ANMF (Vic Branch) Policy

SAFE PATIENT HANDLING
(formerly known as No Lifting Policy)

1. Introduction
The Australian Nursing and Midwifery Federation (Victorian Branch) is strongly committed to maintaining and extending the Safe Patient Handling Policy throughout all healthcare sectors and clinical settings including acute, aged care, disability, rehabilitation and the community setting.

2. Objective
The objective of this policy is to outline the ANMF (Vic Branch)’s position on the maintenance and extension of Safe Patient Handling.

3. Scope
This policy refers solely to patient handling and not to equipment handling (see Occupational Health and Safety Policy).

4. Definitions
Patient: the word “patient” in this policy is interchangeable with the words “client” and “resident” as is applicable.

Safe Patient Handling refers to a safer approach to patient handling whereby the manual lifting of patients is eliminated, wherever possible.

Workplace includes any place in which work is performed by a nurse / midwife.

5. Policy
5.1. The manual lifting of patients is to be eliminated in all but strictly exceptional or life threatening situations.
5.2. The health and safety of the nurse / midwife takes precedence over the patient’s desires and requests.
5.3. Methods and handling aides to move or transfer patients must provide the highest level of protection to nurses / midwives, patients and others in accordance with the Occupational Health and Safety Act 2004.
5.4. Wherever possible, the maintenance of a patient’s independence by encouraging mobility is a priority of nursing and midwifery.
5.5. Patients are encouraged to assist in their own transfers including bearing their own weight where possible.
5.6. Electronically operated handling aids must be used whenever they can help to reduce risk.
5.7. The ANMF supports the integration of Safe Patient Handling programs into all occupational groups in health care services provided it is not at the expense of nurses’ and midwives’ back
injury prevention programs and these programs continue to be adequately resourced, including equipment and training.

5.8. Appropriate financial resourcing must be provided in order for the policy to be fully and appropriately implemented.

5.9. Staffing levels and skill mix should be adequate to reflect the dependency levels and handling needs of the patient, and to ensure the safe use of aids and equipment.

5.10. The principles of Safe Patient Handling are equally applicable to the care of bariatric patients.

6. Key Elements
The manual lifting of patients is to be eliminated in all but strictly exceptional or life threatening situations.

6.1. Consultation and Representation

As per the Occupational Health and Safety Act 2004, nurses / midwives have the right to consultation and representation in relation to all matters that have or could have health and safety implications, including refurbishment, development, purchasing, trialling and decision making in relation to patient handling environments, equipment or methods.

6.2. Environment

6.2.1 The physical environment of the workplace must provide sufficient, clear space in which to safely move or transfer patients, including appropriate consideration for equipment associated with care of bariatric patients.

6.2.2 The layout of the physical environment must minimise the risks associated with patient handling, ie; twisting, pushing, etc.

6.2.3 Overhead tracking should be installed in all new or refurbished facilities and, wherever possible, in existing facilities. This should cover, as a minimum, over beds, but should extend to ensuites and other areas of the facility where patients are likely to require assistance.

6.2.4 Adequate and safe storage space for equipment must be provided.

6.2.5 Floor surfaces should be smooth and even and push pull forces when using wheeled equipment should be such that risks of manual handling injury are reduced as far as is reasonably practicable.

6.2.6 In consultation with HSRs and the nursing/midwifery staff concerned, modifications to the workplace should be carried out where necessary to ensure a safe working environment.

6.2.7 Duties on designers under the Occupational Health & Safety Act 2004 require designers to ensure that buildings or structures used as a workplace are designed to be safe and without risks to health.

6.3. Equipment

6.3.1 Electronically operated beds, lifting aids and other handling equipment should be used whenever they can help to reduce the risk. Such equipment may include:
- electronically operated lifting machines, Hoverjacks and Hovermatts
- motorised trolleys and wheelchairs
- rigid or fabric sliding devices

6.3.2 As per the Occupational Health and Safety Act 2004, nurses/midwives and their representatives have a right to be consulted in the selection and purchase of furniture,
fittings, aids and equipment, including trialling of equipment by the staff that will be using it.
6.3.3 When considering equipment needs for handling the bariatric client, knowing the weight capacity of the equipment (including beds / trolleys) is critical to safety.
6.3.4 Wherever possible, equipment should be trialled prior to purchase to evaluate its capacity to meet the requirements of the nurses / midwives using the equipment and the person/s being handled.
6.3.5 Equipment should be adequate and easily accessible when needed.
6.3.6 All equipment should be maintained in good working order, in accordance with the manufacturer’s instructions.
6.3.7 Equipment (including rechargeable batteries) should be replaced and updated at appropriate intervals or as necessary.
6.3.8 Fully laden equipment transporting patients requires motorised transportation devices.

