists can cause excessive stress on the tendons and pinching of the nerves in the wrists. Lifting bulky or unwieldy loads often requires awkward positioning of the wrists.

b) Lifting, Lowering, and Carrying Force

Lifting even the lightest of objects using an awkward lifting posture can result in injury to the spinal discs and the soft connective tissues of the lower back.

c) Pushing and Pulling

Pushing and pulling motions may also cause injuries to workers, particularly in the shoulder and upper back regions. When assessing risks, remember to consider smaller muscles that have to exert force, such as the muscles of the hands when pulling. Optimally, it is better to push rather than pull a load, although pushing loads may present other hazards such as restricted vision. If workers have to pull loads, they should adopt a safe method of pulling or, if practicable, use mechanical equipment. In general, pushing and pulling are safest when done between shoulder and elbow heights. Working outside this range increases the risk of injury.

- 2) **CONTACT STRESS:** this occurs when parts of the body come into contact with hard or sharp objects and can injure nerves and tissues beneath the skin by interfering with normal blood flow and nerve function.

3) **AWKWARD POSTURES:** awkward postures occur when using your body outside of a neutral body position (position of optimal strength). An awkward posture is when any part of your body bends or twists excessively, outside a comfortable range of motion. Working in an awkward posture increases the stress on your muscles, tendons, ligaments, and joints. You are at greater risk for injury if you have to hold the posture for a long time, or if other risk factors, such as force, are present. Following the healthy body mechanics outlined in this manual and at education training will help minimize the risk of awkward postures. Lifting even the lightest of objects using an awkward lifting posture can result in injury to the spinal discs and the soft connective tissues of the lower back.

What you can do to prevent Musculoskeletal Injuries

- Perform only those tasks for which you have received training.
- Understand the risks of MSI's and work safely within your physical capabilities.
- Ask your client to assist as much as possible. Encourage client participation, in which will help gain client independence.
- Always use client handling equipment indicated in care plan.
- Use healthy body mechanics (discussed in next section of manual).
- Lift Twice - first with your head then with your body!

2.0 Body Mechanics And Spinal Anatomy

Body Mechanics and Spinal Anatomy

- **Power position:** wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.
- Neutral spine: erect/straight spine
- Bend using hips and knees. NOT back
- Hold object/client close to body and bend elbows
- Lock your upper body
- Use legs and not arms to transfer client
- No Lifting! Instead shift body weight
- Position feet in direction of movement to avoid twisting

When transferring a client think about the following three steps:

- 1) **LOCK** - lock elbows into sides
- 2) **LOAD** - load weight of client, bring shoulders into neutral position and tighten abdominal muscles slightly.
- 3) **SHIFT** - shift weight from one leg to the other.

THE SPINE

- The spine is a complex system. Understanding its basic anatomy and causes of injury may assist staff to apply safe body mechanics principles when performing client handling tasks.
- Back injuries are often caused by ongoing wear and tear over a period of time, but can occasionally result from a single incident.
- Alignment of lower back (lumbar curve) is very important since it bears most of the body's weight.
- Lumbar spine transfers the body's weight onto the pelvis and it is due to this angle of weight transfer through the discs that makes the lumbar spine so susceptible to injury.

- Proper alignment of the lumbar curve helps prevent injury to the vertebrae, discs and other parts of the spine.
- To ensure a healthy back we need to keep all of our muscles strong, practice good posture and always use proper body mechanics.

THE LUMBAR CURVE of Spine

- Bears the brunt of your weight
- Mobile area of the spine
- Susceptible to injury

Lumbar Health =

- ✓ strong muscles
- ✓ good posture
- ✓ use of proper body mechanics

Anatomy of a Healthy Back:

- GOOD BODY MECHANICS relies on us having a healthy spine.
- “Understanding a healthy spine allows us to protect it!”
- Is strong, flexible and free of pain.
- MAIN functions are to:
 - Support the weight of upper body
 - Protect the spinal cord and act as a shock absorber
 - Allow flexibility and maintain trunk posture
 - Provide points of attachment for muscles and ligaments

THE VERTEBRA

- The spine is made up of bones called vertebrae which together with soft tissues such as muscles, discs, tendons, and ligaments provide stability and mobility.

STRUCTURES of the Spine:

- There are 33 bones stacked on top of each other that make up 3 sections
 - 1) **Neck** - 7 cervical vertebra
 - 2) **Trunk** - 12 thoracic vertebra
 - 3) **Low back** - 5 lumbar vertebra, plus 5 fused vertebrae which make up the sacrum and 3-4 fused vertebrae make up the coccyx.
- The vertebrae bones of the cervical spine are smaller and more mobile than those of the thoracic or lumbar vertebrae.
- The lumbar spine contains the largest vertebrae because of their role in weight bearing.

CURVES of the Spine:

- The normal spine is “S” shaped and it is these curves that give optimum strength and flexibility (Figure 1).
- Side view of spine should appear as a gentle “S” curve:
 - Cervical – forward curve
 - Thoracic – backward curve
 - Lumbar – forward curve
- Back/front view of the spine should appear straight.
- Three natural curves are correctly aligned when the EARS, SHOULDERS, and HIPS are in a straight line.
- Requires strong, flexible muscles to maintain these curves, typically the abdominals, hip musculature, hamstrings and quadriceps.
- When the “S” curve is not maintained, stress develops in the structures of the back leading to injury.

FUNCTIONS of the Spine:

- Supports the weight of upper body.
- Protects the spinal cord and acts as a shock absorber.
- Allow flexibility and maintain trunk posture.
- Provides points of attachment for muscles and ligaments.

Nerve roots branch off the spinal cord to different parts of the body at each level (Figure 2). Because they are located close to the nerves, any problem with the joints or discs may affect the nerves as they pass by.



Figure 1- Side view of Spine

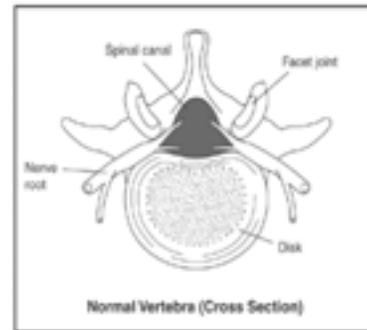


Figure 2 - Top view of Vertebra and Spinal Nerves

- Prolonged stress due to poor body mechanics and not following safe client handling procedures can cause gradual damage to the structures of the spine.
- Over time the small joints in the spine called facet joints can degenerate, causing the cartilage to wear down. As a result the joint surface is changed causing bony formations at the edges. As the joints move, particularly in bending forward and backwards, pain can result.
- Some of these conditions can be symptom free for many years, or can cause pain and stiffness because the joints are less able to withstand stress.

NERVOUS SYSTEM (Figure 3)

Spinal cord

- Is a cylinder of nerve tissue that runs down the vertebral canal in the spine. The nerve fibres in the spinal cord transmit sensory information towards the brain and motor signals to the appropriate parts of the body.
- The spinal cord also handles some automatic motor responses to sensory information by itself.

Spinal nerves:

- There are 31 pairs of spinal nerves which carry the ascending impulses to the brain and descending impulses from the brain.
- Spinal nerves can be impinged by inflammation, disc herniation, etc. which can cause pain, numbness, tingling sensations and can limit function.

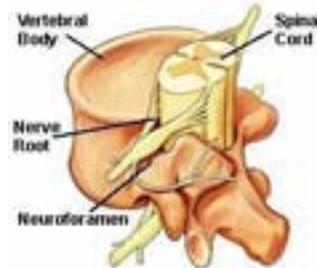


Figure 3- Spinal Cord and Spinal nerves

THE DISCS

- The discs lie between the vertebrae and act as shock absorbers and spacers between the vertebrae. They are made up of a gel-like centre (called the nucleus pulposus) surrounded by strong fibrous tissue called the annulus (Figure 4).
- The center is made up mostly of water and can absorb stresses placed on the spine by compressing under pressure, and spreading the load throughout the annulus.
- Discs are different from muscles in that they have very little blood and nerve supply. Minimal nerve supply means that in early stages, damage to the disc may not be felt by the injured person. Poor blood supply means that a damaged disc will not heal easily.
- Disc damage, which weakens the discs, usually develops over a long period of time (this damage often not felt until a rupture or bulge occurs. This means that staff may not receive the body's warning signs.
- After this gradual weakening, a small amount of stress can then cause the remaining fibers to tear, causing the disc to bulge or rupture. A rupture often

results in the soft gel-like centre leaking out on to the spinal nerve and local ligaments (Figure 5). This can cause pain, spasms, and symptoms of sciatica.

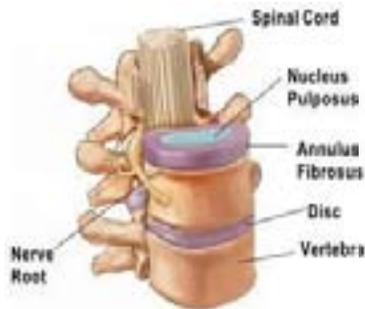


Figure 4- Side view of disc

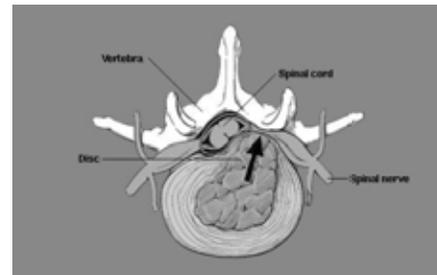


Figure 5- top view of a bulging disc

Common stressors for discs include:

- Bending forward and lifting during client handling tasks. This causes the gel centre to push backwards, putting pressure on the outer layers of the disc.
- Lifting and carrying excess weight leads to compression forces in the disc. These forces put pressure on the back, top, and bottom of the disc. This excess force is much larger when poor body mechanics are used (7-10x more).
- Twisting causes a shearing force on the discs. Twisting occurs when pivoting clients between surfaces or when twisting your back while keeping feet planted. If the client is not able to step between surfaces, the home care staff will twist their back to compensate. If clients cannot step between surfaces then a mechanical lift must be used.
- The combined stressors of forward bending, twisting and overloading may result in serious injury. An example of this dangerous practice is bending forward to transfer a client while holding underneath the arms.

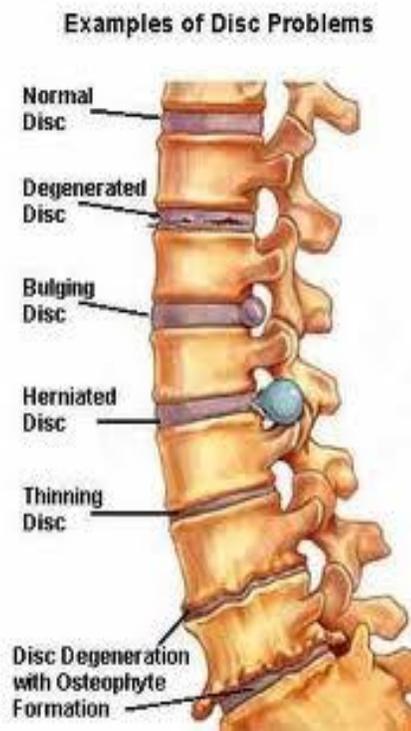


Figure 6- Common Disc injuries

Common disc Injuries (Figure 6):

Bulging disc -the spongy centre (nucleus) can put pressure on the outside (annulus) as the disc wears out or as a result of an injury; this may cause the disc to bulge pressing on the spinal nerves and causing back and leg pain.

Ruptured disc - also called 'slipped disc', occurs when the nucleus has pushed out through the annulus and presses or pinches the spinal nerves resulting in numbness, weakness, pain and disability.

Thinning - disc thins, loses its spongy centre and shock absorbing quality, can get bone rubbing on bone irritation.

Osteoarthritis - over time as the disc wears out, bone spurs can form on the vertebrae. These can irritate the spinal nerves and inflame the area, often resulting in back pain and back spasms.

LIGAMENTS

- Ligaments are tough bands of thick fibrous tissue that support the front and back of the spine (Figure 7).
- Ligaments add support to the spine and help prevent extreme movements.
- Ligaments can be damaged by being overstretched, causing a sprain or a tear. The result is pain and instability in the joint which the ligament is protecting. When ligaments are unable to provide the support they are designed for, more damage to the joints and discs may result.

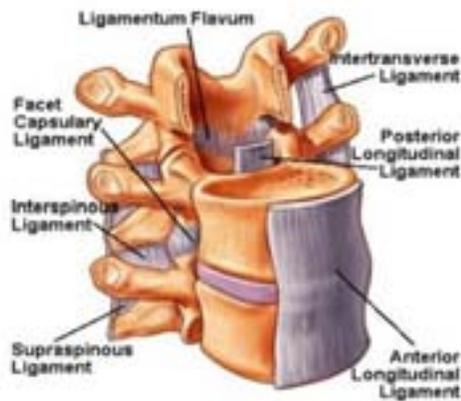


Figure 7- Ligament structure of the spine

MUSCLES AND TENDONS

- Muscles are connected to bones by tendons and provide the forces for movement.
- Muscles may have different roles depending on their position and size. The spinal muscles can be described generally by the layers in which they are found. Closest to the spine are short deep muscles. The second layer includes the major muscles of lifting. The outer layer includes the larger muscles that attach to the pelvis, the upper and mid spine and to the shoulder blade.
- There are many muscles involved in movement of the spine when client handling is undertaken.
- In general, muscle damage occurs when the forces that are applied to muscles are greater than its ability to meet these demands. Damage also occurs through overstretching the muscle, unexpected movements, or from the use of poor body mechanics.
- It is easy to stress and injure the back muscles due to the fact that they are not designed to perform lifting tasks. Much of the pain, stiffness, and headaches which staff experience on a day to day basis are related to muscular stress. A common myth is that if the staff has a “strong back”, non-compliance with safe work procedures will not cause muscle stress and injury. Unfortunately, this myth has little basis in fact.

HEALTHY BODY MECHANICS



NEUTRAL SPINE

**UPPER BODY LOCKED. ARMS CLOSE &
ABDOMINALS ENGAGED**

**POWER POSITION:
WIDE BASE OF SUPPORT, KNEES AND
HIPS SLIGHTLY BENT**

**MINIMAL EXERTION: ONLY USE LOW
EFFORTS**

NO LIFTING: SHIFT BODY WEIGHT

ENCOURAGE CLIENT PARTICIPATION



3.0 Preparations for Client Handling

Preparations for Client Handling

Staff Action:

- Staff to wear appropriate foot wear and clothing, (See policy GA 6-30) to allow weight shifting during transfers.
- Staff checks care plan to determine the client handling method.
- Communicate with client using cueing, for example “1, 2, 3, Sit”. Good communication is critical to the success of a safe transfer.
- Perform the pre-transfer & mobility checklist to ensure it is safe to proceed with transfer. See Figure 1.
- If client’s physical or cognitive status has changed and you are not able to proceed with transfer safely, contact your supervisor and DO NOT transfer Client.

Figure 1: Pre-Transfer & Mobility Checklist Lanyards

SIDE A	SIDE B
<p><u>Pre-Transfer & Mobility Checklist</u></p> <p>If you respond NO to any of the following contact Supervisor & DO NOT transfer:</p> <ol style="list-style-type: none"> 1. Required equipment is <u>available, working properly & you know how to use it.</u> 2. Required # of trained staff is present. 3. Is client able to lift arms & legs as usual. 4. Client is calm & cooperative. 5. Client shows no visible signs or injuries relating to a fall since last visit. 6. Client’s condition is same compared to last visit. 	<p style="text-align: center;"><u>Healthy Body Mechanics</u></p> <ul style="list-style-type: none"> ✓ BEND WITH HIPS AND KNEES ✓ NEUTRAL SPINE ✓ WIDE BASE OF SUPPORT ✓ KEEP OBJECT/CLIENT CLOSE TO BODY ✓ FACING IN DIRECTION OF MOVEMENT ✓ NO LIFTING: SHIFT BODY WEIGHT <p>If you experience any injury at work make sure you contact your supervisor & complete an Injury/Near Miss Package.</p>

**** AFTER HOURS CONTACT ADMIN ON CALL ****

Use a Safe Approach:

In addition to the physical layout of the workplace, equipment, staffing, and workload, the approach to the transfer or lift is a key element to reducing staff injuries. Proper documentation and communication should inform the staff of the client's abilities, transfer needs, physical stability, and tendency if any, towards aggressive acts. The staff should anticipate what actions would be necessary if the client loses balance or falls.

All Home Care Staff are trained in using a safe approach that maximizes client independence through clear, simple communication when performing Client Handling tasks. Staff will interact with clients in a positive manner using the following steps to a safe approach:

SELF AWARENESS PRIOR TO THE TASK

- Approach the client with an awareness of what they are feeling. The following questions should be asked:
 - Am I calm?
 - Am I projecting calmness in my tone, stance, and body language?
 - Do I need to de-escalate myself before approaching the client?

ENVIRONMENTAL CONDITIONS

- To minimize these distractions by performing Client Handling tasks in an area in which respects privacy and minimizes stimulation.

BODY LANGUAGE

- Approach the client **SLOWLY** so that the client anticipates the worker's approach.
- Never come into contact with a client from behind as this may scare or startle the client and set a negative tone for the entire interaction.
- Facial expressions should exhibit calmness and friendliness rather than distress, anxiety or anger.
- Adopt a stance that is open, relaxed and not head-on. Rather, it is slightly sideways.
- The client's personal space is to be respected when communicating. This can vary between individuals.
- However, a typical comfort zone of 0.5 to 1 meter is reasonable. When a client is known to be anxious, the need for space increases.



- If a client has a history of aggression, sit or crouch at client's non-dominant side to communicate.
- Ensure that you are on the same physical level as the client. Rather than standing over a client, sit or crouch beside client, outside of striking range.
- Avoid any sudden movements which may be seen as threatening or frightening.

TONE OF VOICE

- Speak slowly to the client, using low tones. All explanations should be given with eye contact and in a simple, concise manner. The worker is to explain what is to be done prior to performing any task.

TASK PERFORMANCE

- Never rush a client during any task. For example while transferring from one surface to another give the client time to gain their balance and take steps at their own pace.

KNOW WHEN TO END THE INTERACTION

- Continuing an interaction with an escalating client may be an unsafe choice. If mounting agitation and frustration is evident, politely leave the situation and approach at another time.
- If the client is uncooperative or combative, re-approach at another time. **Never rush the client** as this may create aggressive behavior or affect the client's ability to participate to their fullest.

Prepare for Ambulation:

- A transfer belt is placed securely around client's waist & is used when physical assistance is required unless medically contraindicated.
- Stand on weaker side if applicable. Staff can cue better and stabilize client more effectively on the weaker side.

Prepare for Transfers:

- Clear obstacles from path, gather & position assistive devices.
- If client uses a wheelchair position wheelchair so client transfers to stronger side.
- Ensure adequate space between surfaces.
- If transfer involves the bed, make sure the height of bed is adjusted so client's feet are stable on the floor.
- Client should be sitting at edge of surface leaning forward (aiming for nose over toes).
- If client is transferring from a seated to a standing position try to get hip height higher than knee height.
- When physical assistance is required a transfer belt is placed around client's waist region.

Prepare for Lifts:

- Make sure sling and lift are compatible according to the manufacture and in good working order.
- Clear obstacles from lift path, ensure adequate space is available & gather required equipment.
- Ensure receiving equipment (wheelchair, bed and commode) brakes are locked.
- The sling must be the correct size according to care plan.
- For floor & ceiling lifts raise height of bed if able, or put knee on bed to maintain neutral spine.
- Side rails, if in place, should be lowered if you have to get a knee on bed to help administer sling and while lifting client. Side rails should be up when client turns to tuck sling under client.

Prepare for Repositioning in Bed:

- Raise height of bed if able, or put knee on bed to maintain neutral spine.
- Use bed features such as raising foot or head of bed, if applicable.
- Encourage client participation. Assistive rails may enable them to turn or move

up in bed (bed side rails, trapeze bar, and transfer pole).

