Safe Patient Handling
Minnesota Statutes 182.6553
and
Minnesota Statutes 182.6554
Establishing a Safe Patient Handling Program
Safe Patient Handling

The main focus is on using equipment vs. people to perform lifts, transfers, repositioning and other movements of patients that place a higher level of stress on the caregiver.
Safe Patient Handling Act
M.S. 182.6553
-- Who is covered --

- **Health care facility**
  - Hospitals
  - Outpatient surgical centers
  - Nursing homes

- **Direct patient care workers**
  - Directly providing physical care to patients
Minnesota Statutes 182.6553
Safe Patient Handling

- Safe patient handling committee
- Written safe patient handling program
Safe Patient Handling Committee

Formed by July 1, 2008
Create a SPH committee or assign to existing committee -- by July 1, 2008

- Membership requirements:
  - at least half the members are nonmanagerial nurses and other direct care staff
  - direct patient care worker unions will select members appropriate to the number of employees represented
SPH Committee

Multi-site facilities may have one committee serve each site
- each facility must be represented
- or a committee can be established at each site

Employees must be compensated for their time spent on committee activities
SPH Committee

Patient Handling Hazard Assessment
SPH Committee Duties

Hazard Assessment

Assessment of hazards related to patient handling tasks
SPH Committee Duties
Hazard Assessment

- Identifies problems and solutions
SPH Committee Duties

Assessment of Injury Rates
Assessment of Hazards
-- Additional considerations --

- staffing per patient
- peak work load periods
- scheduling practices
SPH Committee

Equipment Recommendations

- Purchase
- Use
- Maintenance
SPH Committee
Training

- Make recommendations about training of direct patient care workers about the use of SPH equipment, initially and periodically afterwards.
Recommended Training Program

- **Goal** – to promote use of safe patient handling and movement techniques

- **Objective** – attendees will use best-practice techniques
Recommended Training Program

Course content

- Proper lift, transfer and repositioning methods
- Proper application and use of equipment
SPH Committee
-- Duties of the committee --

Based on findings, formulate and implement recommendations

- Ceiling lift systems
- Update care plans
- Transfer aides
- Floor-based lifts
SPH Committee
-- Duties of the committee --

Recommend procedures to ensure remodeling of patient care areas accommodates SPH equipment

- Evaluate if the change will affect worker safety
- Room size/configuration
- Accessibility
- Ability to accommodate appropriate use of safe patient handling equipment
Facility ‘Change Analysis’
SPH Committee
Program Evaluation

Conduct annual evaluations of the safe patient handling implementation plan and progress toward goals established in the safe patient handling policy.
SPH Committee
Program Evaluation

What are effectiveness measures?

- Injury reduction
- Compliance with SPH program requirements
SPH Committee
Program Evaluation
-- Effectiveness measures --

Leading indicators
SPH Committee
Effective Committees
(suggested practices for an effective committee)

- Establish the committee function, individual roles/responsibilities (committee charter)
- Recruit members with genuine interest
- 2+ year term; don’t replace more than half of the members at one time
- Establish meeting ground rules
- Keep everyone involved; no one individual dominates
- Agenda/meeting minutes
- Consensus decisionmaking
- Facilitation skills
Written Safe Patient Handling Program

Completed by July 1, 2008
Written Safe Patient Handling Program

By July 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility’s plan to achieve by Jan. 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment.
A written safe patient handling policy must contain the following elements:

- Assessment of hazards (with regard to patient handling)
- Acquisition of SPH equipment
- Training
- Modifications/construction
- Periodic evaluations

Safe Patient Handling Program

____________________
____________________
____________________
SPH Written Program

Assessment of hazards related to patient handling tasks
SPH Written Program

- Acquisition of an adequate supply of appropriate safe patient handling equipment
SPH Written Program

