

Purpose

The Soteria Strains Safe Patient Handling and Movement Program guide and implementation guide were developed by representatives from Nova Scotia’s district health authorities and their partners. They are intended to provide acute care facilities and organizations in the province with guidance about implementing and sustaining an evidence-based, effective safe patient-handling and movement program within their facilities and/or organization.

How to Use These Guides

There are two guides: an implementation guide and a program guide.

The implementation guide describes the steps involved in putting the Safe Patient Handling and Movement Program in place. Steps are arranged in a recommended, chronological order. However, steps may occur concurrently or it may be appropriate for an organization to follow the steps in a different order. Implementation is divided into seven phases outlined in the table below.

Implementation Guide	
Phase	Steps
1	Setting the stage for success
2	Conduct a gap analysis; identify priority units; select and train unit-based champions and managers
3	Undertake unit-based assessments; introduce safety huddles
4	Identify, plan for, and implement unit-level controls; plan for and train staff (controls patient-risk profile, point-of-care assessment)
5	Audit implementation in priority units; identify areas for improvement; document and report; introduce after-action reviews
6	Identify “next” priority areas, and implement as per phases 2-5
7	Implement a maintenance and continuous-improvement phase: ensure ongoing monitoring and reporting, a formal review, and identifying improvement opportunities

The program guide contains reference material that describes how to implement various elements of the program and includes numerous tools and templates that may be used and/or modified by the implementing organization. To improve ease of use, the program guide has been divided into four sections, each presented as a separate document. The program guide, its respective sections, and the chapters are outlined in the table below.

Section 1 focuses on organizational processes and activities. Sections 2 and 3 focus on identifying and mitigating hazards – redesigning the work. Section 4 contains specific considerations, information, and tools that may be used to supplement the processes described in sections 2 and 3 when required.

Program Guide			
Section #	Title	Chapter #	Title
1	Setting the Stage for Success	1.1	Leadership Commitment
		1.2	Policy, Roles, and Responsibilities
		1.3	Program Evaluation and Continuous Improvement
		1.4	Communications, Promotion, and Engagement
2	Identifying Hazards and Assessing Risk	2.1	Identification of Priority Areas
		2.2	Unit-Level Assessments
		2.3	Patient-Risk Profiles
		2.4	Point-of-Care Assessment
3	Planning and Implementing Controls	3.1	Selecting Controls
		3.2	Equipment Selection
		3.3	Equipment Installation and Maintenance
		3.4	Safety Huddles
		3.5	Facility Design and Upgrade
		3.5S	Supplement – Key Design and Installation Specifications
		3.6	Training
4	Identifying Special Considerations	4.1	Emergency Situations
		4.2	Bariatric Patients
		4.3	Orthopedic Patients
		4.4	Patients with Impaired Cognition
		4.5	Labour and Delivery
		4.6	Patients with Amputations

Scope

The Soteria Strains Safe Patient Handling and Movement Program is an evidence-based, multi-factorial program for the prevention of musculoskeletal injuries (MSIs) in acute and tertiary care health-care in Nova Scotia. The program includes elements that research indicates are necessary for an effective patient-handling and movement program. The content was also influenced by the needs identified by multiple stakeholder groups within organizations in Nova Scotia that provide and/or support acute and tertiary health care.

The program is one approach to safe patient handling and movement that is consistent with evidence-based, best-practice approaches based on the information and research current at the time the program was developed. Other approaches to safe patient handling and movement that include a process to

recognize and assess hazards, and control the risks associated with patient handling and movement tasks may be equally effective.

While many of the elements of this program may be used to support injury prevention in other areas of health care, such as continuing care and home care, the focus of this initiative is on acute and tertiary care. The intent is to share lessons learned and adapt this program to address the specific patient-handling and movement needs of long-term and home care residents/clients, workers, and workplaces. Also, MSIs related to other hazards, such as poor workstation design and material handling, are not addressed in this program guide. Specific programs to address MSIs related to these hazards will be needed.

Introduction

Nova Scotia's health-care sector, like publically funded health care elsewhere across Canada, is challenged to maintain and enhance services and outcomes while at the same time constraining the pace of increasing health-care costs. Improving the health and safety of Nova Scotia's health-care workers has the potential to both significantly reduce costs for health care in Nova Scotia while enhancing patient safety and health outcomes.