- Bed side rails if in place are lowered when assisting client to reposition in bed with a slider.
- Ensure head of bed is adjusted accordingly (lowered or lifted) & bed brakes applied.
- If staff is using sliders to reposition client make sure that sliders are removed when they are done.

4.0 Safe Area Layout

Safe Area Layout in Client's Homes

The design and layout of a home is critical in reducing risk factors for staff and clients. The layout and space must allow staff to use proper body mechanics and transfer techniques. The lighting in the homes should be adequate for both client and staff so they can see during transfers. Client and staff may be more likely to fall if the lighting in the room is dark. Lighting that is too bright can cause optical strain and stress. Colors along with black and white contrast may improve visual perception for the elderly; therefore, reduce the chance of accidents during transfers. Wet, highly polished, or otherwise slippery floors can contribute to slip and fall hazards.

Any issues or concerns about the layout (inaccessibility, space design, hazards, etc.) in a client's home preventing the staff from performing client handling tasks safely, must be reported to the Case Coordinator and/or supervisor immediately. This would be done if the client has not made changes after you have respectfully asked them to do so.

CLIENT ROOMS

- The care team, client and family should be involved in achieving a safe work area.
- If client uses a lift or slider there should be at least 2-3 feet on both sides of the bed.

FURNITURE IN CLIENT ROOMS

- Ensure there is sufficient space around the bed so staff can provide care effectively and safely.
- Furniture in rooms should not restrict the staff's ability to weight shift and maintain a neutral spine during client handling task.
- Furniture and equipment, in particular beds, should be adjustable/moveable to best ensure safe client handling.

- Unsafe items such as electrical cords and loose floor rugs should be cleared from all mobility and transfer paths.
- Loose floor rugs and electrical cords can pose a risk for moving lifts around in the home and potentially cause client's or staff to slip and fall.
- It is important that there are no protruding objects from the wall such as a TV, shelf or pictures, this can be a risk for staff to bump their heads on. Make sure assisting area is away from any of these hazards.

CLIENT BATHROOMS

- Bathrooms should be set up with sufficient space to perform Safe Transfer and Client Handling procedures safely.
- If recommended by Occupational Therapist or Case Coordinator grab bars should be installed in the bathrooms for staff and client safety.
- Make sure to instruct client to use grab bars during all transfers if applicable.
- Bathrooms may be small and restrict staff movement. Therefore, staff needs to adapt to confined spaces and maintain safety. Staff may need to adjust body position around the toilet, sink or tub to do whatever it takes to maintain a neutral spine. For example: put a foot up on the toilet or side of the tub to allow for weight shifting.

HALLWAY SPACE GUIDELINES

- Make sure client handling equipment is stored out of the way and not obstructing pathways.
- Hallways should be clear and allow lots of space for mobility equipment and space to walk.
- Lifts should be stored with brakes locked.
- Ensure lighting in hallways is well lit.



Interlake-Eastern
Regional Health Authority

5.0 Client Handling Equipment

Guidelines for Safe Transfer and Client Handling Equipment

The Interlake-Eastern RHA promotes a minimal lift environment. Therefore we promote the use of mechanical lifts, assistive devices and equipment when transferring clients to minimize the manual effort required by staff. Client handling equipment will be prescribed by the Case Coordinator and/or Therapist. Only use equipment that is assigned to the client and indicated in their care plan. Do not transfer client if the equipment is missing or broken. Call family and then supervisor. Client handling equipment may include, but is not limited to the following;

Lifts

Lifts are assistive devices use to lift clients who can only partially support or cannot at all support their own body weight. Lifts included are the full mechanical lift, ceiling lift and sit to stand lift. When using a lift to transfer a client you must adhere to the following:

- **DO NOT USE THE LIFT TO TRANSPORT CLIENT from room to room. USE FOR SHORT DISTANCE TRANSFERS ONLY.**
- Only slings made for the specific lift in use shall be used on the lift.
- Ensure it is stored away safely when not being used with brakes on.
- All slings must be removed from behind client after use unless indicated in care plan.
- Home care staff must follow the Safe Work Procedures outlined in the Musculoskeletal Injury Prevention Manual.
- Any changes in the client's ability to transfer will be reported to the Case Coordinator and a re-assessment will be completed. Changes in transfer method will be documented in the reassessment section of Procura and in the client's care plan.
- **DO NOT** use lifts if mobility status changes.

Caring for Lift Slings

- All sling manufacturer's laundering instructions are to be followed.

- Home Care clients may have two slings so when one is in the wash there is another available.
- Do not dry clean. Hang to dry.
- Do not iron.
- Do not use bleach.

Floor and Sit to Stand Lift Preparations and Safety Considerations

Before you use a lift to transfer a client you must follow the safety guidelines to ensure the lift is in working order and safe for you and the client.

Lift Safety Check:

- Is anything worn or broken? Are there any parts missing?
- Check the base of the lift. The base should be open when raising and lowering the client. The base can be narrowed during the transfer due to obstacles, but should be left open if there are no obstacles. For a floor lift the base is opened and closed by pressing down on the foot pedal at the base of the mast. For a sit to stand lift the base can be adjusted using the remote.
- Check the brakes on the lift. Brakes should not be used when lifting or lowering the client. The brakes can be used during setup if indicated by the Occupational Therapist.
- Check the battery. The Battery should be fully charged? If the battery is low, the lift will beep – do not use if beeping.
- Check the buttons on the remote. Do the buttons on the hand control work? The green light on the front left side of lift should go on.
- Check the sling. Is the sling worn, torn or frayed?

Emergency Buttons:

- Remember the emergency stop button cuts power to lift and can be used to stop the lift in case of emergency.
- If the hand control does not work, check the red emergency stop button to see if it was accidentally pushed in.

- If the lift stops working part way through the transfer there is an emergency lowering button.
- Label the lift to inform others that it is broken and report to your supervisor.

Charging Battery:

- The lifts have a battery meter in the front to determine how much battery power is left.
- If battery is low. Remove battery from the lift. Connect to charger then plug it into an outlet to charge.
- The lift should be plugged in at the end of the day. You cannot use the lift while it is charging.
- The battery alarm will sound (beep) when battery is low.

**** During a power outage, make sure you lower client to a safe location (chair or bed). If battery dies and emergency button does not work, you have to call family to help and then your supervisor or after hours admin on call.**

There are three types of lifts used in Home Care;

- 1) Full mechanical floor Lift (Hoyer):** A lift used to transfer clients from surface to surface that are not able to weight bear. This is a total dependent transfer and requires minimal client participation. Used with clients for whom the use of weight bearing transfers or sit-stand lifts has been deemed as unsafe according to the documented risk assessment. This lift is mobile with a wheeled base on the ground.



- 2) **Ceiling Lift:** A lift used to transfer clients from surface to surface who are not able to weight bear. This is a total dependent transfer and requires minimal client participation. Used with clients for whom the use of weight bearing transfers or sit stand lifts has been deemed as unsafe according to the documented risk assessment. This lift is attached to the ceiling.



- 3) **Sit to Stand Lift:** This lift requires that the client has moderate strength in at least one arm, leg and moderate trunk strength and able to follow directions. Used with clients for whom the use of weight bearing transfer methods is deemed unsafe according to the documented risk assessment. This lift has a stepping platform where client has to stand with lift while leaning back. It can transfer a client from a low-seated position to fully-extended with ease.



Transfer Belt

A belt is used to guide a client into standing and assist to transfer from one location to another by placing the belt around that client's waist and using it to grasp on to while safely transferring the client. Used with clients who require no more than minimal assistance during ambulation. The Safe Work Procedures for one and two minimum assist will include administration of a transfer belt. Transfer belts are never to be used for lifting upwards during a transfer. Use the transfer belt to assist with a transfer rather

than pulling on client's clothing. Staff assists by using the transfer belt to cue pelvis forward and up using forearm.

Client Criteria

- Client must be mostly independent and mobile.
- Able to weight bear safely, reliably and consistently.
- Do not use a transfer belt if a client's mobility status changes.
- A transfer belt should be used if the client requires hands on assistance when transferring or walking, unless there is a medical contraindication.
- List of Contraindications Include:
 - Fractured ribs, pelvis, spine
 - Flail Chest
 - External Pelvic Fixation
 - Post abdominal, Thoracic, Spinal Surgery
 - Open wounds in the Chest Wall and/or Abdomen
 - Advanced Pregnancy
 - Colostomies
 - Vacuum Dressings
 - Internal Organ Damage (e. g. Lacerated liver or spleen)
 - Significant Respiratory Issues
 - Severe Osteoporosis
 - Skin Grafts or Muscle Flaps in belt Area
 - Peritoneal Dialysis Patients
 - Jejunostomy and/or Chest Tubes

Preparing to use Transfer Belt:

- Prepare client by verbally explaining the transfer plan.
- Ensure belt is the correct size (Size will be determined by therapist).
- Apply transfer belt securely around the client's waist (or narrowed part of trunk) by introducing belt from side, NOT over the head.

- Hold the handles of the transfer belt securely. Do not thread your hand or arm through the handles. Hold the handles with a fist grip, thumbs up.
- Make sure staff grasps the handles of transfer belt at the mid back of client (Do not want to reach around client to far).
- Make sure equipment and area is prepared for ease of transfer.
- Staff positions self to weight shift in the direction of the transfer.
- The transfer belt is used to guide and stabilize the client.
- Do not attempt to lift the client with the transfer belt. Rather use your forearm to guide client gently.
- Always remove belt after transfer or walk.
- Client should be encouraged to assist as able. For Example, pushing up on surfaces when standing.
- Do not allow client to pull up on you.

Sliders

Sliders are low friction sheets that assimilate a slippery surface allowing for easier repositioning. Used for clients who need assistance repositioning in bed and/or chair. It is **IMPORTANT** to never leave a slider on the floor because it is very slippery and if someone steps on it they may slip and fall.



Bed Side Rail

- Used with clients who require additional support to sit up in bed, or transfer between bed and seated surfaces.
- Bed side rails help provide security when client's have to turn on to their side. It prevents them from falling out of bed.
- Bed side rails can help increase client independence.

Transfer Poles

- Used with clients who may require support in standing or stepping around during a transfer to/from bed.
- Can help clients to reposition in a wheelchair.

Trapeze Bars

- Used with clients who require additional support for bed mobility procedures.
- A trapeze bar increases client independence while decreasing the effort required from Staff.

Grab



Bars

- Used with clients who require additional support during toilet transfers.
- Grab bars increase client independence while decreasing the effort required from Staff.

Toilet Safety



Arms

- Used with clients who require additional support during toilet transfers.
- Toilet safety arms increase client independence by providing a solid surface to push from, while also decreasing the effort required from staff.

Raised Toilet Seats



- Used to build up the height of a toilet for clients that have difficulty transferring from a low surface.
- Raised toilet seat increases client independence while decreasing the effort required from staff.

Tub Transfer



Bath Stool



Bath Bench

- Provide a safe method to transfer into tub.
- Two legs in the tub and two legs outside the tub.

Standard Walker



- A mobility aid used to assist client with stability while walking.
- It has four widely placed, sturdy legs.

Two Wheeled Walker



- A mobility aid used to assist client with stability while walking.
- Two wheels and two skids.

Four Wheeled Walker



- A mobility aid used to assist client with stability while walking.
- Four wheels on all legs of the walker.

Commodes

- A portable toilet for a client who may not be able to get into bathroom due to mobility issues or the bathroom is too small and will not allow for staff to assist safely.

Electric Beds

- Adjustable beds to help clients get in, out and up in bed easier.
- Enables staff to easily change the position and height of the bed to ensure proper body mechanics.
- Bed should be at the height between the waist and hips of staff. If bed will not go up that high, put a knee on the bed to keep back straight and reduce over reaching.

Sliding Boards

- Used with clients who do not possess weight bearing ability, yet demonstrate significant upper extremity strength, trunk strength, and functional cognition. Sliding board use increases client independence while it decreases the effort required from staff.
- This transfer method may be taught as a delegated task and not at MSIP training.
- Only therapist can prescribe the use of the sliding board.

6.0 Pre-Shift Warm Up Exercises

Pre-Shift Warm Up Routine for Home Care Staff

- It is suggested that staff participate in a warm up routine at the start of their shift.
- Participating in a warm up routine will help prepare the soft tissues of the body for demands of Client Handling tasks because the exercises in this routine are designed to increase blood flow to muscles which will help reduce injuries.
- The Warm Up routine should take no longer than 5 minutes to complete.
- All staff should consult with their physician prior to participating in the warm-up routine.
- Before beginning the following routine, staff should walk in place with knees high for 30-60 seconds to promote blood flow to the extremities and prepare them for stretching.
- Do each stretch for One repetition and hold for 10 seconds.
- The stretch should be held at the point of a slight pull.
- It should not be painful. If pain is felt, discontinue the stretch. Consult a physician as required.
- While performing stretches, remember to take full and slow breaths while relaxing.
- It is important to not hold your breath while stretching.

QUADRICEPS STRETCH

Step 1: Hold on to something for support.

Step 2: With your right hand, slowly pull your right foot towards the buttocks. You should feel a comfortable stretch along the front of your thigh.

Step 3: Hold for 10 seconds then release slowly.

Step 4: Repeat on the opposite side.



CALF STRETCH

Step 1: Place one leg in front of the other, bending your front knee.

Step 2: Place your hands on top of your front thigh and gently push your hips downwards. You should feel a comfortable stretch in the back of your rear leg.

Step 3: Hold for 10 seconds, then release slowly.

Step 4: Repeat on the opposite side.



NECK STRETCH

Step 1: Put your left arm behind your back.

Step 2: Slowly bend your right ear toward your right shoulder. A comfortable stretch should be felt through your neck and upper shoulder.

Step 3: Hold 10 seconds then release slowly.

Step 4: Repeat on the opposite side.



MID BACK STRETCH

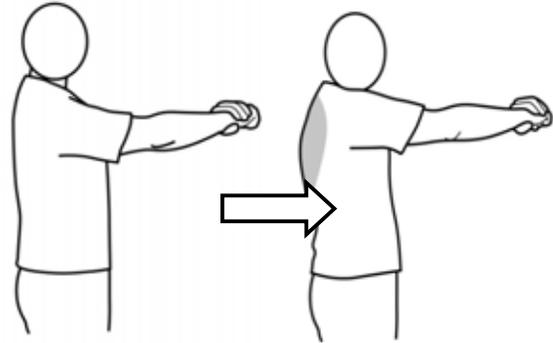
Step 1: Reach both arms straight out in front of you (standing or sitting).

Step 2: Grasp your left wrist lightly and pull the left arm an inch further out.

Step 3: Inhale deeply and hold stretch for 10 seconds. A comfortable stretch should be felt in your mid back, between your shoulders.

Step 4: Exhale and release slowly.

Step 5: Repeat on the opposite side.



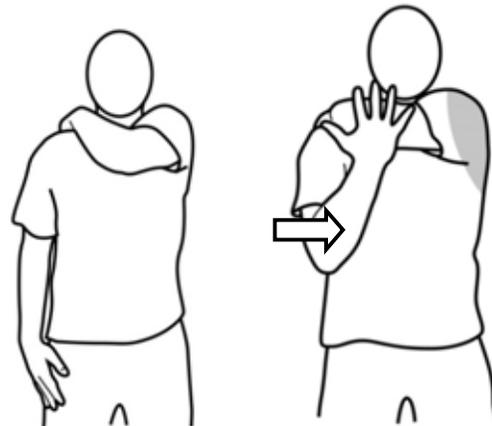
SHOULDER STRETCH

Step 1: Bring your left hand to right shoulder, with elbow elevated.

Step 2: Using your right palm, press into the left elbow, stretching the shoulder. A comfortable stretch should be felt through your shoulder.

Step 3: Hold for 10 seconds, then release slowly.

Step 4: Repeat with the opposite side.

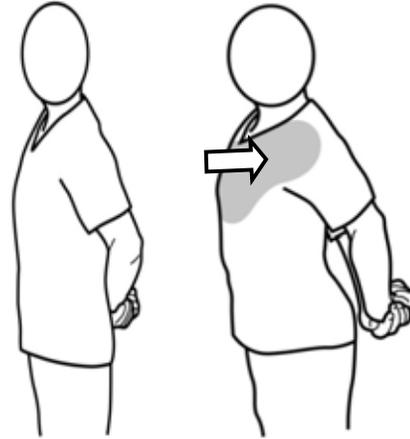


CHEST STRETCH

Step 1: Clasp hands behind back, with elbows bent. Your neck should be straight and relaxed.

Step 2: Gently straighten your elbows while bringing shoulders back. A comfortable stretch should be felt through the chest.

Step 3: Hold for 10 seconds, then release slowly.



TRUNK STRETCH

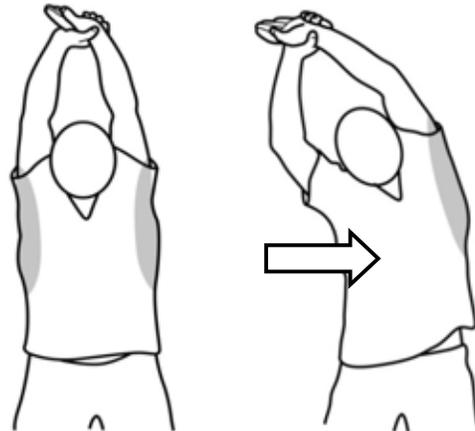
Step 1: Clasp wrist, then turn your palms upward above your head as the arms straighten.

Step 2: Slowly elongate your arms upward as you feel a comfortable stretch through the arms and upper sides of your trunk.

Step 3: Hold for 10 seconds while breathing deeply.

Step 4: Slowly bend to the right for 10 seconds producing a comfortable stretch in the outer trunk and shoulder region. Release slowly.

Step 5: Repeat on the opposite side.



FOREARM AND WRIST

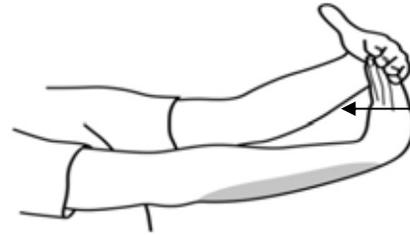
Step 1: With both arms extended and palms down, gently use the left hand to raise your right wrist upwards producing a comfortable stretch in the lower forearm and wrist.

Step 2: Hold for 5 seconds, then release slowly.

Step 3: With both arms extended, and palms down gently use your left hand to lower the right wrist downwards until a comfortable stretch is felt in the upper forearm and wrist.

Step 4: Hold for 5 seconds, then release slowly.

Step 5: Repeat Steps 1-4 on opposite arm.



Part II - Policies

Policies

Musculoskeletal Injury Prevention Policy

Musculoskeletal Injury Prevention: Education

Musculoskeletal Injury Prevention: Supervisory Responsibility

POLICY TITLE	POLICY NUMBER
Home Care Musculoskeletal Injury Prevention Policy	HC- xx
	DATE OF ORIGINAL APPROVAL
	APPROVED BY:
MANUAL/SECTION	DATE OF REVIEW / REVISION
Home Care	PAGE(S)
	Page 1 of 2

1.0 Policy

The Interlake-Eastern Regional Health Authority (RHA) is committed to ensure a culture of safety by providing Home Care Staff with skills to perform Client Handling task safely. The Musculoskeletal Injury Prevention (MSIP) program includes safe work procedures, policies and educational material to reduce the risk of injury.

2.0 Definitions

Home Care Program Staff- Includes, Home Care Nurses, Home Care Attendants, Rehabilitation assistants, Adult Day Program Staff, Supportive Housing Staff and Allied Health Staff.

Musculoskeletal Injury Prevention (MSIP) Education/Program- An educational program that outlines injury prevention techniques for identifying and recommending the appropriate methods of a minimal lift environment.

Safe Transfer and Client Handling Task- Any procedure involving staff assistance to move a client in which no more than minimal exertion (35 lbs of force) is applied by staff. If more force is required, mechanical aids are used for the task.

