

SCHIPP.M2.003

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GUIDELINE		FIXED BED USE	
Approved By:		IMUNITY) Review Date: December 20	
Vice President – Planning, Innovation, Quality, Patient Safety	June 29 2016	2017 Revised date: January 2 2018	
		ipment / devices required /	
ension, which can lead petitive motions may be	 Appropriate Footwea Clothing that allows 0 Routine Practices; Ad assigned 	r for Caregivers	
eactive or defensive eletal injury (MSI) can ss, numbness/tingling,	 Initial Orientation and Minimum of 3 year re Supporting Documents: Follow Manufacturer' 	view or as required s Instructions for equipment	
ect height, placement an	d potential assistive devices	s on a fixed bed to allow	
 Set Up of Bed: Bed should be one side or bot Fixed bed will r when Client an Bed should be for standing that Bed should be functional posit 	positioned so there is enou h sides depending on the C not have brakes, but should d/or Caregiver move. at a height when Client is s at their feet touch the floor. placed that Client can exit a ion for their strength and m	gh room to move, either on lient situation. be stable enough to not shift hifted to the edge to prepare and enter bed in the most	
 Height of bed w keep their spin Caregiver(s) m provide care ar Caregiver need 	vill likely require Caregiver(se neutral and decrease over ay need to put both knees of ad maintain neutral spine po as to keep themselves in lir	rreaching. On occasion on bed or sit on side of bed to osition.	
	Planning, Innovation, Quality, Patient Safety and Risk s a risk for awkward ension, which can lead betitive motions may be b and fall. eactive or defensive beletal injury (MSI) can eactive or defensive beletal injury (MSI) can eass, numbness/tingling, n a body part. Report to rect height, placement and nusing it. Set Up of Bed: > Bed should be one side or bot > Fixed bed will r when Client an > Bed should be for standing that > Bed should be functional posit Set Up of Caregiver > Height of bed v keep their spin- Caregiver(s) m provide care ar > Caregiver need	Approved By: Vice President – Planning, Innovation, Quality, Patient Safety and Risk Issue Date: June 29 2016 Personal protective equ other safety consideration > Appropriate Footwear > Clothing that allows C > Routine Practices; Act assigned s a risk for awkward ension, which can lead betitive motions may be o and fall. eactive or defensive Personal protective equ other safety consideration > Appropriate Footwear > Clothing that allows C > Routine Practices; Act assigned betitive motions may be o and fall. eactive or defensive Training: > Initial Orientation and > Minimum of 3 year re Supporting Documents: > Follow Manufacturer's > SCHIPP.M1.001 Mod rect height, placement and potential assistive devices in using it. Set Up of Bed: > Bed should be positioned so there is enou one side or both sides depending on the C > Fixed bed will not have brakes, but should when Client and/or Caregiver move. > Bed should be placed that Client can exit a functional position for their strength and m Set Up of Caregiver: > Height of bed will likely require Caregiver(s) keep their spine neutral and decrease ove Caregiver(s) may need to put both knees ove provide care and maintain neutral spine poperties ove caregiver(s) may need to put both knees ove provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and maintain neutral spine poperties of the provide care and ma	

Failure to follow this safe work procedure will increase use of manual lifting, awkward postures and forceful exertions. This increases the risk obtain, stiffness and injury to the back, neck and arms of Caregivers. REPORT ANY HAZARDOUS SITUATION TO SUPERVISOR

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