The total annual cost of work-related injuries in Nova Scotia's health-care sector is estimated to be in excess of \$100 million. This figure represents both the cost of workers' compensation and the uninsured costs associated with work-related injuries, such as additional overtime, recruitment and retraining, lost knowledge and experience, administrative time, and negative patient outcomes. While these dollar figures are significant, they tend to obscure the fact that work-related injuries cause significant pain and suffering for health-care workers, forcing some to leave their chosen profession and leaving others with significantly reduced physical capabilities.

To improve the health and safety of health-care workers in Nova Scotia, it is important to understand the nature of the injuries these workers experience. A review of the data reveals that in 2012, almost 80 percent of all time-loss claims reported to the Workers' Compensation Board of Nova Scotia (WCB) by health-care workers were musculoskeletal injuries and that more than 50% of those claims were linked to some type of patient, resident, or client lift or transfer task. This includes patient lifting, transferring, and repositioning, which we are calling patient handling and movement.

Previous efforts to reduce the number of injuries associated with patient handling and movement often relied solely on training of staff to use proper body mechanics and manual lifting techniques. Research has clearly shown that this type of training on its own is not effective in reducing the frequency or severity of musculoskeletal injuries among health-care workers. Manual patient-handling tasks are intrinsically unsafe because they are beyond the capabilities of the general workforce.

Legislative Requirements

A safe and effective patient handling and movement program is an inherent element under existing occupational health and safety legislation. While not specifically mandated in Nova Scotia's *Occupational Health and Safety Act* or its related regulations, the Act's "General Duty Clause" (Section 13(1)) requires employers to take "every precaution that is reasonable" to ensure the health and safety of all persons. More specifically, Nova Scotia's *Occupational Safety General Regulations*, Part 5, Section 26, state that employers must provide equipment and training when "the lifting or moving of a thing or a person may be a hazard to the health or safety of a person at the workplace." It is clear that patient handling and movement tasks are high risk and hazardous; as such, employers are required to put in place programs and provide equipment and training to staff to reduce the risk of injury.

Nova Scotia Occupational Health and Safety Act. 1996, c. 7, s. 1.

Employers' precautions and duties

13 (1) Every employer shall take every precaution that is reasonable in the circumstances to
(c) provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;

Requirement for program

28 (2) The program shall include
(a) provision for the training and supervision of employees in matters necessary to their health and safety and the health and safety of other persons at the workplace;

Occupational Safety General Regulations

Part 5 – Handling and Storage of Material

26 Where the lifting or moving of a thing **or person** at the workplace, an employer shall ensure that
a) adequate and appropriate equipment for the lifting and moving is provided; and
b) training and instruction as to the appropriate method of performing the lifting and moving is provided in accordance with the equipment manufacturer's instructions, or, where there are no equipment manufacturer's instructions, in accordance with work methods and lifting and moving techniques

Internal Responsibility System

The internal responsibility system is the underlying philosophy of the occupational health and safety legislation in all Canadian jurisdictions. Its foundation is that everyone in the workplace – both employees and employers – is responsible for their own safety and for the safety of co-workers. Acts and regulations do not always impose or prescribe the specific steps to take for compliance. Instead, they hold employers responsible for determining the steps needed to ensure the health and safety of all employees.

An internal responsibility system does the following:

- Establishes responsibility-sharing systems
- Promotes a safety culture
- Promotes best practices
- Helps develop self-reliance
- Ensures compliance

See <http://www.ccOH&S.ca/oshanswers/legisl/irs.html> for more information.

3 Rights Provided by the Occupational Health and Safety Act

The Occupational Health and Safety Act provides all employees with 3 basic rights:

1. The Right to Know

- ✓ Employees have a right to information on issues that affects their health and safety

2. The Right to Refuse

- ✓ Employees have the right to refuse unsafe or unhealthy work.

3. The Right to Participate

- ✓ Employees have the right to participate in the selection of members of the OHS committee, report unsafe conditions and voice their opinion on any issue that affects their health and safety or of anyone at the workplace

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Partner Organizations

AWARE-NS

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IWK Health Centre

Nova Scotia Department of Health and Wellness

Nova Scotia's District Health Authorities

Workers' Compensation Board of Nova Scotia

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