Procura- A scheduling medical electronic software database used for clients in Home Care Program.

Safe Work Procedures- Safe work procedures are written instructions outlining how to perform a task with minimal risk to Client and Staff.

3.0 Procedure

- The Interlake-Eastern RHA will provide the required equipment to minimize manual lifting of clients (e.g. mechanical lifts, sliders, etc.).
- Staff responsible for transferring and/or repositioning clients will be educated on all applicable Safe Work Procedures that will include a demonstration and return demonstration (Refer to Interlake- Eastern RHA Home Care MSIP: Education Policy – **HC xx**).

- Safe Work Procedure and MSIP guidelines will be developed for any new transfer procedure or equipment that is introduced into the region **BEFORE** it is introduced into the workplace. Staff will be oriented to all new Safe Work Procedures and MSIP guidelines as they develop.
- A MUSCULOSKELETAL INJURY PREVENTION MANUAL is located in Home Care offices which will include all the Safe Work Procedure (See Form xx- Safe Work Procedures) for Client Handling and equivalent information.
- It is the duty of all Home Care Program Staff to take reasonable care of their own health and safety, as well as that of their co-workers and clients in their care.
- Ongoing evaluation of the program to review current evidence based practices. (See Form 6396 - MSIP Handling Compliance for Home Care Program Staff).

2.0 REFERENCES

- Safe Moves-Client Handling Program 2013.
- WRHA Safe Patient Handling and Movement Program 2008.
- IRHA Education Musculoskeletal Injury Prevention No.GA-11-170
- IRHA Education Safe Transfer & Client Handling No. GA-11-180
- IRHA Acute Care & Long Term Care No. AC-1-107
- NEHA Old Policies- Transfer Safety No. LTC 7-9

Policy Title	Policy Number
Home Care Musculoskeletal Injury Prevention: Education	HC-xx
	DATE OF ORIGINAL APPROVAL
	APPROVED BY:
MANUAL/SECTION	DATE OF REVIEW / REVISION
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1.0 Policy

The Interlake-Eastern Regional Health Authority (RHA) recognizes that ergonomic hazards in the workplace are leading causes of musculoskeletal injuries. To reduce the risk of these injuries the Interlake-Eastern RHA provides required Musculoskeletal Injury Prevention education for all employees.

2.0 Definitions

Ergonomic hazards- An ergonomic hazard is when the musculoskeletal system is affected by a physical factor that is within the environment that you are in.

Home Care Program Musculoskeletal Injury Prevention (MSIP) Trainers- responsible for training the Home Care Program Staff. Includes Leader (or designate) and Trainers.

Home Care Program Key Leader Staff- All Home Care Program Staff with a supervisory roll (i.e. Senior Leadership, Clinical Team Managers, Case Coordinators and Resource Coordinators).

Home Care Program Peer Leader Staff- Home Care Program staff who participate in peer leader training.

Home Care Program Staff- Includes, Home Care Nurses, Home Care Attendants, Rehabilitation assistants, Adult Day Program Staff, Supportive Housing Staff and Allied Health Staff.

Musculoskeletal Injury Prevention (MSIP) Program/Education- An educational program that outlines injury prevention techniques for identifying and recommending the appropriate methods of minimal client lift and transfers.

Musculoskeletal Injury Prevention (MSIP) Team- Includes MSIP Leader, Trainers and Peer Leaders who are responsible for training the Home Care Program staff.

Procura- A scheduling medical electronic software database used for clients in Home Care Program.

Safe Work Procedures- Safe work procedures are written instructions outlining how to perform a task with minimal risk to Client and Staff.

Safe Transfer and Client Handling procedures- Any procedure involving staff assistance to move a client in which no more than minimal exertion (35 lbs of force) is applied by staff. If more force is required, mechanical aids are used for the task.

Musculoskeletal Injury (MSI) - Any injury to the bones, joints, muscles, nerves and ligaments. It may include strains, sprains, fractures or dislocations.

3.0 Procedure

Musculoskeletal Injury Prevention (MSIP) Leader or as designated by Director of Home Care and Palliative Care Services

- Develop the MSIP Manual for educational purpose.
- Develop new Safe Work Procedures (See Form **xx** – Safe Work Procedures) and Policies as required.
- Participate in the delivery of the MSIP education to Trainers, Key Leaders, Peer Leaders and Home Care Program Staff. Sign off on their competency checklist (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff).
- Leader will be available to attend any MSIP meetings to discuss pertinent issues. Leader will organize a MSIP meeting annually with Peer Leaders. Pertinent issues and recommendations which arise at these meetings will be sent to Director of Home Care and Palliative Care Services.
- The MSIP team will review its annual goals and objectives with the purpose of determining the program's success. These goals and objectives should be observable, measurable and congruent with achieving evidence based practice. Action plans will be developed for areas requiring improvement identified from the annual evaluation. The annual goals and objectives of the team will be based on implementing these action plans.
- Stay up to date with Safe Transfer and Client Handling and MSIP evidence based practice.
- Contact appropriate supervisor to advise if there is a vacancies in the MSIP Team.

Musculoskeletal Injury Prevention (MSIP) Trainers

- Each trainer receives a copy of the manual for their own use.

- Participate in MSIP education. Following completion of training, the trainer will sign the competency form (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff) indicating they have successfully demonstrated the procedure, shown their understanding of the program and the roles and responsibilities of a Trainer.
- Participate annually in MSIP education.
- Meet on an annual basis with the MSIP team.
- Trainers will schedule MSIP education sessions for Home Care Program Staff.
- Participate in the delivery of MSIP education to Key Leaders, Peer Leaders and Home Care Program staff.
- Trainers will be responsible for taking attendance and completing the MSIP Competency Form (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff).
- Completed competency checklist- original goes to payroll and a copy goes to Supervisor.
- If any Home Care program staff who are participating in the MSIP training indicate they have injuries that prevent them from participating, the trainer will allow them to remain and observe the session. The competency checklist will not be completed, the Trainer will advise staff to discuss injuries with their Supervisor and the Trainer will follow up with their Supervisor.
- Distribute the MSIP Certificate to Home Care Program Staff upon completion of the training session (See MSIP Handling Certificate).
- Act as a resource for MSIP procedures for the Home Care Staff as required.

Musculoskeletal Injury Prevention (MSIP) Peer Leaders

- Each peer leader receives a copy of the manual for their own use.
- Participate in the MSIP training session. Following completion of training, the Trainer and/or MSIP Leader will sign the competency form (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff) indicating they have successfully demonstrated MSIP techniques, shown their understanding of the program and the roles and responsibilities of an onsite Peer Leader.
- Assist MSIP Leader and trainers in the delivery of MSIP education.
- Provide support to Home Care Program Staff onsite and direct issues which arise during delivery of service.

Home Care Program Key Leader Staff

- Attend MSIP education.

- Support a culture of safety, shared responsibility and a minimal lift environment within area.
- Monitor, enforce and support the Trainers on the implementation of the MSIP Program.
- Responsible for auditing staff who provide Client Handling activity (See Form 6396 - MSIP Compliance for Home Care Program Staff).
- Compliance reports completed over the year must be forwarded to the MSIP Leader.
- After regular business hours the Clinical Team Managers will be the direct contact for any Home Care Program Staff who are unable to proceed with a transfer due to a posing risk. During regular business hours Home Care Program Staff will contact their direct supervisor. The Supervisors and Clinical Team Managers will refer to the quick reference guide (See Form xx- Quick reference guide for Home Care Program Ad-min on call).

Home Care Program Staff

- Attend, participate and successfully demonstrate MSIP skills and understand theory at education sessions (every 3 years or as required). Following completion of training, the trainer and/or leader will sign the competency form (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff) indicating they have successfully demonstrated Safe Client Handling Techniques, shown their understanding of the program and the roles and responsibilities.
- Apply MSIP skills when performing job functions.
- Home Care Program staff will identify when a hazardous situation presents and will report to Supervisor.
- Notify your Supervisor of any injuries that may prevent you from participating in Client Handling procedures.
- Be aware of the location of the Interlake - Eastern RHA MSIP Manual. This manual will contain Safe Work Procedures (See Form xx), Policies and resources on Safe Transfer and Client Handling task and stored in Home Care Office.
- Post MSIP training the employee will receive a completed certificate documenting completion and success (MSIP Certificate).

Requirement of Retraining

- Employees who return to work following a Client Handling related injury will be retrained by MSIP Trainers/Peer Leaders. In this session, the Trainers will review the use of proper body mechanics and review certain Safe Procedures pertaining to their job duties.

➤ Employees who have been identified as non compliant through on going monitoring (See Form 6396 - MSIP Compliance for Home Care Program Staff) will be required to complete retraining in the area/s of concern. This retraining will be performed by Trainers and/or Peer Leaders and documented using the competency checklist (See Form 6397 - MSIP Competency Checklist for Home Care Program Staff) and specific Safe Work Procedures will be reviewed. This training session will be tracked by Trainers. Documentation of this session is to be forwarded to the Supervisor (photocopy) and payroll (original).

Occupational Health & Safety Officer

- Report a list of return to work employees to Supervisors and Trainers to which will need to be registered for MSIP retraining.

4.0 REFERENCES

- Nelson, Audrey. *Safe Patient Handling and Movement: A Practical Guide for Health Care Professionals*. New York: Springer Publishing, 2006.
- [Sue Ruzsala](#), [Brian Fletcher](#), [Mike Fray](#), [P Alexander](#), [S. Hignett](#), and [E. Crumpton](#). *Evidence-based Patient handling: Techniques and Equipment*. London: Routledge, 2002.
- Hignett, Sue. "Intervention strategies to reduce musculoskeletal injuries associated with handling patients: a systematic review." *Occupational and Environmental Medicine* 60:e6 (2003).
- Brown, Deborah X. "Nurses and Preventable Back Injuries." *American Journal of Critical Care* 12, no.5 (2003): 400-401.
- Nelson, A., Baptiste, A. "Evidence-Based Practices for Safe Patient Handling and Movement." *Online Journal of Issues in Nursing*, Vol. #9 No.#3 (2004), Manuscript Available: www.nursingworld.org/ojin/topic25/tpc25_3.htm
- SALT Program. Revera Long Term Care.
- Safe Moves-Client Handling Program 2013.
- IRHA Education Musculoskeletal Injury Prevention No.GA-11-170
- IRHA Education Safe Transfer & Client Handling No. GA-11-180
- IRHA Acute Care & Long Term Care No. AC-1-107
- NEHA Old Policies- Transfer Safety No. LTC 7-9

Policy Title	Policy Number
Home Care Musculoskeletal Injury Prevention: Supervisory Responsibility	HC- xx
	DATE OF ORIGINAL APPROVAL
	APPROVED BY:
MANUAL/SECTION	DATE OF REVIEW / REVISION
Home Care	
	PAGE(S)
	Page 1 of 2

1.0 Policy

Interlake-Eastern Regional Health Authority (RHA) will be successful in ongoing implementation of the Musculoskeletal Injury prevention (MSIP) Program through continued supervisory monitoring and enforcement of Safe Transfer and Client Handling procedures.

2.0 Definitions

Musculoskeletal Injury Prevention (MSIP) Education/Program - An educational program that outlines injury prevention techniques for identifying and recommending the appropriate methods of a minimal lift environment.

Safe Transfer and Client Handling Procedures- Any procedure involving staff assistance to move a client in which no more than minimal exertion (35 lbs of force) is applied by staff. If more force is required, mechanical aids are used for the task.

Safe Work Procedures- Safe work procedures are written instructions outlining how to perform a task with minimal risk to Client and Staff.

3.0 Procedures

➤ The Workplace Safety and Health Act assigns the responsibility to ensure that workers adhere to Safe Client Handling policies and procedures to the supervisor.

Section 4.1 of the Workplace Safety and Health Act states that:

4.1 Every supervisor shall:

- (a) so far as is reasonably practicable,
 - (i) take all precautions necessary to protect the safety and health of a worker under his or her supervision,
 - (ii) ensure that a worker under his or her supervision works in the manner and in accordance with the procedures and measures required by this Act and the regulations,
- and

(iii) ensure that a worker under his or her supervision uses all devices and wears all clothing and personal protective equipment designated or provided by the employer or required to be used or worn by this Act or the regulations;

(b) advise a worker under his or her supervision of all known or reasonably foreseeable risks to safety and health in the area where the worker is performing work;

(c) co-operate with any other person exercising a duty imposed by this Act or the regulations; and

(d) comply with this Act and the regulations.

- Supervisory enforcement at all levels are key to demonstrating due diligence for both Staff and Client safety.
- The implementation of the MSIP Program through training, provision of resources and the creation of Safe Work Procedures acknowledges recognition of the provincial legislation and the risks in providing care.
- The purpose of enforcement is to ensure that all Staff follow Safe Work Procedures to prevent injuries to themselves and Clients.
- All enforcement activities must be documented as per Interlake-Eastern RHA Human Resources procedures.
- All direct management teams ensure that MSIP Trainers are competent to perform annual monitoring of Client Handling procedures using the Compliance form (See Form 6396 - MSIP Compliance for Home Care Program Staff).
- Staff is aware that compliance with MSIP procedures are mandatory and enforced.

4.0 REFERENCES

- *The Workplace Safety and Health Act, Manitoba. Part 4, 2006.*
- Winnipeg Regional Health Authority. *Safe Patient Handling and Movement Program.* Winnipeg: Winnipeg Regional Health Authority, May, 2008.
- Safe Moves-Client Handling Program. 2013
- IRHA Education Musculoskeletal Injury Prevention No.GA-11-170
- IRHA Education Safe Transfer & Client Handling No. GA-11-180
- IRHA Acute Care & Long Term Care No. AC-1-107
- NEHA Old Policies- Transfer Safety No. LTC 7-9.



Interlake-Eastern
Regional Health Authority

Part III - Safe Work Procedures

1.0 Safe Work Procedures

Safe Work Procedures

1.0 Safe Work Procedures

➤ MOBILITY TRANSFERS

- Independent Transfer
- Supervised Transfer
- One Minimum Assist Transfer
- One Minimum Walking Assist
- One Minimum Assist Tub Transfer

➤ LIE ↔ SIT TRANSFERS

- Independent Lie ↔ Sit
- Supervised Lie ↔ Sit
- One Minimum Assist Lie ↔ Sit

➤ MECHANICAL LIFT TRANSFERS

- One Minimum Assist Full Mechanical Floor Lift
- One Minimum Assist Sit to Stand Lift

➤ REPOSITIONING

- Independent Reposition in Bed
- One Minimum Reposition in Bed
- Independent Reposition in Wheelchair
- One Minimum Reposition in Wheelchair

➤ EMERGENCY TRANSFERS

- One Minimum Assist Emergency Transfer from Bed to Floor
- One Minimum Assist Emergency Transfer from Wheelchair to Floor
- Assisting a Fallen Client up from a fall
- Assisting a Falling Client

Musculoskeletal Injury Prevention Program

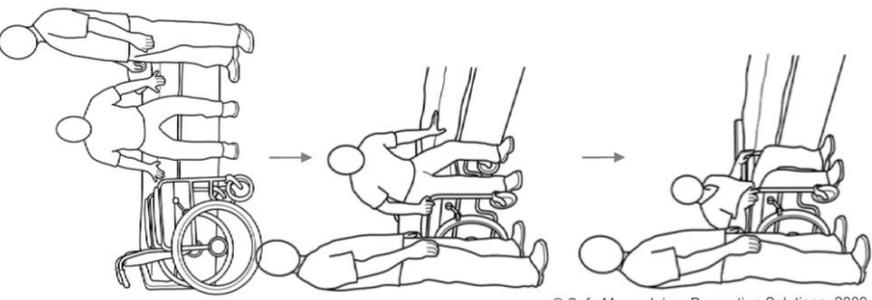
SAFE WORK PROCEDURE: Independent Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Hazards Present:		Assistive Equipment and Safety Considerations:			
<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> Bed rail, grab bar, transfer pole & trapeze bar 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Preparation for Client Handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Client should exhibit predictable performance. Client is independent with achieving lying sitting standing. Client requires no physical or set up assistance from staff. There is no fall history related to impaired transferring ability. No Staff required. 					
Steps to perform task safely:					
 <p style="font-size: small; transform: rotate(-90deg); position: absolute; left: -50px; bottom: 0;">© Safe Moves Injury Prevention Solutions, 2009</p>		Client prepares for transfer:			
		<ul style="list-style-type: none"> Client positions wheelchair on strong side, brakes on. Sits at bedside and moves forward to the edge of bed with feet under knees. Client puts hands on surface to prepare to push up. 			
		Client Stands:			
		<ul style="list-style-type: none"> Client leans forward (nose over toes), pushes up with arms & legs. Client stands. Takes a moment to regain balance. 			
		Client Turns:			
<ul style="list-style-type: none"> Client steps around to turn & reaches for far arm rest of wheelchair/receiving surface. Client may prefer to use a walker/cane to assist with turn. Client continues to turn until receiving surface is felt against back of legs. If wheelchair is not required the transfer is complete. 					
Client Sits:					
<ul style="list-style-type: none"> Using support of the armrests client lowers self to wheelchair. 					
Comfort and Positioning:					
<ul style="list-style-type: none"> Client repositions self independently once seated. Reverse steps to get back into bed. 					
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.</p> <p>*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Supervised Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present: <ul style="list-style-type: none"> None 		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, grab bar, transfer pole, trapeze bar, commode, raised toilet seat, mobility aids, adjustable bed. Client and Staff required to wear appropriate footwear & staff required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation Training every 3 years or as required Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instructions. Client should have moderate to full trunk, arm and leg strength. Moderate dynamic balance. Client can weight bear, able to take steps and turn between surfaces independently. Staff may assist by counting to help cue client through transfer. Client should be able to achieve lying sitting standing with no more than verbal cueing &/or set up assistance. Client requires no physical assistance. If any physical assistance is required the client must be assessed for higher assistance. 					
Steps to perform this task safely:					
 <p>The diagram illustrates the process of a supervised transfer in three stages. In the first stage, a staff member is positioned at the side of a bed, and a wheelchair is placed nearby. The client is sitting on the edge of the bed. In the second stage, the client is shown sitting on the wheelchair. In the third stage, the client is shown sitting on the wheelchair, which is now positioned in front of the bed. Arrows indicate the progression from the first stage to the second, and then to the third.</p>					
<p>© Safe Moves Injury Prevention Solutions, 2009</p>					
Staff and Client prepares for transfer:					
<ul style="list-style-type: none"> Staff or client position wheelchair on client's strong side, remove foot rests and applies brakes. Client sits at bedside and moves forward to the edge of bed with feet under knees. Client puts hands on surface of bed to prepare to push up. For ease of standing try to get hips higher than knees (adjust bed if possibly). 					
Client Stands:					
<ul style="list-style-type: none"> Client leans forward (nose over toes) and pushes up with arms & legs On count, "1, 2, 3, stand", client stands. Client takes a moment to regain balance. 					
Client Turns:					
<ul style="list-style-type: none"> Client takes steps to turn while reaching for armrest/receiving surface. Client continues to turn until receiving surface is felt against back of legs. If wheelchair not required then transfer is complete. 					
Equipment Use:					
<ul style="list-style-type: none"> A walker/cane may be used by placing it in front of client. Discourage holding onto mobility aid prior to standing. After client stands they may use mobility aid while turning. 					
Client Sits:					
<ul style="list-style-type: none"> Staff stands beside seated surface only as a precautionary measure while client sits. Client holds on to armrests/receiving surface to sit. On count, "1, 2, 3, sit" client sits. 					

Chair Transfer to Bed:

- Wheelchair is positioned either next to bed and close to transfer aid or beside bed.
- Client moves forward on chair seat, leans forward (nose over toes) and pushes up with arms & legs.
- On count, "1, 2, 3, stand", client stands.
- Client takes a moment to regain balance.
- Client then turns and sits on bed in same procedure as above.

