



# Safe Client Handling: CBI Workplace Solutions Demystifies Misconceptions and Shares Solutions

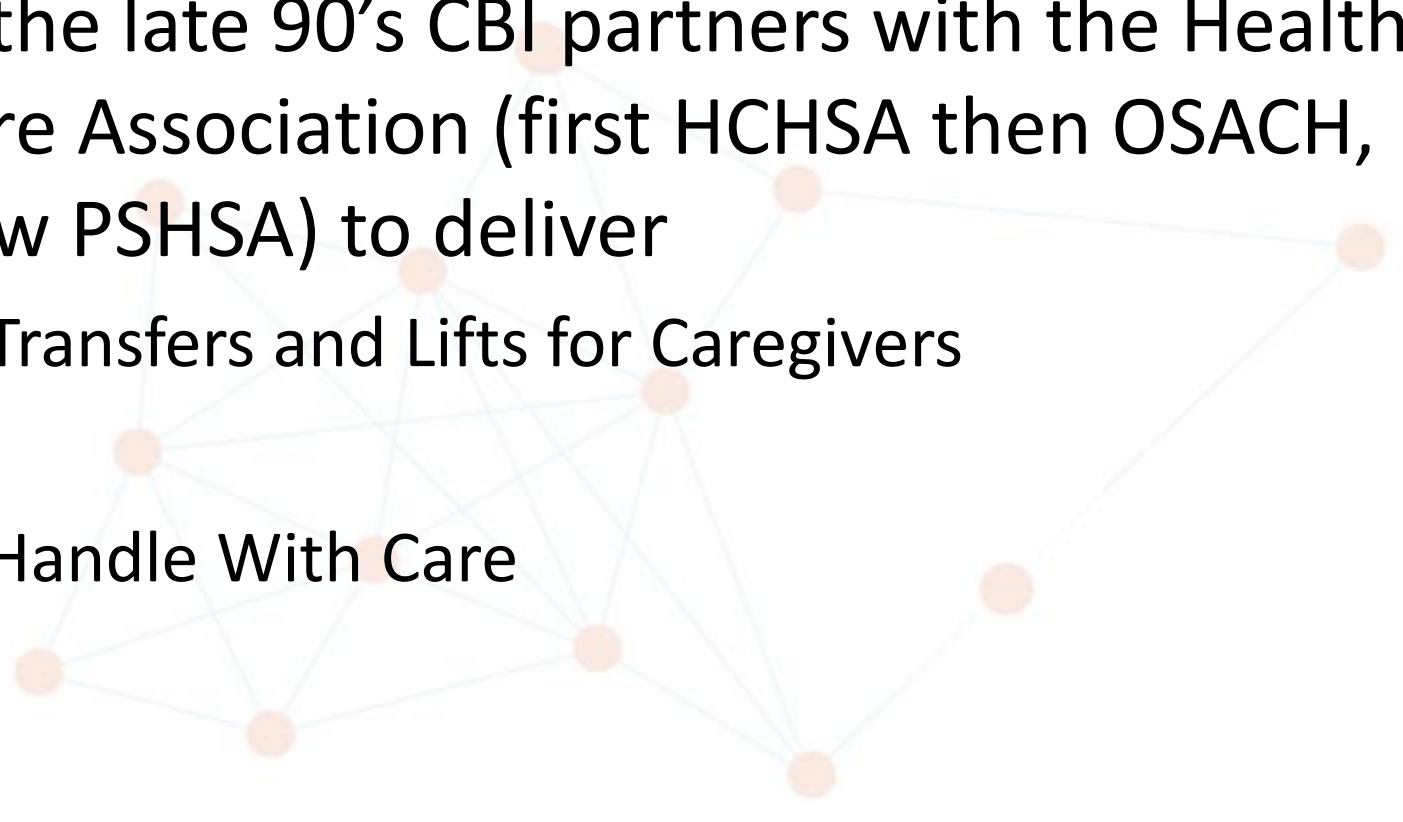


# Outline

- General Principles of Handle With Care
- Common Misconceptions & Solutions



# CBI Workplace Solutions

- In the late 90's CBI partners with the Health Care Association (first HCHSA then OSACH, now PSHSA) to deliver
    - Transfers and Lifts for Caregivers
    - Handle With Care
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# Handle With Care Program