Training
SPH Written Program

Modifications/construction to patient/resident area
SPH Written Program

Periodic evaluation of program
Pre-existing SPH Programs

Facilities that have adopted an SPH program meeting M.S. 182.6553, Subd. 1 requirements

and

Facilities that have established a safe patient handling committee

Will be considered in compliance
Minnesota Statutes
182.6554
Safe Patient Handling in Clinical Settings
M.S. 182.6554
Safe Patient Handling in Clinical Settings

Who is covered

- Clinical settings that move patients means:
  - Physician
  - Dental
  - Other outpatient care facilities (except outpatient surgical settings)

- Where service requires movement of patients from point to point as part of the scope of service
Written Safe Patient Handling Plan
M.S. 182.6554

Completed by July 1, 2010
Written Safe Patient Handling Plan
M.S. 182.6554

By July 1, 2010, every clinical setting that moves patients in the state shall develop a written safe patient handling plan to achieve by Jan. 1, 2012, the goal of ensuring the safe handling of patients by minimizing manual lifting of patients by direct patient care workers and by utilizing safe patient handling equipment.
A written safe patient handling plan must contain following elements:

- Assessment of hazards (with regard to patient handling)
- Acquisition of SPH equipment
- Training
- Modifications/construction
- Periodic evaluations
A health care organization with more than one covered clinical setting that moves patients may establish a plan at each clinical setting or establish one plan to serve this function for all clinical settings.
MNOSHA Compliance
MNOSHA Compliance
Citations before Jan. 1, 2011
M.S. 182.6553

No written policy
MNOSHA Compliance
Citations before Jan. 1, 2011
M.S. 182.6553

A written policy that does not include the elements of program development set forth in the statutes
By July 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility’s plan to achieve by Jan. 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment.
MNOSHA Compliance

Citations before Jan. 1, 2011

M.S. 182.6553

Lack of a safe patient handling committee
MNOSHA Compliance
Citations before Jan. 1, 2011
M.S. 182.6553

Lack of membership make-up of the safe patient handling committee as established in the Safe Patient Handling Act
MNOSHA Compliance
Citations before Jan. 1, 2011
M.S. 182.6553
Lack of an effective committee
MNOSHA Compliance

Citations after Jan. 1, 2011
M.S. 182.6553

Lack of identification of hazards in regard to patient handling
MNOSHA Compliance
Citations after Jan. 1, 2011
M.S. 182.6553
Lack of appropriate safe patient handling equipment
MNOSHA Compliance
Citations after Jan. 1, 2011
M.S. 182.6553
Lack of an effective training program about safe patient handling
MNOSHA Compliance
Citations after Jan. 1, 2011
M.S. 182.6553

Lack of a method to assure that any modification or addition to the physical structure of the facility includes consideration of patient handling tasks and the goal of minimizing manual lifting.
MNOSHA Compliance

Citations after Jan. 1, 2011
M.S. 182.6553

Lack of periodic evaluations of the patient handling program
MNOSHA Compliance

Citations before Jan. 1, 2012
M.S. 182.6554

No written policy
MNOSHA Compliance

Citations before Jan. 1, 2012

M.S. 182.6554

A written policy that does not include the elements of program development set forth in the statute
Reference Web Sites

OSHA – eTools and compliance assistance
www.osha.gov/dts/osta/oshasoft

NIOSH – Safe lifting and movement of nursing home residents
www.cdc.gov/niosh/docs/2006-117

Patient Safety Center
www.visn8.med.va.gov/patientsafetycenter

Resource guide for implementing an SPH program in acute care
www.aohp.org/About/documents/GSBeyond.pdf
Go to www.osha.gov

Select “Inspection data”

Select “Establishment Specific Injury & Illness Data”
Safety Grants

- Up to $10,000 matching funds for projects designed to reduce the risk of injury/illness
  - Includes equipment and training
- Employer must have workers’ compensation insurance
- Must come under MNOSHA jurisdiction
- Written report from a qualified safety professional or safety committee with recommendations
- Project consistent with recommendations
- Must have knowledge and experience to complete project
- Must be able to match grant money awarded
- Invoices dated prior to contract date not eligible

Call: (651) 284-5060
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