Comfort and Positioning:

- Staff ensures client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
		Revision #:			
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, grab bar, transfer pole, trapeze bar, commode, raised toilet seat, mobility aids, adjustable bed, transfer belt required unless contraindicated, client and staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Client may have moderate trunk, arm and leg strength. Moderate dynamic balance. Client can weight bear, able to take steps and turn between surfaces with no more than minimal physical assistance from staff. Client requires no more than minimal physical assist from staff to achieve lying sitting standing. Staff should not grasp the client or their clothing. If the client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia. Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. Ensure space in bathroom allows for good body mechanics otherwise use commode. <p>*Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
		Transfer from Bed to Chair and/or Commode Staff and Client prepare for transfer: <ul style="list-style-type: none"> Staff positions wheelchair on client's strong side, remove foot rests and apply brakes. Leave a little "hallway" between chair and bed for staff to weight shift. Apply transfer belt securely around client's waist. Instruct client to sit at bedside and to move forward to the edge of bed with feet under knees. Assist if necessary using hip walk method (See Safe Work Procedure: Reposition in chair). Client puts hands on surface of bed to prepare to push up. Staff is positioned close to client on weaker side with knee on bed facing client. If staff has difficulty with knee on bed they may sit beside client and stand together. Staff grasps furthest handle of transfer belt with one hand and other hand on client's shoulder. Avoid twisting. Alternatively, grasps transfer belt with one hand and other hand holds client's hand for cueing and guidance only. For ease of standing try to get hip height higher than knee height. 			
		Client Stands: <ul style="list-style-type: none"> Instruct client to lean forward (nose over toes) and push up with arms & legs. On count, "1, 2, 3, stand", client stands. Staff assists by using the transfer belt to cue pelvis forward and up using forearm. Staff weight shifts from front knee to back leg while standing with client. Take a moment to regain balance. 			

Client Turns:

- Client takes steps to turn while reaching for armrest/receiving surface.
- Client continues to turn until receiving surface is felt against back of legs.
- Staff remains close, still holding transfer belt to guide and take steps with client during turn.
- If wheelchair not required then transfer is complete.

Equipment Use:

- A walker/cane may be used by placing it in front of client. Discourage holding onto mobility aid prior to standing. After client stands they may use mobility aid while turning.

Client Sits:

- Staff uses “hallway” to position themselves for weight shifting.
- Client reaches for other armrests/receiving surface.
- On count, “1, 2, 3, sit”, client sits as staff shifts weight in direction of move.

Transfer from Chair to Bed

- Position wheelchair either next to bed on client’s strong side or at 45 degrees to bed.
- Staff applies transfer belt securely around client’s waist.
- Instructs client to move forward on chair seat.
- Instruct client to lean forward (nose over toes) with hands on armrests.
- Staff stands on client’s weaker side beside seated surface with leg slightly behind rear of seated surface, staff weight shifts from back to front leg assisting client to stand.
- On count, “1, 2, 3, stand”, client stands. Staff assists by using the transfer belt to cue pelvis forward and up using forearm.
- Take a moment to regain balance.
- Guide client to turn, follow closely beside client (sneak in front of wheelchair) while grasping transfer belt to assist them to step towards bed. Either move wheelchair out of the way or ask client to take a few steps forward so you have room to sneak in front of wheelchair.
- Client continues to turn until receiving surface is felt against back of legs.
- Staff puts one knee on bed and instructs client to reach back for bed surface to prepare to sit.
- On count, “1, 2, 3, sit, client sits while staff shifts weight from standing leg to knee on bed.
- Alternately, if staff has difficulty with knee on bed they may stand beside client and they can sit together.

Comfort & Positioning:

- Staff removes transfer belt, ensures client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Walking Assist

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> • Bed rail, grab bar, transfer pole, Transfer belt required unless contraindicated, Mobility aid (Walker/cane), Wheelchair, Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> • Initial Orientation • At a minimum of 3 year recertification • Healthy Body Mechanics • Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> • Client requires no more than minimal physical assistance. • Clear obstacles out of pathway. • Before helping the client to walk: <ul style="list-style-type: none"> ➢ Check the care plan which summarizes the client's ability to walk, weight bear & take steps effectively. • Are there adequate opportunities for a rest during the walk? (eg. are there seats client can use along the way?) <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Staff position themselves correctly: <ul style="list-style-type: none"> • Apply transfer belt securely around client's waist. • Staff is to be positioned on client's weak side. • Staff walks closely beside client while grasping furthest handle of the transfer belt using inside hand. Outside hand is positioned on client's shoulder or on mobility aid (walker or cane). 					
Client stumbles while walking: <ul style="list-style-type: none"> • Staff uses their own body weight to help client regain balance. • Staff uses a wide base of support and shifts body weight from one leg to another to lean into client. • Staff leans into client using three points of contact; shoulder, hip and leg. • If a client falls. Follow Safe Work Procedure: Assisting a Falling Client. 					
Assistance with Equipment During Ambulation: <ul style="list-style-type: none"> • Staff may guide the movement of a mobility aid to ensure it is positioned in front of client. • If a wheelchair is required, there must be two staff involved in transfer; one staff grasps transfer belt and other follows behind client with a wheelchair. 					
Comfort & Positioning: <ul style="list-style-type: none"> • Staff removes transfer belt. Ensures client is comfortable. 					
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Tub Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Grab bar, bath bench/stool, mobility aids, raised toilet seat, Transfer belt required unless contraindicated, commode, Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Client may have moderate to full trunk, arm and leg strength. Moderate dynamic balance. Client can weight bear & be able to take steps between surfaces with no more than minimal assist from staff. Client requires no more than minimal physical assist from Staff to achieve lying ←→ sitting ←→ standing. Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. Ensure space in bathroom is set up to allow for good body mechanics. If client is ambulatory they have the option of a bath stool or bench. If client is in a wheelchair the preferred assistive equipment is a bath bench. <p>*Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Wheel Chair/Commode to Bath Tub					
Client and Staff prepare for transfer:					
<ul style="list-style-type: none"> After client undresses to prepare for bath, apply transfer belt securely around client's waist. Remove foot rests on chair. Staff positions chair 45 degrees next to tub on client's strong side. Apply brakes on wheel chair. Instruct client to move forward in chair with feet under knees. Encourage client to use assistive devices (i.e. grab bars). Staff is in power position beside chair on client's weaker side. With one hand grasp furthest handle of transfer belt and other hand on client's shoulder for cueing and balance. 					
Client Stands:					
<ul style="list-style-type: none"> Instruct client to lean forward (nose over toes) and push up with arms (using armrest and/or grab bar) & legs. On count, "1, 2, 3, stand". Staff assists by using the transfer belt to cue pelvis forward and up using forearm. Staff weight shifts in direction of move. Take a moment to regain balance. 					
Client Turns and Sits:					
<ul style="list-style-type: none"> Staff remains close, still holding transfer belt to guide and take steps with client during turn. Client takes small steps to turn until <u>bath bench</u> is felt against back of legs. Staff shifts weight in direction of movement to assist client to sit on bath bench. 					

- Client turns and lifts legs into tub one at a time. Assist as necessary.
- Client holds on to grab bars and/or arm rest on bench to assist with movement.
- Staff half kneel on ground and/or deep squat to assist with legs as needed.
- Remove transfer belt

Reverse steps to get out of Bath Tub:

- Client swings legs over bath tub one at a time. Assist as necessary.
- Apply transfer belt securely around client's waist.
- Position chair on client's strong side if able.
- Then follow "Client Stands" and Client Turns and Sits" sections above.

Ambulatory to Bath Tub

Option 1:

- If using a bath stool, client will step over bath tub one leg at a time.
- Using grab bars if available.
- Client will turn and sit down when bath stool is felt against back of legs. Assist as necessary.

Option 2:

- If using a bath bench.
- Using grab bars if available.
- Client will turn and sit down when bath bench is felt against back of legs. Assist as necessary.
- Client will swing legs into bath tub one at a time.
- Staff half kneel on ground and/or deep squat to assist with legs as needed.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

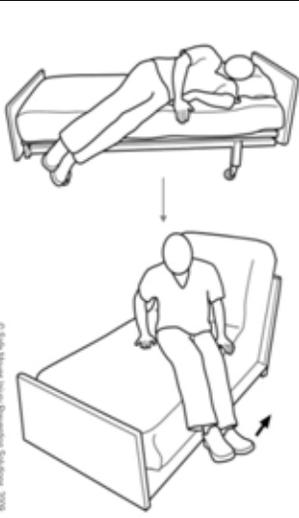
SAFE WORK PROCEDURE: Independent Lie ↔ Sit

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present:		Assistive Equipment and Safety Considerations:			
<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> Bed rail, grab bar, transfer pole & trapeze bar. 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Preparation for Client Handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Client should exhibit predictable performance. Client is independent with achieving lying ↔ sitting. Client requires no physical or set up assistance from staff. There is no fall history related to impaired transferring ability. No staff required. 					
Steps to perform task safely:					
<p>© Safe Motion Injury Prevention Solutions, 2009</p>		Lie to Sit Procedure			
		Client prepares for Turn:			
		<ul style="list-style-type: none"> Client bends knees slightly or crosses ankle over other. Client turns by reaching top arm across chest so that the hand is resting on the bed in front of their body. Use bed rail for assistance if necessary. 			
				Client prepares to Sit:	
				<ul style="list-style-type: none"> Unless contraindicated client will raise head of bed. Client moves heels over edge of bed. Client pushes into mattress using elbow which is resting on the mattress. At the same time they push into mattress with hand of the top arm. This raises client's trunk. Client then shuffles their bottom forward until sitting comfortably with feet resting securely on floor. 	
				Sit to Lie Procedure	
				<ul style="list-style-type: none"> Unless contraindicated client will raise head of bed. Client will lie down on their side first: position arms/hands on bed to assist with lying down and will lift legs/feet up into bed. Client will turn onto their back. Client can lower head of bed, if it was raised. 	
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.					
*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Supervised Lie ↔ Sit

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards:		Assistive Equipment and Safety Considerations:			
<ul style="list-style-type: none"> • none 		<ul style="list-style-type: none"> • Bed rail, transfer pole, trapeze bar, adjustable bed, Client & Staff are required to wear appropriate footwear. 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> • Initial Orientation • At a minimum of 3 years recertification • Preparation for Client Handling 			
Client criteria and Supportive Information:					
<ul style="list-style-type: none"> • Client should be cooperative, predictable and follow instructions. • Client should have moderate to full trunk, arm and leg strength. Moderate dynamic balance. • Client should be able to achieve lying ↔ sitting ↔ standing with no more than verbal cueing &/or set up assistance. • Client requires no physical assistance. If any physical assistance is required the client must be assessed for higher assistance. • Staff may assist with verbal cueing and prepare client's equipment, clothing, etc. 					
Steps to perform the task safely:					
		<p>Lie to Sit Procedure</p> <p>Client moves from <u>Lying</u> to <u>Side Lying</u>:</p> <ul style="list-style-type: none"> • Client bends knee opposite of direction of turn or crosses one ankle over the other. • Client turns by reaching top arm across chest so that hand is resting on bed in front of their body, use bed rail for assistance if necessary. <p>Client moves from <u>Side Lying</u> to <u>Sitting</u>:</p> <ul style="list-style-type: none"> • Client moves heels over edge of bed. • Unless contraindicated client may raise head of bed to as high as comfortable. • Push into mattress using elbow which is resting on the mattress. At the same time they push into mattress with the hand of top arm. This raises their trunk. • Client then shuffles their bottom forward until sitting comfortably with feet resting securely on floor. 			
Sit to Lie Procedure					
<ul style="list-style-type: none"> • Unless contraindicated client may raise head of bed to as high as comfortable. • Client will move buttocks back in bed before lying down (feet will be a little off ground). • Client will lie down on their side first: position arms/hands on bed to assist with lying down and encourage them to lift legs/feet up into bed. • Client can lower head of bed, if it was raised. • Client will turn onto their back. 					
Comfort & Positioning:					
<ul style="list-style-type: none"> • Ensure client is comfortable & properly positioned. 					
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.</p> <p>*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>					

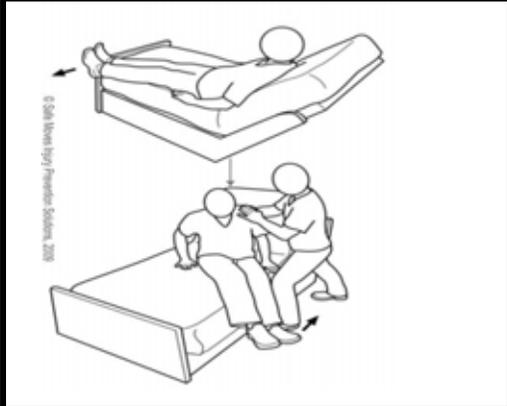
REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Lie ↔ Sit

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present:		Assistive Equipment and Safety Considerations:			
H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		<ul style="list-style-type: none"> Bed rail, transfer pole, trapeze bar, adjustable bed, Client and Staff are required to wear appropriate footwear & staffs required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparations for Client handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Client may have had recent surgery and need to maintain precautions. Client may have moderate trunk, arm and leg strength. Moderate dynamic balance. Client requires no more than minimal physical assist from staff to achieve lying sitting. Staff should not grasp the Client or their clothing. If the client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia. Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform the task safely:					
Lie to Sit Procedure					
Staff and Client prepare for task:					
<ul style="list-style-type: none"> Lower side rail. Ensure client is centered in bed. Use elbow check to make sure client won't turn too close to edge of bed. Check - bend client's elbow and bring arm out to the side. If elbow rests inside mattress edge, there is enough space. If elbow sticks out past the edge, client will need to move over in bed before turning. Ensure bed is at a height to allow client's feet to rest firmly on the floor when sitting. 					
Prepare to turn:					
<ul style="list-style-type: none"> Client bends knee of leg opposite to the direction of the turn. Ask client to turn onto their side. If client requires assistance to turn, staff places one knee on the bed. Staff places a hand on client's furthest hip and shoulder. Cues client to assist with turning by reaching across body. Give clear instructions to client, "1, 2, 3, turn". Staff shifts weight from front knee/leg to back leg. 					
Prepare to Sit:					
<ul style="list-style-type: none"> Client then moves heels over edge of bed. Unless contraindicated raise head of bed to as high as comfortable for client. Stand facing client in power position, one hand is physically cueing with some downward pressure at client's top hip, the other hand is cupping top of client's shoulder. 					

- Stand close to client so you are not over-reaching.
- Instruct client to push into mattress with hand and elbow to sit up while bringing feet off the side of bed.
- Give clear instructions to sit on count "1, 2, 3, sit", while staff shifts weight from leg closest to head of bed to opposite leg.
- If client needs help with legs, staff can do a half kneel beside bed and shift weight from high to low kneel. Place one hand behind client's knee and other hand under client's foot and assist client's leg out of bed, moving one leg or both depending upon client comfort.
- Ensure client can maintain balance in a seated position.



If Physical Assistance is Required with Lying to Sitting Position:

- Using the power position, one hand is placed behind client's shoulders, the other in front of shoulder closest to staff. On specified count staff assists client to turn & rotate into a seated position by weight shifting from inside to outside foot.
- Force/effort comes from the staff legs while an upright spine is maintained. The upper body is set with shoulder blades locked back, & abdominals slightly contracted.

Sit to Lie Procedure

Staff and Client prepare for task:

- Unless contraindicated raise head of bed to as high as comfortable for client.
- The client should be sitting on the side of bed in a position where they will not have to move up in bed once lying.
- Client will move bottom back in bed before lying down (feet will be a little off ground).

Prepare to Lie:

- Instruct client to lie down on their side first: position arms/hands on bed to assist with lying down and encourage them to lift legs/feet up into bed as much as possible.
- Give clear instructions to client "1, 2, 3, lie".
- If client needs assistance with getting legs into bed, staff can help by doing a half kneel beside bed and weight shift from low to high kneel. Place one hand behind client's knee and other hand under client's foot and assist client's leg into bed, moving one leg or both depending upon client comfort.
- Lower head of bed, if it was raised.
- Instruct client to turn onto their back, assist as necessary.

Comfort & Positioning:

- Ensure Client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Full Mechanical Floor Lift

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present: H M L risk for injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, trapeze bar, Sit to Stand Lift & Manufacturer's lift sling. Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Follow Manufacturers instruction 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Maximum weight capacity for the Full Mechanical Hoyer lift is 340lbs. Client may not be able to assist or follow instruction. Client may have poor arm, leg and trunk strength. If transferring client to commode, adjust clients clothing prior to lifting. Ensure lift brakes remain off during the transfer. Ensure lift is stored away safely with brakes on when not being used. Staff ensures lift is in working order, battery is charged, knows how to operate lift, and emergency controls. Sling is in good condition. Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. Report concerns about the equipment or client to your supervisor. An additional staff member may be required based on client's weight, tone, behavior, care, positioning in chair/bed. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Set up: <ul style="list-style-type: none"> Open the base of lift. Ensure brakes are on receiving surface. If transferring to/from chair remove or swing away foot rests. Prepare and position equipment so there is enough room to maneuver the base of the lift. 					
Apply sling under Client in BED: <ul style="list-style-type: none"> Prepare sling with labels facing away from client and place at the foot of the bed. Instruct client to <u>turn</u> onto their side away from you. Client bends knee of leg opposite to the direction of turn. Use bed rails for safety and for client to assist with turn. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to assist with turn. Get sling and tuck sling half way under client so that the base of the sling is level with the coccyx & spine is centered in middle of sling. Instruct client to turn back onto their back. Assist if necessary. Move to other side of bed. Take down bed rail. Pull sling out from under client or instruct client to turn away from you slightly and pull sling through & straightened out. Ensure client is centered on sling and there is an equal amount of sling on either side of client. Bring leg straps under legs. Ensure leg straps are smooth and down close to client's knee. Cross leg straps and loop one strap through the other. 					

Apply sling under Client in CHAIR:

- Remove or swing away wheelchair foot rests if required.
- Stand behind client's chair, holding the top edge of the sling with labels away from the client.
- Gather sling into your hand, ask and/or assist client to lean forward and with other hand hold the bottom center of sling and push the sling down the back of chair tucking the sling well under the client's tailbone and hips.
- Pull the leg supports down beside the client's thighs.
- Assist client to rest back against the chair.
- While crouching or kneeling, staff lifts client's leg slightly and pulls leg strap underneath. If necessary, you can prop their leg up on a stool.
- Alternately, you can pull straps slightly through in a diagonal (45 degree) method to ensure strap is pulled under hips and thighs.
- Repeat process for other leg.
- Ensure the leg supports are smooth and down close to the client's knees.
- Cross leg straps and loop one strap through the other.

Attach Sling to Lift:

- Position Lift. Approach client from the side if the client is in bed or from front if the client is in chair.
- Lower hanger bar low enough so loops of the sling can be attached to bar easily.
- If client is in bed, raise head of bed so loops can be attached to bar easily.
- Instruct client to cross their arms on chest. Attach sling to hooks of the hanger bar. Strap colors indicated in care plan.
- Often you will use a short strap at shoulders and long strap at legs to bring client into a seated position when they are raised off the bed.
- Ensure loops are securely attached according to manufacturer's instructions. **Make sure the straps are not wrinkled or twisted.**

Client is Lifted:

- Using remote, lift client up in one smooth movement.
- If lifting client from bed you may need to use one hand to support head and shoulders. You may also lower bed so you don't have to raise client as high in lift.
- Stop once you have tension on the straps and ensure that all the loops are down in carry holder.
- Raise client just high enough to clear surface. Check that client is positioned well in sling.
- Stop the transfer if the client appears unsafe in sling, for example, if client is sliding down through sling opening or if client's shoulders are falling forward or leaning too far back. Lower client back down to surface. You may need to reposition the sling. If these do not succeed, do not complete the transfer, call you supervisor.
- If lifting client from bed, move client's feet off bed. Turn client to face towards lift. If client's legs are heavy, may use slider.