## Is it effective?

*Overall, the systematic review found moderate evidence that occupational safety and health prevention programs have a positive effect on workers' musculoskeletal (MSK) health status in health-care settings.*

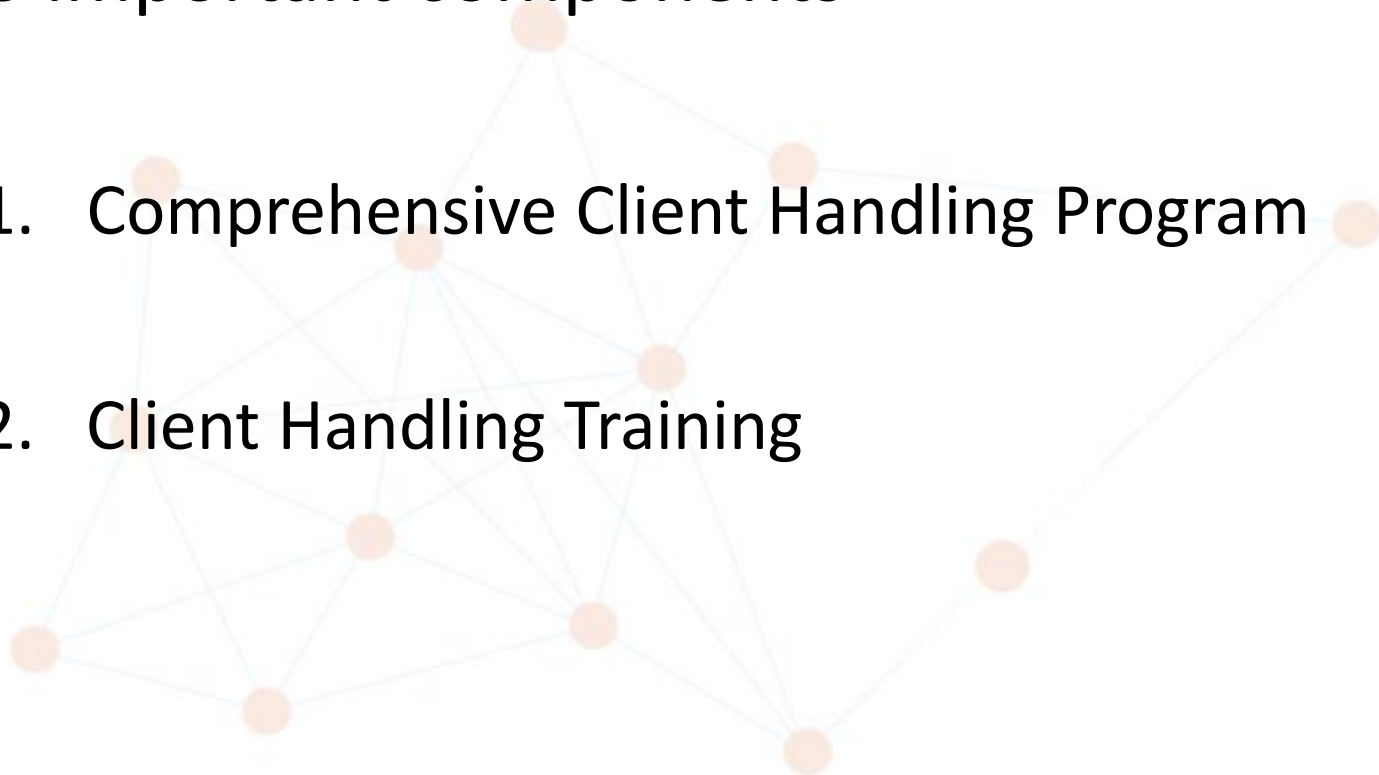
- There is moderate evidence that the following two interventions had a positive effect:
  1. Patient handling with the following three components:
    - a policy change at the worksite, such as zero-lift policies
    - the purchase and implementation of new patient handling equipment, such as overhead lifts or floor lifts
    - training on the new equipment and on patient handling
  2. Exercise training programs with aerobics or strength training or both

