Safe Patient Handling Program Checklist

Your Hospital
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NSTRUCTIONS: This sample checklist highlights many of the important components of a safe patient handling program or policy, including development, management and staff involvement, needs assessments, equipment, education and training, and evaluation. You can use the checklist to help identify those components of your safe patient handling program or policy that are well developed, as well as those that need further development. The checklist can be customized by adding or deleting components specific to your hospital. It is recommended that the checklist be completed at frequent intervals to ensure ongoing program evaluation.

This checklist is advisory in nature and informational in content. It is not a standard or regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the Occupational Safety and Health Act.

FACILITY NAME: _____

UNIT ASSESSED (if applicable): _____

ASSESSMENTS TO BE
CONDUCTED: (check one)
☐ Monthly ☐ Bi-monthly ☐ Quarterly

☐ Semi-annually ☐ Annually

DATE OF ASSESSMENT: _____

CONDUCTED BY: _____

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I. Policy Development

	In Place	Not Done	Will Adopt
A. A safe patient handling policy that eliminates manual lifting to the extent feasible is in place and communicated to all staff.	☐	☐	☐

It is important for a hospital to have a policy in place that is understood by all staff and reviewed on a regular basis. Systematic clarification of the roles and responsibilities of staff in the form of a written safe lifting policy helps maintain program sustainability.

Notes (timelines, responsibilities, etc.)

	In Place	Not Done	Will Adopt
B. Patients are made aware of the safe patient handling policy.	☐	☐	☐

Making patients aware of the safe patient handling policy will help patients understand how using patient handling equipment will benefit both them and their caregivers.

Notes

	In Place	Not Done	Will Adopt
C. Management reinforces the safe patient handling policy.	☐	☐	☐

Having management at all levels consistently reinforce the policy is critical.

Notes

II. Management and Staff Involvement

	In Place	Not Done	Will Adopt
A. Management fosters safe patient handling and a culture of safety.	☐	☐	☐

Successful programs embrace a culture of safety that includes safe patient handling, as employees appreciate knowing that senior managers care about their well-being.

Notes (timelines, responsibilities, etc.)

	In Place	Not Done	Will Adopt
B. A safe patient handling committee represents all levels.	☐	☐	☐

Hospitals should form committees that include a range of staff from all affected departments, including members representing administrators and frontline staff.

Notes

	In Place	Not Done	Will Adopt
C. Staff is involved during every step.	☐	☐	☐

Involve staff during every step of safe patient handling program implementation (e.g., hazard assessment, technology procurement, education and training, program evaluation).

Notes

	In Place	Not Done	Will Adopt
D. Super users, safety coaches, or champions exist in each unit.	☐	☐	☐

Safety coaches, "champions," or "super users" continually remind and educate their peers about the program, answer questions, troubleshoot issues, and promote the culture of safety. There should be a dedicated staff member who fills this role in each unit.

Notes

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E. The safe patient handling program has nurse manager support. *Nurse managers also need to support and reinforce safe patient handling with staff in every unit.*	☐	☐	☐
	Notes		

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	In Place	Not Done	Will Adopt
F. Laundry, maintenance, and engineering staff support the safe patient handling program. *It is essential that departments such as laundry, maintenance, and engineering understand how vital they are to support a hospital's safe patient handling program.*	☐	☐	☐
	Notes		

III. Needs Assessment

	In Place	Not Done	Will Adopt
A. Mobility assessment criteria are established and applied to each patient. *Every patient has unique characteristics and mobility capabilities that need to be assessed on a regular basis.*	☐	☐	☐
	Notes (timelines, responsibilities, etc.)		
B. A patient handling plan is communicated for each patient. *Once each patient's level of mobility and need for assistance is assessed, that information needs to be communicated to all relevant caregivers.*	☐	☐	☐
	Notes		

IV. Equipment

	In Place	Not Done	Will Adopt
A. Frontline staff is involved in selecting equipment. *The workers who actually move and transfer patients are a valuable resource when determining the most effective equipment.*	☐	☐	☐
	Notes (timelines, responsibilities, etc.)		
B. Equipment is chosen based on units' needs. *Individual units may have different movement and transfer needs, so make sure to involve staff from all units.*	☐	☐	☐
	Notes		
C. Equipment is convenient, available, and accessible. *Having appropriate and easy-to-use safe patient handling equipment conveniently located encourages routine use.*	☐	☐	☐
	Notes		
D. Equipment cleaning and maintenance systems are in place. *Equipment needs to be maintained properly and charged at all times. Responsibility for cleaning equipment should be clearly designated.*	☐	☐	☐
	Notes		
E. Partnership with vendor(s) is considered. *Vendors can help to develop safe patient handling specifications, troubleshoot issues, answer questions, and maintain equipment.*	☐	☐	☐
	Notes		

	In Place	Not Done	Will Adopt
F. Construction and remodeling projects take safe patient handling considerations into account. *When undertaking construction and remodeling at a hospital, it is more effective to design with safe patient handling in mind than to retrofit afterward.*	☐	☐	☐
	Notes		

V. Education and Training

	In Place	Not Done	Will Adopt
A. All relevant staff is trained on using equipment. *If the caregiver uses the equipment correctly and efficiently, patients will feel more comfortable.*	☐	☐	☐
	Notes (timelines, responsibilities, etc.)		
B. All staff is educated on the importance of safe patient handling. *By educating all staff, including physicians, about the safe patient handling program, hospitals can reduce instances of a clinician asking—or expecting—colleagues to move patients manually.*	☐	☐	☐
	Notes		
C. Staff is trained on equipment annually. *Including safe patient handling in annual competency reviews helps promote the program and equipment proficiency.*	☐	☐	☐
	Notes		
D. Patients/families are educated on policy/equipment. *Educating patients and their family members about your hospital's policy and use of equipment will engage them in the safe patient handling process.*	☐	☐	☐
	Notes		

VI. Program Evaluation

	In Place	Not Done	Will Adopt
A. Metrics are tracked to evaluate program success. *You can track the success of your program by examining the number and type of staff injuries, specific activities that led to these injuries, number of lost work or modified duty days, and the effectiveness of the safe patient handling policy. Consulting your OSHA 300 logs and your supplemental 301 or workers' compensation forms can be an excellent way to gather this information.*	☐	☐	☐
	Notes (timelines, responsibilities, etc.)		
B. Improvements to the safe patient handling program are considered. *Every program needs adjustment after being put into practice. Even small changes can improve safe patient handling tremendously in your hospital.*	☐	☐	☐
	Notes		

For more information on safe patient handling, visit www.osha.gov/dsg/hospitals.