Lift Moved to Destination:

- Hold the steering bars to move lift. Turning lift: stand beside the lift and hold one steering bar to push lift sideways, if difficult use your foot to push the base.
- Shift body weight to carefully move the lift. Remember to move your feet as you move the lift to avoid twisting.
- Move client to receiving equipment.
- Position client at receiving surface so it is felt against the back of their legs.
- **DO NOT USE THE LIFT TO TRANSPORT CLIENT from room to room. USE FOR SHORT DISTANCE TRANSFERS ONLY.**

Client is Lowered:

- Ensure brakes are on receiving surface while lowering client.
- If lowering client into a tilt chair, tilt it back if applicable.
- If lowering client into chair you can stand in front of the lift and push it back into chair to cause a slight tilt to ensure client is lowered to the back of the seat. The tilt in the chair will correct when client comes close to the seat.
- If lowering client into a chair, you may also push the client's knees gently to help position them to the back of the chair.
- If client is not properly positioned, lift client up again and reposition.
- When lowering client into bed position properly to prevent additional boost.
- Lower client until there is enough slack in straps to remove without difficulty.
- Unhook sling straps.



Remove sling:

- Sling is removed in the opposite way as indicated in the "Apply the Sling to Lift" section.

Comfort & Positioning:

- Ensure Client is comfortable & positioned properly.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Sit to Stand Lift

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Hazards Present: H M L risk for injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures * When lifting legs onto platform * When buckling calf straps <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, trapeze bar, Sit to Stand Lift & Manufacturer's lift sling, Client & Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Follow Manufacturer's instructions 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Hoyer Ascend Sit to Stand max weight capacity is 375lbs. In order to use lift make sure client can sit on the side of the bed unsupported. Client has moderate strength in at least one arm to grasp handle and in at least one leg to bear weight and moderate trunk strength. Client can follow simple instructions, is not aggressive & possesses sufficient joint range of motion for stability on the foot platform. Able to tolerate sling around trunk. Ensure lift brakes remain off during the transfer. Ensure it is stored away safely with brakes on when not being used.. Staff ensures lift and sling is in working order, battery is charged, is aware of operation of emergency buttons/controls, and how to operate the lift Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. Report concerns about the equipment or client to your supervisor. An additional staff member may be required based on client's weight, tone, behavior, care, positioning in chair/bed. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Set up: <ul style="list-style-type: none"> Open the base of lift. Ensure brakes are on receiving surface. If transferring to/from chair remove foot rests. If in bed, adjust height of bed, so client's feet are resting flat on the floor. Prepare and position equipment so there is enough room to maneuver the base of the lift. 			 <p>Hoyer Ascend Lift – Sit to Stand</p>		
Apply the sling: <ul style="list-style-type: none"> If in chair, put into upright position, ask client to lean forward while administering sling. If in bed, ask client to get in a seated position. Assist if necessary (Follow Safe Work Procedure: One Minimum Assist Lie to Sit Transfer). Place sling securely around client's waist. Secure sling buckle and ensure sling is wrinkle-free & client's arms are outside of sling. 					
Attach sling to lift: <ul style="list-style-type: none"> Move lift using steering bars so open end of base is under bed or around base of chair/commode. Ask client to place feet onto the platform. Assist if necessary with one leg at a time. Push lift towards client until their shins are touching shin pad. Ensure pad is sitting below knee. <u>First:</u> attach sling straps to the lift, colors indicated in care plan. The shorter the loop, the more upright the client will be standing. <u>Second:</u> secure calf straps. Staff should position in half kneeling or deep squat. 					

Client Stands:

- Client grasps handles. If client is unable to grasp the handle with one hand the affected arm should be supported.
- Client's knees & hips should be slightly flexed.
- Instruct client to bear weight, lean back and push down with legs.
- Staff uses remote to lift client in one smooth movement. If sling is sliding up on client, stop, lower and re-adjust the sling straps.
- Lift client to clear surface to about 2/3rd's standing position.

Lift Moved to Destination:

- Hold the steering bars to move lift. To turn lift: stand beside the lift and hold one steering bar to push lift sideways, if difficult use your foot to push the base.
- Shift body weight carefully to move lift. Remember to move your feet as you move the lift to avoid twisting.
- Position client over receiving surface so it is felt against the back of their legs.
- If transferring to a commode, lower the client's clothing before lowering the client onto the commode.
- **DO NOT USE THE LIFT TO TRANSPORT CLIENT from room to room. USE FOR SHORT DISTANCE TRANSFERS ONLY.**

Client Sits:

- Using remote, lower client in one smooth movement.
- Instruct client to "Sit" down. This will assist with proper positioning.
- If receiving surface is a chair, ensure client is lowered to back of chair and sitting upright.
- If client is not properly positioned lift client up again and reposition.

Disengage Client from Lift:

- Lower client until there is no tension on the sling straps.
- First release calf strap. Staff should position in half kneeling or deep squat.
- Second remove sling straps from lift.
- Instruct client to let go of lift handles.
- As you remove lift away from client ask them to remove feet from the platform. Assist if necessary.
- Move lift out of the way.
- Release sling buckle from around clients waist and remove sling. Assist if necessary.

Comfort and Positioning:

- Staff ensures that the client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

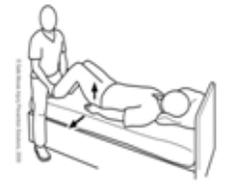
SAFE WORK PROCEDURE: Independent Reposition in Bed

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards:		Assistive Equipment and Safety Considerations:			
<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> Bed rail & trapeze bar 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Client should be cooperative and exhibit predictable performance. Client who requires no physical assistance from staff. Client has full arm, trunk and leg strength 					
Steps to perform task safely:					
 <p>© Sara Moore Injury Prevention Solutions, 2009</p>		<p>Client Repositions Self in Bed:</p> <p>With, or without aids, the client is able to independently:</p> <ul style="list-style-type: none"> Move up and down in bed Turn in both directions in bed Move side to side in bed Perform lying  sitting independently 			
		<p>Comfort and Positioning:</p> <ul style="list-style-type: none"> Client should be comfortable and properly positioned. 			
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.</p> <p>*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Reposition in Bed

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Created: Aug 2014	Date Revised: Aug 2014
					Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, trapeze bar, sliders, raise foot or head of bed, Staff are required to wear appropriate footwear & wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Bed slider information: Bed sliders are designed to slide clients not lift. Do not use them for lifting. Always remove slider unless stated otherwise in the care plan. Grasp top slider sheet with wrists in neutral position with palms facing each other & thumbs up. Client should be cooperative, predictable and follow instruction. Client is able to provide significant participation. Client requires no more than minimal physical assistance from one staff. Client has moderate to full arm & leg strength in at least one limb and moderate trunk strength and fair dynamic balance. When sliders are used, follow manufacturer's guidelines. Two full length slider sheets are used. Raise height of bed if able, or put knee on bed to maintain neutral spine when assisting client to reposition in bed. Staff may raise the foot of bed slightly when moving the client toward the head of bed. Alternate method to get slider under client: you may be able to tuck slider under client's low back and pull it through without having them turn. An additional staff member may be required based on client's weight, tone, behavior, care, positioning in chair/bed. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
		Side to side in bed with guidance <ul style="list-style-type: none"> Stand at foot of bed. Instruct client to bend knees with feet flat on the bed. Lift hips (bridging). Staff may need to stabilize client's feet if necessary. Client moves side to side in bed by pushing into mattress with feet & forearms. 			
Side to side in bed with slider and guidance <ul style="list-style-type: none"> Secure bed rail on the side where client will be turning. Instruct client to bend knee and turn away from you (do elbow check), assist as necessary. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. Cue client to assist with turning by reaching across body. Staff tucks slider under client. Slider handles facing up. May use one slider & fold it in half. Place slider under hips & buttocks. Instruct client to turn back onto their back. Assist if necessary. Move to other side of bed. Take down bed rail, reach under client's thigh and unroll slider through & straightened out. Ask client to move <u>independently</u> side to side (wiggle) with the assistance of a slider. No physical assistance provided by staff. Staff may stabilize client's feet if necessary. 					
Side to side in bed with sliders <ul style="list-style-type: none"> Prepare slider with handles up and leave it at the foot of the bed. 					

- Secure bed rail on the side where client will be turning towards.
- Instruct client to bend knee and turn away from you (do elbow check), assist as necessary. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. Cue client to assist with turning by reaching across body.
- Staff tucks slider under client. Slider handles facing up.
- Instruct client to turn back onto their back. Assist if necessary.
- Move to other side of bed. Take down bed rail, reach under client's thigh and unroll slider through & straightened out.
- Stand facing bed at client's shoulders.
- Instruct client to tuck in chin, lift head & shoulders if able.
- Staff grasps top slider sheet at shoulders and hips (wide grip).
- On count, "1, 2, 3, slide", slide client towards you by shifting body weight from front foot to back foot.
- If possible ask client to bend knees & move legs to side of bed in direction of move. Assist if necessary.
- Repeat above procedures at the hips and feet if repositioning is necessary.



Up and Down in Bed with Guidance

- Instruct client to bend knees with feet flat on bed. Lift hips (bridging).
- Staff may need to stabilize client's feet.
- Client moves up or down in bed by pushing into mattress with feet & forearms.



Up and Down in Bed with Slider and Guidance

- Secure bed rail on the side where client will be turning towards.
- Instruct client to bend knee and turn away from you (do elbow check), assist as necessary. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. Cue client to assist with turning by reaching across body.
- Staff tucks slider under client. Slider handles facing up.
- Instruct client to turn back onto their back. Assist if necessary.
- Move to other side of bed. Take down bed rail, reach under client's thigh and unroll slider through & straightened out.
- Ask client to move independently up and down with the assistance of a slider. No physical assistance provided by staff. Staff may stabilize client's feet.

Up and Down in Bed with Sliders

- Place a pillow at head of bed.
- Prepare slider with handles up and leave it at the foot of the bed.
- Secure bed rail on the side where client will be turning towards.
- Instruct client to bend knee and turn away from you (do elbow check), assist as necessary. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. Cue client to assist with turning by reaching across body.
- Staff tucks sliders under client. Sliders handles facing up.
- Instruct client to turn back onto their back. Assist if necessary.
- Move to other side of bed. Take down bed rail, reach under client's thigh and unroll slider through & straightened out.
- Stand at the side of the bed near the client's shoulders at 45 degrees.
- Instruct client to bend knees and tuck in chin, lift head & shoulders if able.

- Staff grasps top slider sheet at approximately client's shoulder and hip.
- Instruct client to push with feet into mattress and pull with arms to move up if able.
- On count, "1, 2, 3, slide", slide client by shifting body weight from front to back leg.
- Client will move sideways as well as up in bed with each weight shift.
- Repeat on other side. Staff may need to repeat several times on each side until client is comfortable in bed.



Turn in Bed with Guidance

- Ensure client is positioned in bed. Do elbow check to make sure client won't turn too close to edge of bed. Check - bend client's elbow and bring client's arm out to the side. If elbow rests inside mattress edge, there is usually enough space. If elbow sticks out past the edge, client will need to move over in bed before assisting them to turn in bed
- Client bends furthest knee. Assist if necessary.
- Cue client to turn by reaching across body for bed rail.
- Give clear instructions to client "1, 2, 3, turn".

Turn in Bed With Sliders

OPTION 1

- If client cannot turn onto their side at all then slider must be out on bed prior to putting client back in bed using the lift.
- Staff stands facing bed near client's midsection in a wide walking stance.
- Grasp the slider sheet at hips and shoulders. Roll sheet if necessary to get close to client.
- Shift weight from front to back leg to move client over in bed.
- Once client is over in bed, on the count "1, 2, 3, turn", turn the client while shifting body weight from back to front leg.

OPTION 2

- If client can help turn slightly, you can insert slider beneath them.
- Tuck sliders halfway under client.
- Instruct client to turn back onto their back, assist if necessary.
- Move to other side of bed. Take down bed rail. Reach under client's thigh and unroll slider through & straightened out.
- If client cannot turn, you may be able to tuck slider under client's low back and pull through the other side.
- Grasp the slider sheet at hips and shoulders. Roll sheet if necessary to get close to client.
- Staff stands facing bed near client's midsection in a wide walking stance.
- Shift weight from front leg to back leg to move client over in bed.
- Once client is over in bed, on the count "1, 2, 3, turn", turn the client while shifting body weight from back to front leg.

Comfort & Positioning:

- Remove slider from top corner, fold top slider underneath itself, tuck fold under client's neck and pull the slider out from underneath itself.
- Repeat for second slider. Staff ensures client is comfortable & properly positioned.

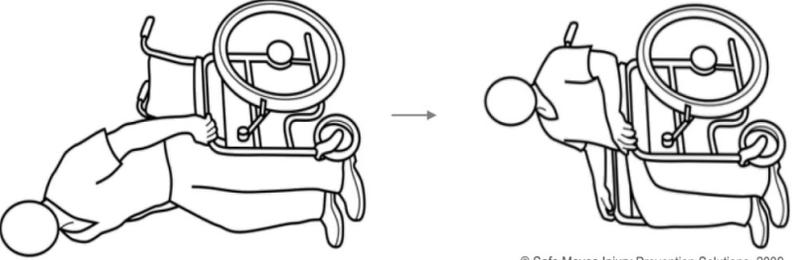
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Independent Reposition in Wheelchair

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014 Revision #:
Hazards Present: <ul style="list-style-type: none"> None 		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Transfer belt, Side rail or Grab bar or Transfer pole Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum every 3 years Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should exhibit predictable performance. Client who requires no physical or set up assistance from staff. Client has full arm, trunk and leg strength. Client able to take steps with no balance deficits. 					
Steps to perform task safely:					
 <p>© Safe Moves Injury Prevention Solutions, 2009</p>		Standing Method: <ul style="list-style-type: none"> Client puts feet flat on the floor. Client leans forward (nose over toes). Using legs & arms client pushes up on armrests to stand up. Client sits back down to the back of the seat. This can be repeated until client is comfortable. 			
		Hip Walking Method: <ul style="list-style-type: none"> The client may also move to back of chair by doing a hip walk: client lifts one hip/buttock off the surface of chair and gently shifts to the back of the chair. Lift other hip/buttock & moving back into chair until comfortable. 			
		Comfort and Positioning: <ul style="list-style-type: none"> Client should be comfortable and properly positioned. 			
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Reposition in Wheelchair

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Contract Stress *When using hip walk method to reposition client in chair, knees are on ground, place a pillow under. H-High M-Medium L-Low		Assistive Equipment and Safety considerations: <ul style="list-style-type: none"> • Bed rails, transfer pole, grab bar, tilt chair, lifts, Client and Staff is required to wear appropriate footwear. Staff is required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> • Initial Orientation • At a minimum of 3 year recertification • Healthy Body Mechanics • Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> • It may be helpful to tilt wheelchair back to reposition client in chair, if applicable. • Client should be cooperative, predictable and follow instruction. • Client requires no more than minimal physical assist from one staff member. • Never pull up on client's shoulders or pants from behind. • Client has moderate to full arm & leg strength in one limb each and moderate trunk strength and standing balance • An additional staff member may be required based on client's weight, tone, behavior, care, positioning in chair. • Client is able to take steps with no more than minimal balance deficits. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor..</p>					
Steps to perform task safely:					
		Transfer Belt/Standing Method: <ul style="list-style-type: none"> • Lock wheelchair brakes. Remove foot rests. • Client holds chair armrests and leans forward away from the back rest of the chair. • Staff puts transfer belt securely around client's waist. • Instruct client to move forward in chair with their feet flat on the floor, feet positioned under knees. • Client leans forward (nose over toes). • Instruct client to push up with arms and legs to stand. • Staff stands in power position beside chair. • Staff grasps the furthest handle of transfer belt. • On the count of "1, 2, 3, stand", client stands, while staff weight shifts from back to front leg while standing up with client. • When client is standing instruct client to walk back slowly until they feel the wheelchair up against the back of their knees. • Instruct client to reach for armrest and sit on the count of "1, 2, 3, sit", while staff shifts body weight from front to back leg while returning into a seated/squat position. • Remove transfer belt. 			

	<p>Hip Walk Method:</p> <ul style="list-style-type: none"> • Lock wheelchair brakes. Remove foot rests. • Position client's feet flat on floor, with feet positioned under knees. Client leans forward. • Half kneel or crouch in front of client. Ask client to lean to one side. Place an open palm on the knee of buttocks that client is lifting, other hand is placed on other hip to help guide movement. • Instruct client to hip walk backwards using armrests for support. • Staff assists by pushing forward on client's knee and guiding hip back into chair. • Repeat on other side until client is at back of chair.
<p>Reposition using a lift: (Only use this method if in care plan and directed by Occupational Therapist).</p> <ul style="list-style-type: none"> • If the client has a lift in their home, you may be instructed to use it to reposition them in their chair. (Follow the Safe Work Procedure for Sit to Stand or Full Mechanical Floor Lift). • After preparing lift and securing sling as stated in the Safe Work Procedures for mechanical lifts, use remote to raise client slightly off the surface of their chair. • Reposition and lower client back into chair. • Follow Safe Work Procedures to remove sling. 	
<p>Comfort and Positioning:</p> <ul style="list-style-type: none"> • Ensure client is comfortable and properly positioned. 	
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>	

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Emergency Transfer from Bed to Floor

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: • Bed cover, pillow & Staff are required to wear clothing that allows movement of legs for weight shifting.			
		Additional Training Requirements: • Initial Orientation • At a minimum of 3 year recertification • Healthy Body Mechanics			
Client Criteria and Supportive Information: • Body Mechanics: When sliding clients along the floor maintain a neutral spine with elbows tucked into body, while using leg muscles. • This transfer is for clients who are unable to use a wheelchair or walk to safety. • Only performed in life-threatening/exceptional circumstances where risk of the circumstance outweighs risk of the transfer (eg: fire). • This is not an appropriate transfer for bariatric clients-rely on fire/rescue personnel. • When repositioning client to edge of bed, tucked elbows in, wrist neutral with thumbs up, & weight shift in direction of movement. * Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted. Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely:					
		Staff Prepare: • If time permits, adjust bed to lowest position. • Inform client of what will be done. • Place bed cover & pillow on the floor positioned lengthwise to cushion client's hips and head. • Loosen the bed sheets off bed.			
		Client is Transferred off Bed: • At bedside staff assumes half-kneel position near client's chest/shoulders. Slide upper body to edge of bed using sheet. Repeat with hips, then legs. • Half-kneel position assumed parallel to the bed. Ensure leg closest to bed is bent & knee is on floor. Assist client to semi-sitting position. • Move behind client & wrap arms around client's chest. Grab their opposing arms just above the wrists & squeeze against chest. • Place cheek against client's cheek. Shift weight forward & guide client's chest slowly from bed to floor. Hips & legs will follow as client is guided to floor. • Lower head gently onto floor/pillow. Then lower legs to floor.			
		Staff Move Client: • Grab corners of bed cover by client's head & drag client backwards-ensure head does not touch floor.			
		Comfort: • Ensure client is in safe location. • Staff continues room evacuation. • Call Supervisor and family.			
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Emergency Transfer Wheelchair to Floor

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved: Director of Home Care and Palliative Care Services	Date Approved: Nov 2014	Date Revised: Nov 2014
					Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> • Bed cover, pillow & staff is required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> • At a minimum of 3 year recertification • Healthy Body Mechanics • Preparation for Client Handling 			
Client criteria and Supportive Information: <ul style="list-style-type: none"> • If alone call for help, if someone is around ask them to call for help. • Check the area for safety, remove obstacles if necessary. • Slide client out of wheelchair as safe as possible ONLY if necessary. Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.					
Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely:					
Staff Action: <ul style="list-style-type: none"> • Apply brakes on wheelchair. • Move client's feet and legs so they are straight out in front of them. • Remove foot and arm rests if applicable. • Place pillows, blankets, jackets, clothing or anything soft on the ground to protect head, chest and hips when the client is lowered to the ground. • Staff gets in a half kneel or squat position and with one hand grasp the client's hip/buttocks region and other hand grasps under the client's leg/knee/calf area on the same side. • Staff slides client out of chair while shuffling in a backwards motion to follow client's body to the floor. • Staff uses a neutral spine, weight shifts while bringing client to the floor. • Follow the instructions given by emergency personnel on the phone. 					
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