**Source:** *At Work*, Issue 48, Spring 2007: Institute for Work & Health, Toronto

# Handle With Care Program

Two important components

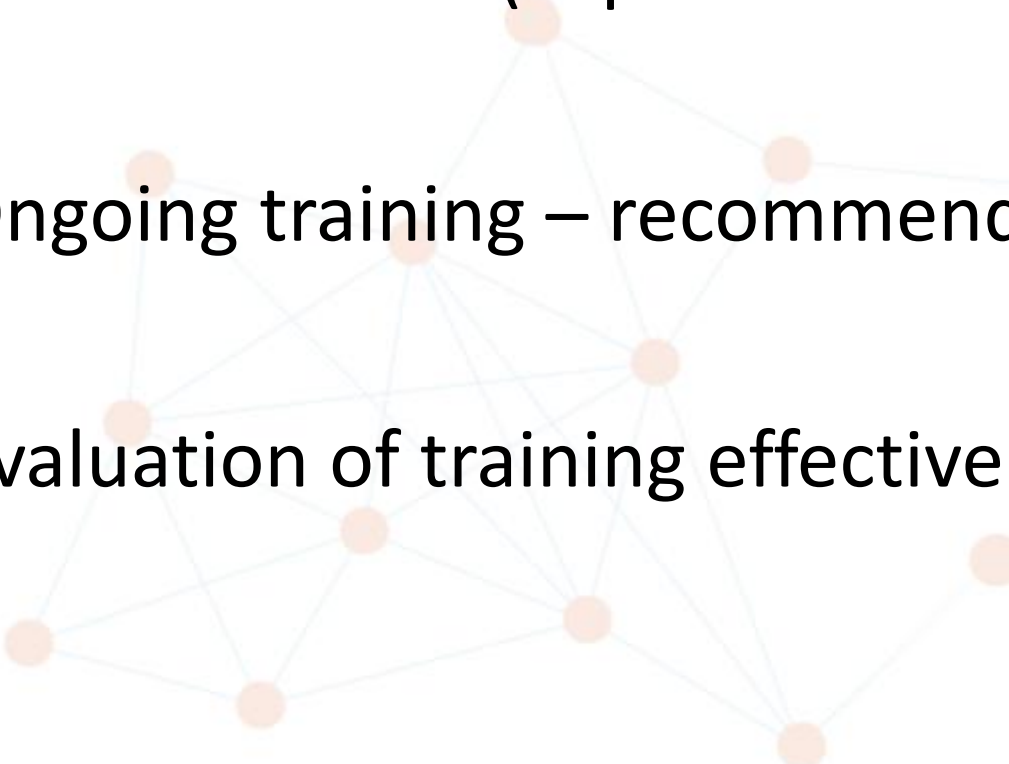
1. Comprehensive Client Handling Program
2. Client Handling Training



# Comprehensive Client Handling Program

- Policies and Procedures – create foundation
  - Support and commitment from the top
  - Visible support and commitment
  - Ongoing evaluation and update as needed
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# Client Handling Training

- All staff trained (supervisors and front-line)
  - Ongoing training – recommended annually
  - Evaluation of training effectiveness
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# Handle with Care Program

## 5 Individual Modules:

- Introduction
- Client Mobility Assessment
- Client Repositioning and Transfers
- Manual & Mechanical Lifting and Lateral Sliding Devices
- Equipment and the Environment