6.4. **Process**

6.4.1 The handling needs of the patient should be assessed and documented prior to the admission of the patient (or if this is not practicable, as soon as possible after admission) to the health care facility, including community settings.
6.4.2 Assessment should be carried out by the nursing/midwifery staff who are to be involved in the care of that patient.
6.4.3 Assessment should include risk factors to the carer, including risks from:
   - sustained awkward postures
   - bending
   - twisting
   - patient’s previous history of falls
6.4.4 Assessment should also include the patient’s ability to:
   - Assist in their own moves
   - Comprehend and cooperate
   - Manoeuvre their own weight, weight bear, stand with or without a gait aide
6.4.5 Measures to eliminate or minimise these risk factors must be implemented wherever possible, using Safe Patient Handling principles.
6.4.6 Handling assessments need to be monitored and reviewed on a regular basis.

6.5. **Instruction, Education & Training**

6.5.1 Nurses and midwives should on commencement receive induction training, and ongoing refresher education and training (annually at a minimum) in:
   - occupational health and safety rights and responsibilities
   - occupational health and safety policies and procedures
   - assessment of handling needs of patients
   - patient handling risk factors and hazards
   - patient handling risk management techniques and processes
   - the correct use of patient handling aids and handling equipment
   - techniques for moving / transferring patients which involve minimal force and exertion
6.5.2 Training programs must include a practical component, which provides nurses and midwives with opportunities for practical experience, and allows participants to undertake the assessment and technique application process.

6.5.3 Competencies in Safe Patient Handling techniques should be annually assessed, at a minimum.

7. **Duties of Employers**

7.1 As per the Occupational Health and Safety Act 2004, employers are required to provide a workplace that is safe and without risks to health.

7.2 This includes provision of safely designed premises, work environments, facilities, fixtures, fittings, equipment and systems of work that do not create, contribute to or exacerbate patient handling risks.

7.3 Moreover, employers are required to provide such information, instruction, training and/or supervision as is necessary in order for nurses to perform their work in a way that is safe and without risks to health.

8. **Duties of Nurses and Midwives**

8.1 Nurses and midwives will take reasonable care of their own health and safety and the health and safety of other persons (employees and others) who may be affected by their acts or omissions at the workplace, particularly in relation to patient handling.

8.2 Nurses and midwives will co-operate with the employer with respect to any action taken by the employer to provide them with a safe and secure workplace and to assist them to fulfil their duties under occupational health and safety legislation, including complying with policies, programs and procedures.

8.3 Nurses and midwives will use equipment supplied in order to reduce health and safety risks associated with patient handling tasks, in accordance with employer-provided instruction and training.

8.4 Nurses and midwives will report to management any workplace hazard (existing or potential) or incident as soon as they become aware of it, including those relating to patient handling.

8.5 Employee non-compliance should be addressed via organisational protocols.

9. **ANMF (Vic Branch) Commitment**

9.1 The ANMF (Vic Branch) will continue to support members to prevent and reduce patient handling injuries at the workplace level.

9.2 The ANMF (Vic Branch) will continue to promote and conduct (and support others who wish to conduct) research, training and publicity.

10. **References**

This policy should be read in conjunction with the ANMF (Vic Branch) Occupational Health and Safety Policy 2013.

Other references include:

- ANMF Federal No Lifting Policy, May 2012.
• Private Aged Care No Lifting Project Evaluation Report, Australian Nursing and Midwifery Federation in Partnership with VHIA and the Aged Care Association of Victoria, May 2003.

11. Relevant Legislation
Reference should also be made to the Occupational Health and Safety Act 2004 and the Occupational Health and Safety Regulations 2007.