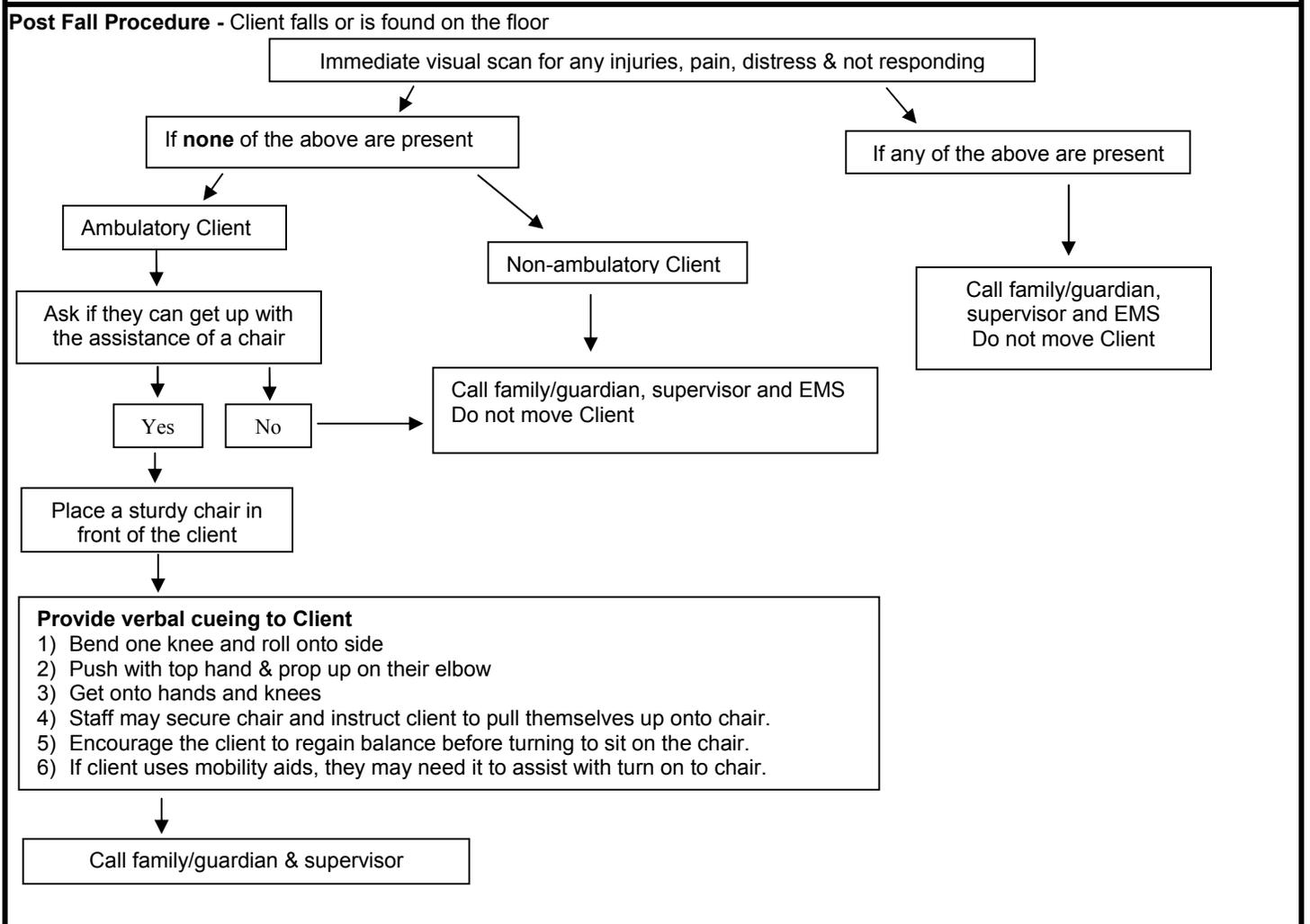
SAFE WORK PROCEDURE: Assisting a Client up from a Fall

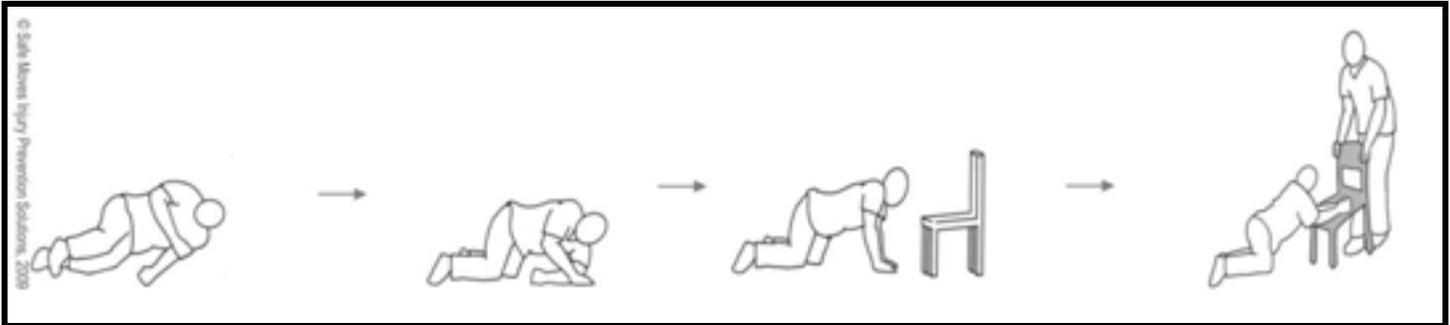
Facility: Interlake- Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:

Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions	Assistive Equipment and Safety Considerations <ul style="list-style-type: none"> Pillows for comfort, transfer belt required unless contraindicated. Client and staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting.
	Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation. Refer to HC Falls Prevention & management operational plan (appendix7). At a minimum of 3 year recertification Healthy Body Mechanics

Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client must be able to stand independently before and after fall. Staff must never provide any physical assistance to help a client to stand after a fall. Client must be able to stand with cueing or use a chair. If a fall is in an inaccessible location: Call an ambulance <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>

Steps to perform task safely:





Comfort & Positioning:

- Ensure client is comfortable & positioned properly.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Assisting a Falling Client

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved By: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Transfer belt required unless contraindicated, Client and staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum, every 3 years Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> If the client suddenly collapses it is important that staff DO NOT ATTEMPT TO CATCH OR HOLD THE CLIENT UP. DO NOT ATTEMPT TO LIFT CLIENT UP FROM THE FLOOR. If there is sufficient time to act due to warning signs of an impending fall, staff should immediately guide the client down to the wheelchair using proper body mechanics. This safe work procedure assumes the following: <ul style="list-style-type: none"> Staff is walking closely beside & slightly behind the client. Client is not falling forward. When a forward fall occurs, staff is not to intervene. Client is not significantly taller or heavier than the staff. If the above conditions do not exist the staff may have to release the client allowing them to fall. Obstructions should be removed to prevent an increased risk of injury to the client. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
		Client begins to Collapse: <ul style="list-style-type: none"> Staff immediately releases hold of client & transfer belt & quickly shifts to a position behind them in a wide walking stance with one leg forward between client's legs & other leg back. 			
		Staff Positions Self: <ul style="list-style-type: none"> While remaining close to the Client, Staff opens up both hands, takes a step backward with back leg & bends knees. 			
		Staff lowers Client: <ul style="list-style-type: none"> They guide client to floor by allowing them to "slide" down their front leg. If there is a wall nearby staff can guide client towards the wall to help with a more gentle fall. 			
		Staff initiates post-fall procedure <ul style="list-style-type: none"> See Safe Work Procedure: Assisting a fallen Client up from off the ground. 			
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.</p> <p>*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

2.0 Delegated Client Specific Safe Work Procedures

Delegated Client Specific Task Safe Work Procedures

2.0 Delegated Client Specific Safe Work Procedures

➤ MOBILITY TRANSFERS

Two Minimum Assist Transfer

Two Minimum Walking Assist Transfer

One Minimum Assist Stair Transfer

Supervised Sliding Board Transfer

One Minimum Assist Sliding Board Transfer

➤ LIE ↔ SIT TRANSFERS

Two Minimum Assist Lie ↔ Sit

➤ MECHANICAL LIFT TRANSFERS

Two Minimum Assist Full Mechanical Floor Lift

Two Minimum Assist Sit to Stand Lift

One Minimum Assist Ceiling Lift

Two Minimum Assist Ceiling Lift

➤ REPOSITIONING

Two Minimum Reposition in Bed

Full and Unfull Two Length Slider Sheets

Two Minimum Reposition in Wheelchair

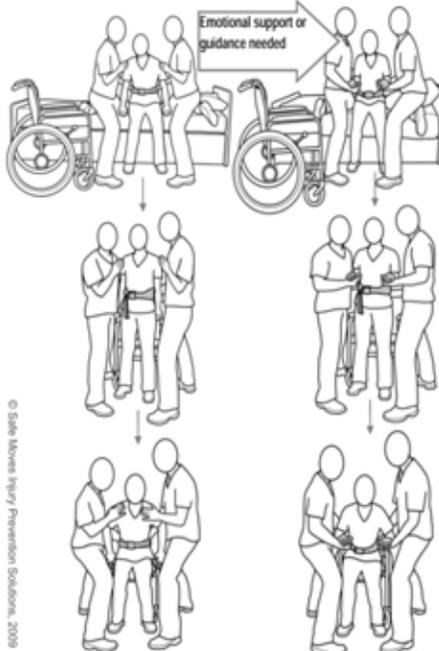
➤ ADDITIONAL TRANSFERS

Limb Lifting Procedure

Range of Motion Exercises

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written By: Jill Volk, MSIP Education Coordinator	Approved By: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014 Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, grab bar, transfer pole, trapeze bar, commode, raised toilet seat, mobility aids, adjustable bed, transfer belt required unless contraindicated, Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Preparation for Client Handling Task 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Client may have poor to moderate trunk, arm and leg strength. Poor to moderate dynamic balance. Client can weight bear & be able to take steps between surfaces with no more than minimal assistance from staff. Client requires no more than minimal physical assist from staff to achieve lying ↔ sitting ↔ standing. Staff should not grasp the client or their clothing. If the client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia. Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. Ensure space in bathroom allows for good body mechanics otherwise use commode. <p>*Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
 <p>© Safe Moves Injury Prevention Solutions, 2009</p>		Transfer from Bed to Chair and/or Commode Staff and Client prepare for transfer: <ul style="list-style-type: none"> Staff positions wheelchair on client's strong side, removes foot rests and applies brakes. Leave a little "hallway" between chair and bed for staff to weight shift. Apply transfer belt securely around client's waist. Instruct client to sit at bedside and to move forward to the edge of bed with feet under knees. Assist if necessary using hip walk method (See Safe Work Procedure: Reposition in Chair). Client puts hands on surface of bed to prepare to push up. Staff positions on both sides of client with a knee on bed. If staff has difficulty with knee on bed they may sit beside client and stand together. Both staff use one hand to grasp furthest handle of transfer belt and other hand is on client's shoulder. Avoid twisting. Alternatively, staff grasps transfer belt with one hand & other hand holds client's hand for cueing & guidance only. For ease of standing try to get hip height higher than knee height. 			
Client Stands: <ul style="list-style-type: none"> Client leans forward (nose over toes) and pushes up with arms and legs. On count, "1, 2, 3, stand", client stands. Staff assists by using the transfer belt to cue pelvis forward and up using forearm. 					

- Staff shifts weight from front knee to back leg while standing with client.
- Take a moment to regain balance.

Client Turns:

- Client takes steps to turn while reaching for armrest/receiving surface.
- Client continues to turn until receiving surface is felt against back of legs.
- Both staff remain close to client while holding transfer belt to guide and step with client during turn.
- If wheelchair not required then transfer is complete.

Equipment Use:

- A walker/cane may be used by placing it in front of client. Discourage holding onto mobility aid prior to standing. After client stands they may use mobility aid while turning.

Client Sits:

- Staff on the side nearest bed uses “hallway” to position themselves for weight shifting.
- Client reaches for other armrests/receiving surface.
- Client sits as staff shift weight in direction of move.

Transfer from Chair to Bed

- Position wheelchair next to bed leaving a “hallway” to allow for staff on the side nearest bed to use for weight shifting.
- Staff apply transfer belt securely around client’s waist.
- Instructs client to move forward on chair seat.
- Instruct client to lean forward (nose over toes) with hands on armrests.
- Both staff is positioned on both sides of client with back leg slightly behind rear of seated surface, staff weight shift from back to front leg assisting client to stand.
- On count, “1, 2, 3, stand”, client stands. Staff assists by using the transfer belt to cue pelvis forward and up using forearm.
- Take a moment to regain balance.
- Guide client to turn, follow closely beside client while grasping transfer belt to assist them to step towards bed. Either move wheelchair out of the way or ask client to take a few steps forward so staff on the side nearest the wheelchair have room to sneak in front of the wheelchair.
- Client continues to turn until receiving surface is felt against back of legs.
- Both staff put one knee on bed and instruct client to reach back for bed surface to prepare to sit.
- On count, “1, 2, 3, sit”, client sits while staff shifts weight from standing leg to knee on bed.
- Alternately, if staff has difficulty with knee on bed they may stand beside client and they can sit together.

Comfort & Positioning:

- Staff remove transfer belt & ensure client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Walking Assist Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, grab bar, transfer pole, Transfer belt required unless contraindicated, Mobility aid (Walker/cane), Wheelchair, Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Initial Orientation At a minimum of 3 year recertification Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client requires no more than minimal physical assistance. Clear obstacles out of pathway. Before helping the client to walk: <ul style="list-style-type: none"> Check the care plan which summarizes the client's ability to walk, weight bear & take steps effectively. Are there adequate opportunities for a rest during the walk? (eg. are there seats Client can use along the way?) <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Staff position themselves correctly: <ul style="list-style-type: none"> Secure transfer belt around client's waist. Staff walks on either side while remaining as close as possible while grasping transfer belt using inside hands. Outside hands are on client's shoulder or on the mobility aid. Alternately, the second staff can follow behind client with a wheelchair, while other is positioned on client's weaker side. 					
Client stumbles while walking: <ul style="list-style-type: none"> Staff who is on the side where client loses balance or stumbles will use their own body weight to help client regain balance. Staff will lean into client using three points of contact; shoulder, hip and leg. Both Staff use a wide base of support and shifts body weight from one leg to another to lean into client. If a client falls. Follow Safe Work Procedure: Assisting a Falling Client. 					
Assistance with Equipment During Ambulation: <ul style="list-style-type: none"> Staff may guide the movement of mobility aid to ensure it is positioned in front of client. 					
Comfort & Positioning: <ul style="list-style-type: none"> Staff removes transfer belt. Ensures Client is comfortable. 					
<p>Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.</p> <p>*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.</p>					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

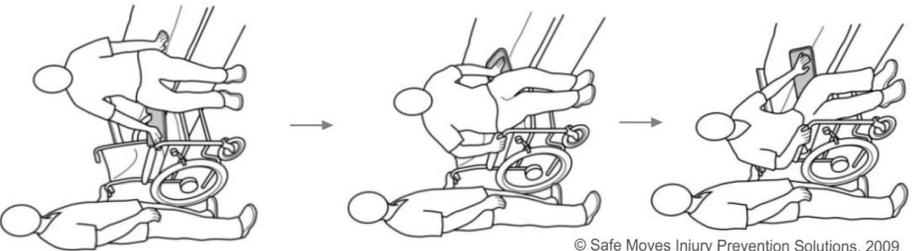
Musculoskeletal Injury Prevention Program
SAFE WORK PROCEDURE: One Minimum Assist Stair Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Revision #:					
Hazards Present: *Risk of falls		Assistive Equipment and Safety Considerations			
		<ul style="list-style-type: none"> Stair rail, cane, transfer belt required unless contraindicated, Staff & Client are required to wear appropriate footwear. Encourage railings bilaterally if possible. 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Staff should not grasp the client or their clothing. If the Client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. Client has moderate to full arm and leg strength. Client has full weight bearing and able to step with no more than minimal balance deficits. Client can lift foot up and take high enough steps to clear the step height. Never use a walker downstairs. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
<ul style="list-style-type: none"> Apply transfer belt securely around client's waist Client grasp hand rail. Staff grasps furthest handle on the transfer belt. Staff stands closely beside and is always stepping one step ahead of client (to help center of balance). Client will lead with stronger leg up stairs. Client will lead with weaker leg down stairs. 					
Comfort and Positioning:					
<ul style="list-style-type: none"> Ensure Client is comfortable & positioned properly. 					
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.					
*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Supervised Sliding Board Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014 Revision #:
Hazards Present: <ul style="list-style-type: none"> • none 		Assistive Equipment and Safety Considerations <ul style="list-style-type: none"> • Sliding Board, Bed rail, grab bar, transfer pole, trapeze bar, commode, raised toilet seat, mobility aids, adjustable bed. Client and Staff are required to wear appropriate foot wear Additional Training Requirements: <ul style="list-style-type: none"> • Delegated Client Specific Task Training • Healthy Body Mechanics • Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> • Sliding board transfers are appropriate for clients who may have difficulty weight bearing yet possess good upper body strength and the ability to support weight on arms. Used for clients with strong functional cognitive abilities and balance. • Supervision from staff is required for this task. 					
Steps to perform task safely:					
 <p style="text-align: right; font-size: small;">© Safe Moves Injury Prevention Solutions, 2009</p>		Prepare for the Transfer: <ul style="list-style-type: none"> • Clear obstacles, gather & position assistive equipment. • Position wheelchair so client is moving to stronger side-if applicable. The chair is parallel to & in contact with edge of bed with foot rests removed & armrest closest to bed out of the way. • Bed & wheelchair brakes are locked. • Ensure bed & chair surfaces are equal in height so client does not have to work against gravity. 			
		Apply the Sliding Board: <ul style="list-style-type: none"> • Client lifts the leg closest to chair & places sliding board mid-thigh between buttocks & knee, angled towards opposite hip. • Board must be both firmly under thigh & on surface to which the client is moving. 			
		Position Yourself & the Client: <ul style="list-style-type: none"> • Staff faces client & cues client to place one hand on edge of bed, the other on wheelchair seat/board. • Instruct the client to lean forward. 			
		Client Slides: <ul style="list-style-type: none"> • Client transfers upper body weight in the direction opposite to which they are going. Client uses both arms to move along the board using strength & trunk balance to scoot across board. 			
		Client Sits: <ul style="list-style-type: none"> • Once completely on wheelchair gently remove sliding board. • The client repositions as needed to ensure stable & comfortable posture. Place armrest & foot rests back in place. • Reverse steps to get back into bed. However, wheelchair will need to be on opposite side that it was when getting out of bed (always stronger side). 			
Comfort and Positioning: <ul style="list-style-type: none"> • Remove transfer belt. Ensure client is comfortable & positioned properly. 		Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff. REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR			

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Sliding Board Transfer

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
		Revision #:			
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Contact Stress *Due to kneeling on ground assisting client. Place a pillow under knees. H-High M-Medium L-Low		Assistive Equipment and Safety Considerations <ul style="list-style-type: none"> Sliding Board, Bed rail, grab bar, transfer pole, trapeze bar, commode, raised toilet seat, mobility aids, adjustable bed, transfer belt required unless contraindicated, Client and Staff are required to wear appropriate foot wear 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Preparation for Client Handling Task 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Sliding board transfers are appropriate with Clients who may have difficulty weight bearing yet possess good upper body strength and balance, the ability to support weight on arms & functional cognitive abilities. Minimal assist from staff is required for this task. If more assistance is required a Mechanical lift must be used. The staff should not grasp the client or their clothing. If the client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia. Client may require verbal prompts to ensure safety and may need assistance with equipment and/or clothing. * Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted. Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely:					
		Prepare for the Transfer: <ul style="list-style-type: none"> Clear obstacles, gather & position assistive devices Bed & wheelchair brakes are locked. Apply a transfer belt securely around client's waist. Position wheelchair so client is moving to stronger side-if applicable. The chair is parallel to & in contact with edge of bed with foot rests removed & armrest closest to bed out of the way. Ensure bed & chair surfaces are equal in height so client does not have to work against gravity. 			
		Apply the Sliding Board: <ul style="list-style-type: none"> Client lifts the leg closest to chair & client or staff places sliding board mid-thigh between buttocks & knee, angled towards opposite hip. Board must be both firmly under thigh & on surface to which the client is moving. 			
		Position Yourself & the Client: <ul style="list-style-type: none"> Staff half kneel in front of the client & grasps the side loops of transfer belt on either side of client's hips. Staff cues the client to place one hand on edge of bed, the other on wheelchair seat/board. Instruct the client to lean forward. 			
Client Slides: <ul style="list-style-type: none"> Client transfers upper body weight in the direction opposite to which they are going. Client uses both arms to move along the board using strength & trunk balance to scoot across board. 					