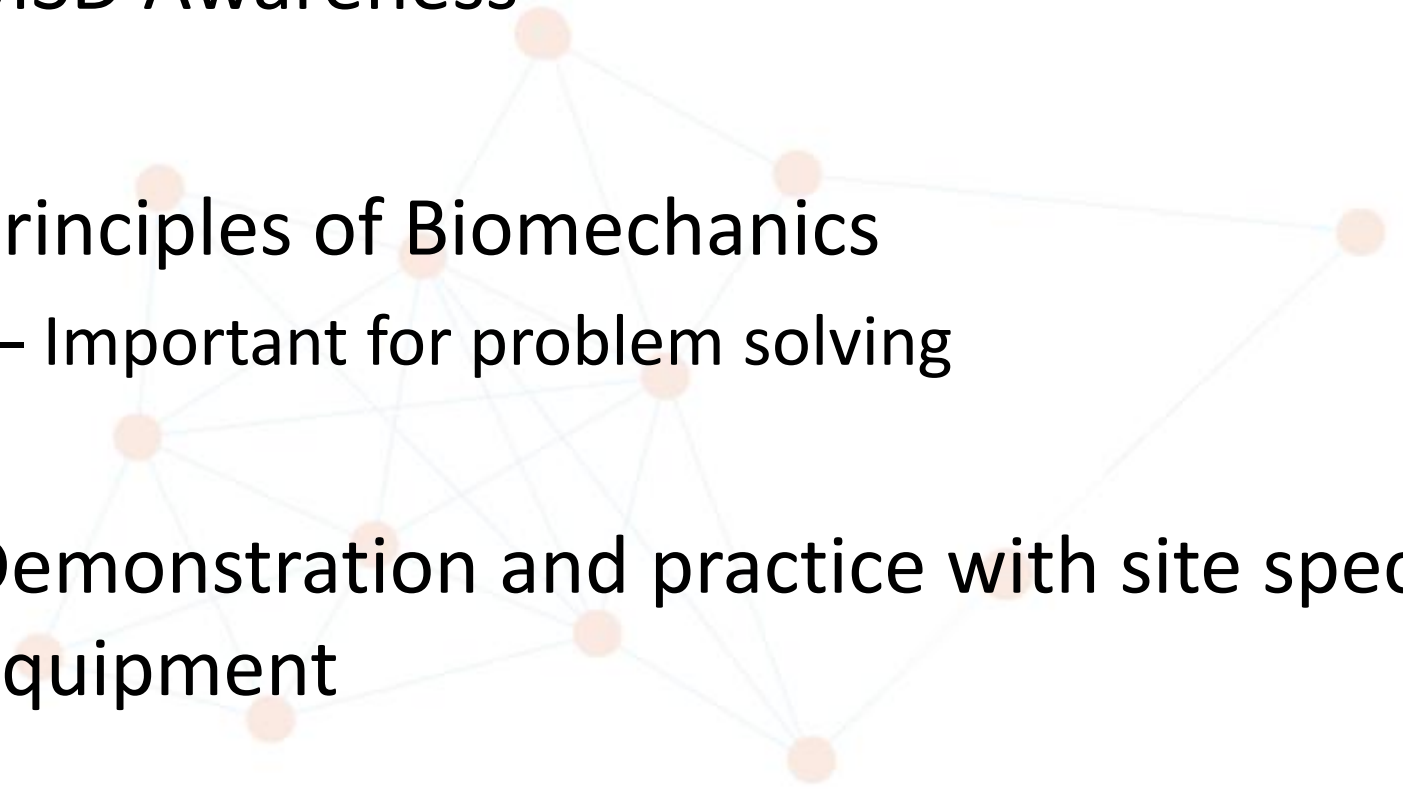
# Program Objectives

1. Promote maximum participation and independence in the client handling procedures e.g. during transfers, lifts, repositioning
2. Enable caregivers to continually assess all client handling risk factors and select appropriate client handling techniques
3. Enable caregivers to problem solve client handling issues
4. Promote consistent use of client handling techniques and proper use of equipment

# Program Objectives

5. Teach caregivers appropriate skills for communicating with clients and other caregivers during client handling activities
6. Teach caregivers how to perform transfers, lifts and repositioning using safe body mechanics
7. Provide easy, consistent documentation of transfer, lift and repositioning techniques

# Training Components

- MSD Awareness
  - Principles of Biomechanics
    - Important for problem solving
  - Demonstration and practice with site specific equipment
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# Challenges & Misconceptions

- Client Assessments are not always accurate
- Proper techniques take more time/more staff
- There is not enough equipment

Solutions may be common sense, but they only work when applied **CONSISTENTLY**.