- Staff assists by weight shifting along with client in the direction towards the wheelchair. Careful Staff does not to twist their torso during transfer.

Client Sits:

- Once completely on receiving surface gently remove sliding board.
- The client repositions as needed to ensure stable & comfortable posture.
- Place armrest & foot rest(s) back in place.
- Reverse steps to get back into bed. However, wheelchair will need to be on opposite side that it was when getting out of bed (always stronger side).

Comfort and Positioning:

- Remove transfer belt. Ensure Client is comfortable & positioned properly.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Lie ↔ Sit

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, transfer pole, trapeze bar, adjustable bed, Client and Staff are required to wear appropriate footwear & Staff is required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Preparation for Client Handling Task 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Client should be cooperative, predictable and follow instruction. Client may have had recent surgery and needs to maintain precautions. Client may have poor to moderate trunk, arm and leg strength. Poor to moderate dynamic balance Do not use this technique if the client resists forward movement or cannot maintain upright sitting with minimal assistance. In such cases a mechanical lift should be used. Client requires no more than a minimal physical assist from staff to achieve lying ↔ sitting. The staff should not grasp the client or their clothing. If the client requires staff to hold their hand, it should be for cueing & guidance only. This is often the case for clients with dementia. If more than two staff is required for this task, then a mechanical lift must be used. <p>*Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Lie to Sit Procedure					
Staff and Client prepare for task:					
<ul style="list-style-type: none"> Lower side rail. Ensure client is centered in bed. Use elbow check to make sure client won't turn too close to edge of bed. Check - bend client's elbow and bring arm out to the side. If elbow rests inside mattress edge, there is enough space. If elbow sticks out past the edge, client will need to move over in bed before turning. Ensure bed is at a height to allow client's feet to rest firmly on the floor when sitting. 					
Prepare to Sit:					
<ul style="list-style-type: none"> Client then moves heels over edge of bed. Unless contraindicated raise head of bed to as high as comfortable for client. Stand facing client in power position, one hand is physically cueing with some downward pressure at client's top hip, the other hand is cupping top of client's shoulder. Stand close to client so you are not over-reaching. Instruct client to push into mattress with hand and elbow to sit up while bringing feet off the side of bed. Give clear instructions to sit on count "1, 2, 3, sit", while staff shifts weight from leg closest to head of bed to opposite leg. If client needs help with legs, other staff can do a half kneel beside bed and shift weight from high to low kneel. Place one hand behind client's knee and other hand under client's foot and assist client's leg out of bed, moving one leg or both depending upon client comfort. Ensure client can maintain balance in a seated position. 					

Sit to Lie Procedure**Staff and Client prepare for task:**

- Lower side rails.
- Unless contraindicated raise head of bed to as high as comfortable for client.
- The client should be sitting on the side of the bed in a position where they will not have to move up in bed once lying.
- Instruct client to hold onto bed rail if available/necessary.

Prepare to Lie:

- Instruct client that during procedure they can lower upper body into a side lying position and encourage them to lift legs/feet up onto bed as much as possible.
- Give clear instructions to client "1, 2, 3, lie".
- One staff member will stand in power position & shift weight from leg closest to foot of bed to opposite leg as the client lies down.
- Other staff can help move the client's legs into bed by doing a half kneel and shifting weight from low to high kneel. Moving one leg or both legs depending upon client comfort and weight of legs.
- Ensure client can maintain balance in a seated position.

Comfort & Positioning:

- Ensure client is comfortable & properly positioned.

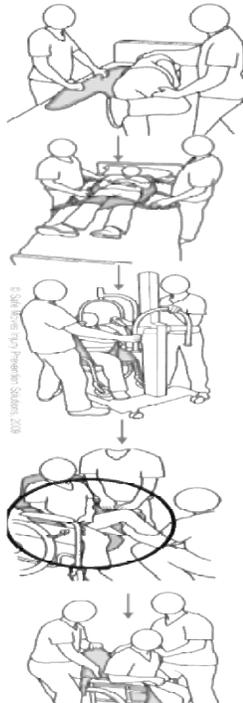
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

Safe Work Procedure: Two Minimum Assist Full Mechanical Floor Lift

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014 Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Bed rail, trapeze bar, Sit to Stand Lift & Manufacturer's lift sling, Client and Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Task Training Healthy Body Mechanics Follow manufacturer's instructions 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Maximum weight capacity for the Full Mechanical Hoyer lift is 340lbs. Client may not be able to assist or follow instruction. Client may have poor arm, leg and trunk strength. If transferring client to commode, adjust clients clothing prior to lifting. Ensure lift brakes remain off during the transfer. Ensure lift is stored away safety and brakes on when not being used. Staff ensures lift is in working order, battery is charged, knows how to operate lift, and emergency controls. Sling is in good condition. Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. Report concerns about the equipment or client to your supervisor. <p>*Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Set Up: <ul style="list-style-type: none"> Open the base of lift. Ensure brakes are on receiving surface. If transferring to/from chair remove foot rests. Position equipment so there is enough room to maneuver the base of the lift. 					
		Apply sling under Client in BED: <ul style="list-style-type: none"> One staff prepares sling with labels facing away from client and place at the foot of the bed. Instruct client to <u>turn</u> onto their side away from you. Client bends knee of leg opposite to the direction of turn. Use bed rails for safety and for client to assist with turn. To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to assist with turn. Other staff stands on the other side of the bed and holds client in place. Staff who just assisted with turn will get sling and tuck it half way under client so that the base of the sling is level with the coccyx & spine is centered in middle of sling. Instruct client to turn back onto their back. Assist if necessary. Staff will pull sling out from under client or ask client to turn slightly in opposite direction to pull sling through & straighten it out. Ensure client is centered on sling and there is an equal amount of sling on either side of client. One staff member assists the client to lift their thigh/bend knees while other staff member tucks leg strap under client's legs. Repeat this procedure for other leg. Ensure leg straps are smooth and down close to client's knee. Cross leg straps and loop one strap through the other. 			

Apply Sling under Client in CHAIR:

- Remove or swing away wheelchair foot rests if required.
- One staff will ask and/or assist client to lean forward.
- Other staff will stand behind client's chair, holding the top edge of the sling with labels away from the client and gather sling into their hands and insert the sling down the back of chair tucking the sling well under the client's tailbone and hips.
- Pull the leg supports down beside the client's thighs.
- Assist client to rest back against the chair.
- While crouching or kneeling, one staff member lifts client's leg slightly while the other pulls leg strap under client's thigh. If necessary, you can prop their leg up on a stool.
- Alternately, you can pull straps through in a diagonal (45 degree) method to ensure strap is pulled under hips and thighs.
- Repeat process for other leg.
- Ensure leg straps are smooth and down close to client's knee.
- Cross straps and loop one strap through the other.

Attach Sling to Lift:

- One staff positions lift. Approach client from the side if the client is in the bed or from front if the client is in chair.
- Other staff operates the remote. Lower hanger bar low enough so loops of the sling can be attached to bar easily.
- If client is in bed, raise head of bed so loops can be attached to bar easily.
- Ask client to cross their arms on chest. Attach sling to hooks of the hanger bar. Strap colors indicated in care plan.
- Often you will use a short strap at shoulders and a long strap at legs to bring the client into a seated position when they are raised off the bed.
- Ensure loops are securely attached according to manufacturer's instructions. **Make sure the straps are not wrinkled or twisted.**

Client is Lifted:

- One staff member operates remote to lift client in one smooth movement.
- The other staff supports clients head and shoulders.
- If lifting client from bed you may lower the bed so you don't have to raise client as high in lift.
- Stop once you have tension on the straps and ensure that all the loops are down in carry holder
- Raise client just high enough to clear surface. Check that client is positioned well in sling.
- Stop the transfer if the client appears unsafe in sling, for example, if client is sliding down through sling opening or if client's shoulders are falling forward or leaning too far back. Lower client back down to surface. You may need to reposition the sling. If these do not succeed, do not complete the transfer, call you supervisor.
- If lifting client from bed move client's feet off bed. Turn client to face towards lift. If client's legs are heavy, may use slider.

Lift Moved to Destination:

- Staff stands on each side of lift and work together to move lift using the steering bars. To turn lift: stand beside the lift, hold one steering bar to push lift sideways, if difficult use your foot to push the base.
- Shift body weight to carefully move the lift. Remember to move your feet as you move the lift to avoid twisting.
- One staff operates the lift and other brings the receiving surface to client to avoid moving lift (i.e. move chair to client).

- Position receiving surface behind client so it is felt against the back of their legs.
- **DO NOT USE THE LIFT TO TRANSPORT CLIENT from room to room. USE FOR SHORT DISTANCE TRANSFERS ONLY.**

Client is Lowered:

- Ensure brakes are on receiving surface while lowering client.
- If lowering client into tilt chair, tilt it back if applicable.
- One staff member stands behind chair/commode and/ or beside bed in a walking stance and shifts body weight accordingly while grasping the handles at the back of the sling to guide client into position.
- Other staff member operates remote from the front of the lift and pushes lift back into chair to cause a slight tilt to ensure client is lowered to the back of the seat.
- The tilt in chair will correct when client comes close to the seat.
- If client is not properly positioned, lift client up again and reposition.
- If lowering client into a chair, you may also push the client's knees gently to help position them to the back of the chair.
- When lowering to bed place client near headboard to prevent additional boost.
- Lower client until there is enough slack in straps to remove without difficulty.
- Detach sling straps.

Remove sling

- Sling is removed in the opposite way as indicated in the "Apply the Sling to Lift" section.

Comfort & Positioning:

- Ensure Client is comfortable & positioned properly.

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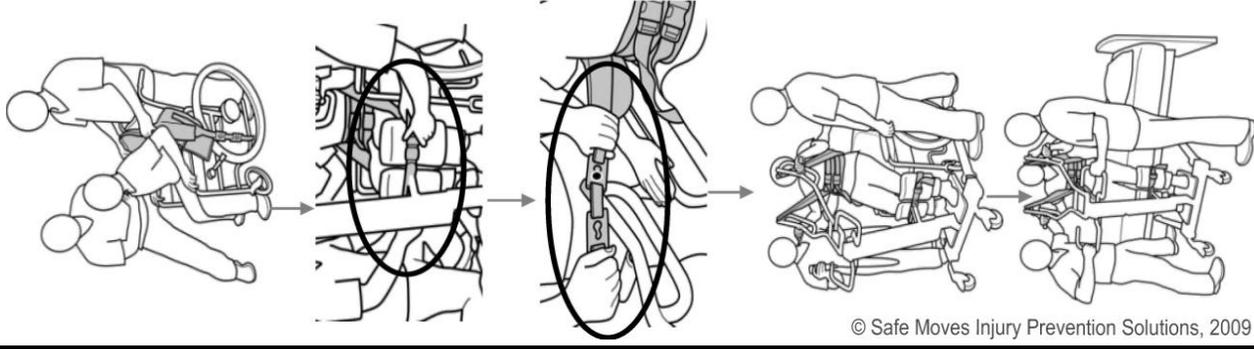
REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Sit to Stand Lift

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Hazards Present:		Assistive Equipment and Safety Considerations:			
H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures * When lifting legs onto platform * When buckling calf straps <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		<ul style="list-style-type: none"> Bed rail, trapeze bar, Sit to Stand Lift & Manufacturer's lift sling, Client & Staff are required to wear appropriate footwear & staff are required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements:			
		<ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Follow manufacturer's instructions Preparation for Client Handling 			
Client Criteria and Supportive Information:					
<ul style="list-style-type: none"> Hoyer Ascend Sit to Stand max weight capacity is 375lbs. In order to use lift make sure client can sit on the side of the bed unsupported. Client has moderate strength in at least one arm to grasp handle and in at least one leg to bear weight and moderate trunk strength. Client can follow simple instructions, is not aggressive & possesses sufficient joint range of motion for stability on the foot platform. Able to tolerate sling around trunk. Ensure lift brakes remain off during the transfer. Ensure lift is stored away safely when not being used. Staff ensures lift and sling is in working order, battery is charged, is aware of operation of emergency buttons/controls, and how to operate the Lift. Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. Report concerns about the equipment or client to your supervisor. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p>					
Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely:					
Set up:			 <p>Hoyer Ascend Lift – Sit to Stand</p>		
<ul style="list-style-type: none"> Open the base of lift. Ensure brakes are on receiving surface. If transferring to/from chair remove foot rests. If in bed, adjust height of bed, so client's feet are resting flat on the floor. Prepare and position equipment so there is enough room to maneuver the base of the lift. 					
Apply the sling:					
<ul style="list-style-type: none"> If in chair, put into upright position, ask client to lean forward while administering sling. If in bed, ask client to get in a seated position. Assist if necessary (Follow Safe Work Procedure: One Minimum Assist Lie to Sit Transfer). One staff places sling securely around client's waist & secure sling buckles. Ensure sling is wrinkle-free & client's arms are outside of sling. 					
Attach sling to lift:					
<ul style="list-style-type: none"> Staff work together to move lift using steering bars so open end of base is under bed or around base of chair/commode. Ask client to place feet onto the platform. One staff may assist with one leg at a time if necessary. Push lift towards client until shins are touching shin pad. Ensure pad is sitting below knee. <u>First:</u> attach the sling straps to the lift, colors indicated in care plan. The shorter the loop, the more upright the client will be standing. <u>Second:</u> secure calf straps. Staff should position in half kneeling or deep squat. 					
Client Stands:					

- Client grasps handles. If client is unable to grasp the handle with one hand the affected arm should be supported by a staff member.
- Client's knees & hips should be slightly flexed.
- Instruct client to bear weight, lean back and push down with legs.
- One staff member stands near client and other staff operates remote to lift client.
- Lift in one smooth movement. If sling is sliding up on client, stop, lower and readjust the sling straps.
- Lift client to clear surface to about 23"^{cm}s standing position.



Lift Moved to Destination:

- Staff stands on each side of lift and work together to move lift using the steering bars. To turn lift: stand beside the lift, hold one steering bar to push lift sideways, if difficult use your foot to push the base.
- Shift body weight to carefully move the lift. Remember to move your feet as you move the lift to avoid twisting.
- One staff operates the lift and other brings the receiving surface to client, so it is felt against the back of their legs.
- If transferring to a commode, lower the client's clothing before lowering the client onto the commode.
- **DO NOT USE THE LIFT TO TRANSPORT CLIENT from room to room. USE FOR SHORT DISTANCE TRANSFERS ONLY.**

Client Sits:

- If receiving surface is bed- adjust height so when client is sitting their feet will be resting flat on the floor.
- Using remote, one staff lowers client in one smooth movement. While other staff is assisting to position client.
- Instruct client to "Sit" down. This will assist getting them in position.
- If receiving surface is chair ensure client is lowered to back of chair & sitting upright
- If client is not properly positioned lift client up again and reposition.

Disengage Client from Lift:

- Lower client until there is no tension on the sling straps.
- First release calf strap. Staff should position in half kneeling or deep squat.
- Second remove sling straps from lift.
- Instruct client to let go of lift handles.
- As you move lift away from client ask them to remove feet from the platform. Other Staff will assist if necessary.
- Release sling buckle from around clients waist and remove sling. Assist if necessary.

Comfort and Positioning:

- Staff ensures that the client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.
*Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: One Minimum Assist Ceiling Lift

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
					Revision #:
Potential Hazards: H M L risk for injury <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Awkward/sustained postures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Personal Protective Equipment/ Devices required/other Safety Considerations: <ul style="list-style-type: none"> • Bed rail, trapeze bar, Ceiling Lift & Manufacturer's lift sling, Staff should be wearing appropriate footwear & clothing that allows movement of legs for weight shifting 			
		Additional Training Requirements: <ul style="list-style-type: none"> • Delegated Task Training • Body Mechanics SWP • Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> • Client may be unable to weight bear. Client should be able to assist with turn, cross arms, lift legs, etc. If not upon Occupational Therapist discretion a additional staff member may be required to perform this transfer. • If lift is portable, ensure it is stored & moved using a cart. Ensure it is applied to the ceiling track using manufacturer supplied wand. • Report concerns about the equipment or client to your supervisor. • Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. • An additional staff member may be required based on client's weight, tone, behavior, care, positioning in chair/bed. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Ceiling Lift Procedure					
		Set Up: <ul style="list-style-type: none"> • Position receiving equipment (chair/commode) so there is enough room to maneuver. Ensure equipment is positioned <u>under</u> the track so that the strap on the lift will be in straight vertical position: never on a slant. • Apply brakes on receiving surface. If transferring into a wheelchair, remove foot rests. • If possible adjust height of bed to waist level. • If transferring client to commode, adjust clients clothing prior to transfer. 			
Apply sling under Client in BED: <ul style="list-style-type: none"> • Prepare sling with labels facing away from client and place at the foot of the bed. • Instruct client to <u>turn</u> onto their side away from you. Client bends knee of leg opposite to the direction of turn. Use bed rails for safety and for client to assist with turn. • To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. • Tuck sling half way under client so that the base of the sling is level with the coccyx & spine is centered in middle of sling. • Instruct client to turn back onto their back. Assist if necessary. • Move to other side of bed. Take down bed rail. Pull sling out from under client or instruct client to turn away from you slightly and pull sling through & straightened out. • Ensure client is centered on sling and there is an equal amount of sling on either side of client. • Bring leg straps under legs. Cross leg straps and loop one strap through the other. Ensure leg straps are smooth and down close to client's knee. 					
Apply sling under Client in CHAIR: <ul style="list-style-type: none"> • Remove wheelchair foot rests. • Stand behind client's chair, holding the top edge of the sling with labels away from the client. • Gather sling into your hand, ask and/or assist client to lean forward and with other hand hold the bottom center of sling 					

and push the sling down the back of chair tucking the sling well under the client's tailbone and hips.

- Pull the leg supports down beside the client's thighs.
- Assist client to rest back against the chair.
- While crouching or kneeling staff lifts client's leg slightly and pulls leg strap underneath. If necessary, you can prop their leg up on a stool.
- Alternately, pull straps slightly through in a diagonal (45 degree) method to ensure strap is pulled under hips and thighs.
- Repeat on other leg.
- Ensure the leg supports are smooth and down close to the client's knees.
- Cross leg straps and loop one strap through the other.

Attach Sling to Lift:

- Slide the overhead lift above client's waist in bed and/or in front of wheelchair.
- Attach sling straps to lift. Straps should be the same on both sides according to care plan.
- When lifting client out of bed, often you may use a short strap at the shoulders and long strap at the legs to bring client into a seated position when they are raised off the bed.
- Ensure loops are securely attached according to manufacturer's instructions. **Make sure the straps are not wrinkled or twisted.**

Client is Lifted:

- Operate remote to lift client in one smooth movement.
- Stop once you have tension on the straps and ensure that all the loops are down in carry holder.
- Check that client is secure and safe in lift, if not lower client and re adjust straps and sling.
- If lifting client from bed you may need to support their head/neck and with other hand operate lift remote. You may also lower bed so you don't have to raise client as high in lift.
- When client has been lifted from bed, walk to the foot of the bed and use two hands to move the client's legs off the bed.
- If lifting client from chair, remove chair so it is out of the way.

Move Client to Destination:

- Slide client along the track slowly and carefully.
- Shift body weight to carefully move the client in lift. Remember to move your feet as you move to avoid twisting.
- Move client to receiving equipment.
- Position client at receiving surface so it is felt against the back of their legs.

Lower Client:

- If lowering client into bed ensure they are positioned in the center to avoid any repositioning and use one hand to support client's head.
- If lowering client into chair it may tip back slightly; however this will correct when client comes close to the seat (encouraging a tilt in chair is recommended).
- If lowering client into chair, staff may stand in front and pushes on knees gently or behind chair to use handles so client's hips are at the back of chair.

Disengage Client from Lift:

- Remove straps from lift. Sling is removed in the opposite way as indicated in the "Apply the Sling" section.

Comfort & Positioning:

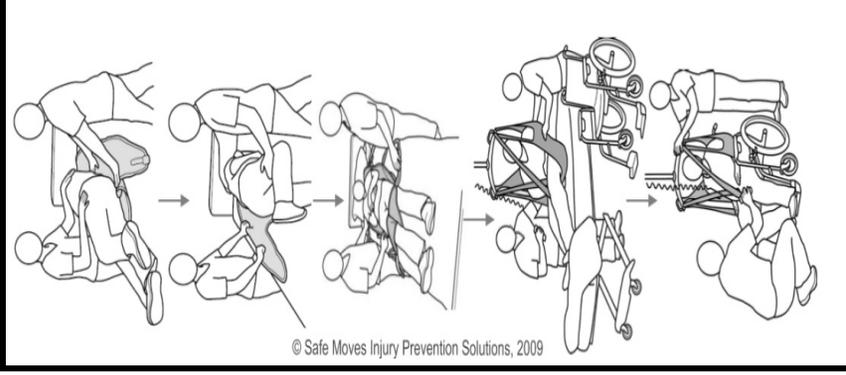
- Ensure client is comfortable & positioned properly.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Ceiling Lift

Facility: Interlake- Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014 Revision #: 	Date Revised: Aug 2014
Hazards Present: H M L risk for injury <input type="checkbox"/> Awkward / sustained postures <input checked="" type="checkbox"/> When lifting legs onto platform <input type="checkbox"/> *When buckling calf straps <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Personal Protective Equipment/ Devices required/other Safety Considerations: <ul style="list-style-type: none"> • Bed rail, trapeze bar, Ceiling Lift & Manufacturer's lift sling, Staff should be wearing appropriate footwear & staff should be wearing clothing that allows movement of legs for weight shifting. Additional Training Requirements: <ul style="list-style-type: none"> • Delegated Client Specific Task Training • Healthy Body Mechanics • Follow Manufacturer's instructions • Preparation for Client Handling 			
Client Criteria & Supportive Information: <ul style="list-style-type: none"> • Client may be unable to weight bear. • If lift is portable, ensure it is stored & moved using a cart. Ensure it is applied to the ceiling track using manufacturer supplied wand. • Report concerns about the equipment or client to your supervisor. • Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. • An additional staff member may be required based on client's weight, tone, behavior, care, positioning. • Client may not cooperate, may have poor strength in arms, trunk and legs. • Client may be unable, unreliable and/or inconsistent to weight bear or risk factors or pain is present which threaten the safety of a manual transfer or use of a sit-stand lift. Client unable to assist with supine to sitting in bed. • Two or more staff needed who ensure lift is in working order, battery charged & aware of operation of emergency buttons/controls. • If lift is portable, ensure it is stored & moved using a cart. Ensure it is applied to the ceiling track using manufacturer supplied wand. • Report concerns about the equipment or client to your supervisor. • Stop the transfer if the client appears unsafe in the sling. Lower client and reposition in sling, if this does not work report to supervisor. • * Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted. Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform this task safely:					
		Set Up: <ul style="list-style-type: none"> • Position receiving equipment (bed and/or chair) so that there is enough room to maneuver. Ensure equipment is positioned <u>under</u> the track so that the strap on the lift will be in straight vertical position: never on a slant. • Apply brakes on receiving surface. If transferring into a wheelchair, remove foot rests. • If transferring client to commode, adjust clients clothing prior to transfer. • If possible adjust height of bed for good body mechanics. Apply sling under Client in BED <ul style="list-style-type: none"> • Prepare sling with labels facing away from client and place at the foot of the bed. • One staff member is positioned at side of bed to assist client to turn (See Safe Work Procedure Lie to Sit). • To assist with turn, staff puts one knee on bed. Hand on hip & shoulder to turn. • The other staff member tucks sling half way under client so that the base of the sling is level with the coccyx & spine is centered in middle of sling. • Instruct client to turn back onto their back. Assist if necessary. • Other staff member will pull sling out from under client or instruct client to turn away from you slightly and pull sling through & straightened out. • Ensure client is centered on sling and there is an equal amount of sling on either side of client. • Bring leg straps under legs. Cross leg straps and loop one strap through the other. Ensure leg straps are smooth and down close to client's knee. 			

- Pull the leg supports down beside the client's thighs.
- One staff will crouch or kneel in front of the client & lift client's leg slightly and pull leg strap underneath. If necessary, you can prop their leg up on a stool.
- Alternately, pull straps slightly through in a diagonal (45 degree) method to ensure strap is pulled under hips and thighs.
- Repeat on other leg.
- Cross leg straps. Ensure the leg supports are smooth and down close to the client's knees.

Attach Sling to Lift:

- Slide the overhead lift above client's waist in bed and/or in front of wheelchair.
- Attach sling straps to lift. Straps should be the same on both sides according to care plan.
- When lifting client out of bed, often you may use a short strap at the shoulders and long strap at the legs to bring client into a seated position when they are raised off the bed.
- Ensure loops are securely attached according to manufacturer's instructions. **Make sure the straps are not wrinkled or twisted.**

Client is Lifted:

- One staff will operate remote to lift client in one smooth movement, if lifting from bed the other staff can help support client's head/neck.
- If lifting from bed, staff may also lower bed so you don't have to raise client as high in lift.
- Stop once there's tension on the straps and ensure that all the loops are down in carry holder.
- Check that client is secure and safe in lift, if not lower client and re adjust straps and sling.
- When client has been lifted from bed, the staff that was supporting client's head/neck walks to the foot of the bed and helps to move client's legs off the bed.
- If lifting client from chair, remove chair so it is out of the way.

Move Client to Destination:

- One staff will slide client along the track slowly and carefully, while other staff will watch that the head and limbs are not bumped.
- Shift body weight to carefully move the client in lift. Remember to move your feet as you move to avoid twisting.
- Move client to receiving equipment.
- Position client at receiving surface so it is felt against the back of their legs.

Lower Client:

- If lowering client into bed ensure they are positioned in center to avoid any repositioning and use one hand to support client's head.
- If lowering client into chair it may tip back slightly; however this will correct when client comes close to the seat (encouraging a tilt in chair is recommended).
- If lowering client into chair, one staff operates lift remote and other guides client into chair (stand at front and push knees gently or back of chair and use handles) so client's hips are at the back of chair.

Disengage Client from Lift:

- Remove straps from lift. Sling is removed in the opposite way as indicated in the "Apply the Sling" section.

Comfort and Positioning:

- Staff ensures that the client is comfortable & properly positioned.

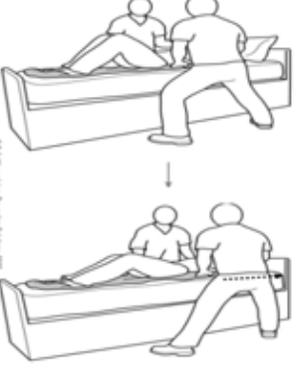
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Reposition in Bed

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Created: Aug 2014	Date Revised: Aug 2014 Revision #:
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> • Bed rail, Trapeze bar, Slider, Staff are required to wear appropriate footwear & clothing that allows movement of legs for weight shifting. Additional Training Requirements: <ul style="list-style-type: none"> • Delegated Client Specific Task Training • Preparation for Client Handling • Healthy Body Mechanics 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> • Bed slider information: Bed sliders are designed to slide clients not lift. Do not use them for lifting. Always remove slider unless stated otherwise in the care plan. Grasp top slider sheet with wrists in neutral position with palms facing each other and thumbs up. • Staff may raise the foot of bed slightly when moving the client toward the head of bed. • Client should be cooperative, predictable and follow instruction. • Client is able to provide significant participation. • Client has moderate to full strength in at least one arm, one leg and moderate to full trunk strength. • When sliders are used, follow manufacturer's guidelines. Two full length slider sheets are used. • Raise height of bed if able, or put knee on bed to maintain neutral spine when assisting client to reposition in bed. • Staff may raise the foot of bed slightly when moving the client toward the head of bed. <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
		Side to Side in Bed with Sliders <ul style="list-style-type: none"> • Place slider under client (See Safe Work Procedure: Furl/Unfurl two full length slider sheets). • Staff who is pulling grasps top slider with wrists in neutral position. • Staff who is pushing places one hand on client's hip region, the other on shoulder. • Ask client to cross their arms, tuck chin in, lift head and bend knees, if able. • On count, "1, 2, 3, slide", staff simultaneously slide client to side of bed by shifting body weight accordingly. • Staff who is pushing shifts weight from back to front leg. • Staff who is pulling shifts weight from front to back leg. • Secure bed rail if in use. 			
		Up and Down in bed with Sliders <ul style="list-style-type: none"> • Position slider under client (See Safe Work Procedure: Furl/Unfurl two full length slider sheets) • Ask client to cross their arms, tuck in chin, lift head and bend knees if able. • Staff grasps top slider at hip and shoulder. • On count, "1, 2, 3, slide", staff members simultaneously slide client by shifting body weight in direction of move. 			

Turn in Bed with Sliders

- Position slider under client (See Safe Work Procedure – Furl/Unfurl two full length slider sheets).
- Make sure client is centered in bed.
- Client bends knee that will be on top after turn. Assist if necessary.
- One staff will grasp top slider sheet and prepare to turn client away from them.
- Other staff will place one hand on clients hip and other on shoulders and push down into mattress during turn.
- On count, “1, 2, 3, turn”, client is turned as staff simultaneously weight shift.
- Both staff will shift weight from back to front leg.

Comfort & Positioning:

- Remove slider from top corner, fold top slider underneath itself, tuck fold under client’s neck and pull the slider out from underneath itself.
- Ensure client is comfortable & properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Two Minimum Assist Reposition in Wheelchair

Facility: Interlake-Eastern RHA	Department: Home Care	Written By: Jill Volk, MSIP Education Coordinator	Approved By: Director of Home and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014 Revision #:
Hazards Present: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Contract Stress When using hipwalk method to reposition Client in Chair, knees are on ground, place a pillow under. H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Transfer belt, bed rail, transfer pole, grab bar, tilt chair, lifts, Client and Staff are required to wear appropriate footwear. Staff is required to wear clothing that allows movement of legs for weight shifting. Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Task Training At a minimum of 3 year recertification Body Mechanics 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> It may be helpful to tilt wheelchair back to reposition client in chair, if applicable. Client should be cooperative, predictable and follow instruction. Client requires no more than minimal physical assistance from two staff. Never pull up on client's shoulders or pants from behind. Client has moderate to full arm & leg strength in one limb each and moderate trunk strength and fair dynamic balance. Client is able to take steps with no more than minimal balance deficits. If the client's bottom has slid off the chair it is unsafe to reposition. In this case, while supporting client's back, shoulders & head lower client to the floor with pillows underneath for support. At this point, follow the Safe Work Procedure: Assisting a Fallen <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
	Transfer Belt/Standing Method: <ul style="list-style-type: none"> Lock wheelchair brakes. Remove foot rests. Client holds chair armrests and leans forward away from the back rest of the chair. Staff put on transfer belt securely around clients waist. Instruct client to move forward in chair with their feet flat on the floor, feet under knees. Client leans forward (nose over toes). Instruct client to push up with arms and legs to stand. Both staff stand in power position beside chair. Staff grasp furthest handle of transfer belt. On the count of "1, 2, 3, stand", client stands, while staff shifts weight from back foot to front foot while standing up with client. When client is standing instruct client to walk back slowly until they feel the wheelchair up against the back of their knees. On count of "1, 2, 3, sit", client sits, while staff shifts body weight from front foot onto back foot. Remove transfer belt. 				
Slider Method: <ul style="list-style-type: none"> If safe to do so, you may need to remove arm rest. Both or one at a time (Only if recommended by Occupational Therapist). One staff half kneels in front of wheelchair and tucks slider under client's legs, starting at the knees and pulls it as far back behind their buttocks as possible. 					

- One staff half kneels in front of wheelchair and tucks slider under client's legs, starting at the knees and pulls it as far back behind their buttocks as possible.
- Instruct client to sit/lean forward in their chair and other staff member pulls/wiggles slider through from beneath the client and pulls it out through wheelchair seat at back.
- The staff who is standing behind the wheelchair grasp slider with both hand, elbows and upper body in locked position and pulls slider to reposition client. Staff doing the half kneel pushes forward on client's knees.
- If client has knee pain, place a pillow between your hands & client's knees prior to pushing.
- Remove slider, (starting at knees to buttocks). Pull the bottom slider out from under itself all the way out.

Reposition using a lift: (Only use this method if in care plan and directed by Occupational Therapist).

- If the client has a lift in their home, you may be instructed to use it to reposition them in their chair. (Follow the Safe Work Procedure for Sit to Stand or Full Mechanical Floor Lift).
- After preparing lift and securing sling as stated in the Safe Work Procedures for the lifts.
- With remote lift client slightly off the surface
- Reposition them in the chair
- Lower client back into chair.
- Follow Safe Work Procedures to remove sling.

Comfort and Positioning:

- Ensure client should be comfortable and properly positioned.

Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety.

***Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.**

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Furl and Unfurl Two Full Length Slider Sheets

Facility: Interlake-Eastern RHA	Department: Home Care	Written By: Jill Volk, MSIP Education Coordinator	Approved By: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> 2 Full length sliders sheets, Staff are required to wear appropriate footwear & staff is required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Task Training Healthy Body Mechanics Follow manufacturer's instructions. Preparation for Client Handling 			
Client Criteria & Supportive Information: <ul style="list-style-type: none"> Requires two staff. Staff should not grasp the client or their clothing. If the client requires staff to hold their hand, it should be for emotional support & guidance only. Inspect slider looking for signs of wear Never leave slider under client. Remove when repositioning is complete. Sliders shall be used when: <ul style="list-style-type: none"> Client is difficult or too large to roll Rolling is uncomfortable for client Client is totally dependent for positioning tasks Increases clients independence As indicated in the Care Plan <p>* Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted.</p> <p>Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>					
Steps to perform task safely:					
Prepare for tasks: <ul style="list-style-type: none"> Ensure bed is positioned to allow for proper body mechanics during task. Place bed flat with brakes on and elevate to waist height of shortest staff member if possible. Lower side rails. 					
Furl sliders: <ul style="list-style-type: none"> Lay sliders out on top of one another with handles facing up. Grasp both sliders & fold down top of sliders into 8-10" folds leaving an 8" piece unfolded section at the end. Turn them over with folds facing floor. Insert sliders at clients head and/or at knees with open end facing away from client. (place folded slider under pillow). 					
Unfurl sliders: <ul style="list-style-type: none"> Staff grasps the bulk of folds with inside hand (palm facing bed) while facing the head of bed. Staff shifts weight from front leg to back leg to unfold & repeat until they have reached the hip region. When staff get to hip region they will alternate pulling fold beneath hips, while other staff member holds slider in place. Staff alternate pulling slider past hips (zig zag motion). 					
Removal of sliders: <ul style="list-style-type: none"> Once client is positioned and comfortable. Remove sliders. One staff folds top corner of top slider underneath itself, tucking fold under client's neck towards other staff who grasps it & pulls the slider out from underneath itself. Repeat for second slider. 					
Comfort and Positioning: <ul style="list-style-type: none"> Ensure client is comfortable & properly positioned. 					
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Limb Lifting Procedure

Facility: Interlake-Eastern RHA	Department: Home Care	Written by: Jill Volk, MSIP Education Coordinator	Approved by: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: <ul style="list-style-type: none"> Ceiling/Floor lift, limb sling & St affs required to wear clothing that allows movement of legs for weight shifting. 			
		Additional Training Requirements: <ul style="list-style-type: none"> Delegated Client Specific Tasks Training Healthy Body Mechanics Preparation for Client Handling 			
Client Criteria and Supportive Information: <ul style="list-style-type: none"> Do not place limb sling directly underneath joints such as the wrist, elbow or knee unless prior approval is obtained from OT/PT. * Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted. Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely:					
		Preparation: <ul style="list-style-type: none"> Gather limb sling & wound care supplies. Elevate client's bed to comfortable height. 			
		Position Sling & Attach to Lift: <ul style="list-style-type: none"> Gently position limb sling under client's leg/arm while keeping one hand between the fabric & client's skin-ensure even amounts of sling are on each side. <i>(You may insert a slider under client's limb prior to inserting the limb sling to minimize friction of the sling against client's skin. Remove slider once the limb sling is positioned & before attachment of sling to the lift)</i> Lower the spreader bar toward the sling attachments & attach to the hanger bar. 			
		Limb is Lifted & Care Provided: <ul style="list-style-type: none"> Using remote, raise client's limb to the desired height, avoiding hyperextension of the extremity. Perform care at comfortable height in which awkward postures are avoided. When care is complete, use the lift's controls to lower client's leg/arm to bed. 			
		Comfort & Positioning: <ul style="list-style-type: none"> Remove the limb sling & ensure client is comfortably positioned. 			
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR

Musculoskeletal Injury Prevention Program

SAFE WORK PROCEDURE: Range of Motion Exercises

Facility: Interlake-Eastern RHA	Department: Home Care	Written By: Jill Volk, MSIP Education Coordinator	Approved By: Director of Home Care and Palliative Care Services	Date Approved: Aug 2014	Date Revised: Aug 2014
Potential Hazards: H M L risk for injury <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Awkward / sustained postures <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Forceful exertions H-High M-Medium L-Low		Assistive Equipment and Safety Considerations: • Exercise equipment if required, Staff is required to wear clothing that allows movement of legs for weight shifting.			
		Additional Training Requirements: • Delegated Client Specific Task Training • Healthy Body Mechanics • Preparation for Client Handling			
Client Criteria and Supportive Information: • Client should be cooperative & predictable. • Staff should not grasp the client's clothing. • Position yourself as close as possible to the limb which you are working with. • Avoid overreaching, bending & twisting. • Range of Motion exercises must be prescribed by the therapist. Do not try to attempt any of these exercises otherwise. * Power position is: wide base of support, neutral spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and abdominal muscles slightly contracted. Signs and symptoms of a musculoskeletal injury (MSI) can include: pain, burning, swelling, stiffness, numbness, tingling, and/or loss of movement or strength in a body part. Report to supervisor.					
Steps to perform task safely: • Ensure Client is close to the edge of bed. • Raise bed to mid thigh level. • You may need to put a knee on the bed to maintain a neutral spine. • Use wide base of support & neutral spine when holding limbs. • Shift body weight to move limbs through its range of motion. • Cradle limb close to your body. • Take steps with your feet to avoid twisting.					
Employers must ensure that workers are trained and follow this safe work procedure. This procedure may be monitored to ensure compliance and safety. *Failure to follow this safe work procedure will increase use of manual lifting, awkward postures & forceful exertions. This increases the risk of pain, stiffness & injury to the back, neck & arms of Staff.					

REPORT ANY HAZARDOUS SITUATIONS TO YOUR SUPERVISOR