# Client Assessments

- May not accurately reflect current status
- Not enough resources to assess mobility on a routine basis and when status changes
  - There is nothing that stipulates that a mobility assessment must be performed by Registered staff
  - Up to the organization to determine who is responsible
  - Staff must be trained

# Client Assessments

- Appropriate and timely resident/client mobility assessments
  - PSHSA algorithm for creating consistency between client mobility assessors
  - Audrey Nelson is also a great resource
- Assessor recommends technique that is not effective on a day to day basis, the front line workers are frustrated and/or feel misunderstood.
  - May require mobility protocols based on time of day
  - Increased communication and training as needed regarding particular client/resident/patient capabilities and needs
- Caregiver must complete **mini assessment (CARE)**
  - often not completed
  - status change = previous technique not appropriate or safe



The image shows a 'Client Mobility Review' form. It includes a title, a small illustration of a caregiver assisting a client with a walker, and several sections with checkboxes and text. The sections are: 'Client Mobility Review', 'C' (Communication), 'A' (Assessment), 'R' (Recommendation), 'E' (Evaluation), 'Status of Client Mobility', 'Reporting to Supervisor', 'Reporting to Nurse', and 'Reporting to Physician'. The form is designed for caregivers to document and report on client mobility assessments.

# Timing of Work

Many organizations have learned to create plans that create a better flow of work



E.g. Residents requiring 1 caregiver may be assisted first, then caregivers work in teams of 2 to assist remaining residents/patients/clients in the morning or night time routine.

# Team Work

- Significant lack of communication = errors



- Client/resident/patient is part of the team

- All facilities should be encouraged to promote the "two is better than one" practice.





# There is Not Enough Time



- Consider the following:
  - Is more time required to maintain a neutral spine?
  - Is more time required to get close/reduce the distance and load on the spine and shoulders
  - Is more time required to properly communicate with the resident/client/patient
- Why is it in some LTC or other community based organizations, it works

# Proper Techniques and Time

- Proper body mechanics does not increase time
- Staff continue to 'lift' when repositioning and transferring
- Not engaging clients abilities
  - E.g. need to bring weight of the client over their feet to help them stand



# Not Enough Equipment

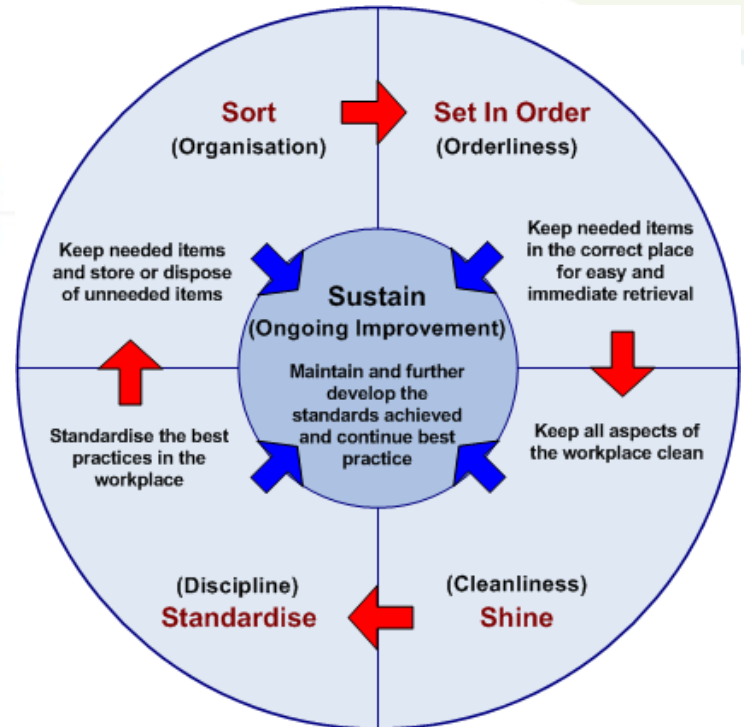


## Challenges

- Often told by management there is enough
- Often in the community there are greater challenges because clients are financially responsible for purchasing their own assistive devices

# Equipment

- 5 S has important principles easily applied in any work environment
- Ongoing assessment of resident/client needs with equipment availability
- Regular inventory of equipment within a site (not just on a floor or unit)
- Equipment maintenance and replacement program



# Other Suggestions

- Designated "back care champion", whose role it is to provide co-workers with body mechanics feedback can be very helpful to establish a safety culture.
  - Having a peer rather than a supervisor makes the process less threatening.
- Do's and don'ts" posters in staff rooms, with actual photographs, that provide visual feedback can also be very helpful.
- Simple back care, neck care, shoulder care theme weeks
  - Share facts/tips/reminders during shift change huddle

# Other Suggestions

- Managerial staff require training on MSD prevention as much as do the workers,
- Managerial staff have the power to act on the front line workers' reports/concerns and initiate change.