

GUIDELINE		PREPARATION FOR CLIENT HANDLING TASKS	
Team Name / Team Lead: SCHIPP Team, Regional Director Staff Development, Infection Prevention and Control	Approved By: Vice President - Human Resources	Date Created: June 29 2016	Review Date: December 20 2017 Revised date: January 2-2018
<p>Potential Hazards Present:</p> <ol style="list-style-type: none"> 1) If guideline not followed, there is a risk for awkward postures and over exertion, which can lead to a musculoskeletal injury. 2) Depending on the workload, repetitive motions may be a factor. 3) Client or Caregiver may slip, trip and fall. 4) Client may grab or strike from reactive or defensive behavior. 5) Microorganism Transmission <p>Signs and symptoms of a musculoskeletal injury (MSI) can include pain, burning, swelling, stiffness, numbness/tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>		<p>Personal protective equipment / devices required / other safety considerations:</p> <ul style="list-style-type: none"> ➤ Appropriate footwear for Client and Caregiver ➤ Clothing that allows movement for Client and Caregiver ➤ Routine Practices; Additional Precautions as assigned <p>Training:</p> <ul style="list-style-type: none"> ➤ Initial Orientation ➤ Minimum of 3 year review or as required <p>Resources:</p> <ul style="list-style-type: none"> ➤ Follow Manufacturer's Instructions for equipment ➤ SCHIPP.M1.001 Module 1 	
<p>Client Criteria and Supportive Information:</p> <ul style="list-style-type: none"> ➤ Caregiver checks care plan to determine Client handling method. ➤ The "power position" is when Caregivers stand with feet wide apart, upright spine, hips/knees slightly bent, elbows tucked in to body, shoulders locked back and neutral spine position with abdominal muscles slightly contracted. 			
<p>Steps to perform Client Handling tasks safely:</p>			
<p>Check for Correct Logo(s):</p> <ul style="list-style-type: none"> ➤ Caregivers must complete the Transfer and Mobility Assessment when Client is admitted to facility and when changes present. Documentation and communication to Caregivers on a bed side logo system, see SCHIPP.RES.062 Transfer And Mobility Logos. ➤ Caregiver checks logo/care plan to determine the Client handling method. ➤ If Client's physical or cognitive status changes additional assistance or lift equipment should be provided and the Client re-assessed. ➤ Perform the S.A.F.E. transfer check to ensure it is safe to proceed with transfer. See SCHIPP.RES.081 S.A.F.E. Status. ➤ If Client's physical or cognitive status has changed and you are not able to proceed with transfer safely, contact your supervisor and DO NOT transfer Client. ➤ Check Client care plan to see if there is any indication of aggression and any specific triggers or needs. 			

Prepare Space:

- Remove clutter or obstacles. Think through the procedure once with your head and second with your action.
- Ensure that you have all equipment ready for the procedure prior to starting and keep close within waist height and within easy with elbows at sides, if possible.
- Clients with various forms of dementia or cognitive impairment have reduced ability to process sight, sounds and touch. A distracting environment can increase feelings of frustration and agitation. It is important to minimize these distractions by performing handling tasks in an area which respects privacy and minimizes stimulation.

Prepare for Transfers:

- Clear obstacles from path, gather and position assistive devices while ensuring safe footwear is used.
- If Client uses a wheelchair position so Client transfers to stronger side, if applicable. The wheelchair is close to bed either at an angle or parallel to bed with footrests removed and front caster wheels positioned under wheelchair and with all brakes locked.
- Ensure adequate space between surfaces.
- Bed height is adjusted so Client's feet are stable on the floor when Client is sitting. Aim for hips higher than knees for standing up from bed to ease effort required for Client. Have Client lean forward aiming for nose over toes position.
- Bed should be closer to knee height when transferring back to bed to ensure that Client can sit to middle of bed and be in a better position for lying down.
- When Client requires physical assistance to stand or walk a transfer belt is required, unless not advised. See SCHIPP.M2.005 Guideline Transfer Belt Use.

Prepare for Walking:

- A transfer belt is placed securely around Client's waist and is used when physical assistance is required unless medically contraindicated.
- Stand on weaker side if applicable, to cue and stabilize Client more effectively.

Prepare for Lifts:

- Make sure sling and lift are the same manufacturer and in good working order.
- The sling must be the correct size according to care plan.
- Clear obstacles from lift path, ensure adequate space is available and gather required equipment.
- Ensure equipment (wheelchair, bed and commode) brakes are locked.
- For floor and ceiling lifts raise height of bed if able, or put knee on bed to maintain neutral spine.
- Side rails, if in place, should be lowered.

Prepare for Moving Bed:

- Bed will need to have approximately 3 feet on either side for Caregivers to provide care, and potentially more if working with a client of bariatric size. If bed needs to be lowered to floor to disengage brakes, crouch down to level of bed when moving it to correct location. If bed can remain higher, keep at waist height, remove brakes and then move it. Use legs and weight shift when moving bed, rather than using arms to pull and push bed.

Prepare for Repositioning in Bed:

- Raise height of bed if able to waist height of shorter Caregiver or put knee on bed to maintain neutral spine. Taller Caregiver will need to widen base to lower waist to mattress height when weight shifting required for repositioning.
- Use bed features such as raising foot or head of bed, if applicable.
- Encourage Client participation. Side rails may enable them to turn or move up in bed. If not Client does not use to roll, side rails are lowered.
- Ensure head of bed is adjusted accordingly (lowered or lifted) and bed brakes applied.
- Caregivers should be using sliders to reposition Clients that cannot assist. See Slider Use Guideline. See Safe Work Procedures for repositioning with sliders.
- Sliders are removed when repositioning complete or Breeze/Swift top sheet is tucked in under mattress.

Prepare for Repositioning in Wheelchair or Tilt chair:

- The brakes are locked and Client's feet are flat on the footrests or floor.
- Client should never be manually lifted to reposition in a chair. See Safe Work Procedures for Chair Repositioning for the most appropriate procedure for your Client.
- When positioning is complete, Client should have hips at back and in the middle of wheelchair seat.
- Tilt chair should be in tilt position when using a lift to assist the Client into sitting and in an upright position when using a less assisted transfer method.
- Tilting chair frequently throughout the time that Client is sitting helps to redistribute pressure to different parts of back and seat.
- If seatbelt used to assist with positioning of hips to back of seat, ensure it is on snug.

Use a Safe Approach:

- Prior to approaching a Client it is important to feel in control of one's own emotions so that a sense of calmness is communicated to the Client.
- It is important to approach the Client slowly so that Client anticipates the Caregiver's approach. If a Client has a history of responsive behaviors, sit or crouch at their dominant side to communicate. Be at the same physical level as the Client rather than standing over them, as this can set a negative tone for the interaction and cause them to be scared or startled. Avoid any sudden movements which may be seen as threatening or frightening.
- Facial expressions should exhibit calmness and friendliness rather than distress, anxiety or anger.
- When standing near the Client, adopt an open, relaxed, stance and not head on, but from the side, so not to intimidate. When a Client is known to be anxious, the need for space increases.
- Communicate with Client using cueing, for example "1, 2, 3, sit". Gentle physical cues, for example hand at shoulder to lean forward.
- Good communication is critical to the success of a safe transfer. Speak slowly using low tones. Use eye contact. Be aware that their visual range may be reduced.
- If task requires two or more Caregivers choose a leader who will communicate with Client and lead the move.
- The task is explained slowly in concise, simple steps with assurance that assistance will be provided as required.
- If the Client is uncooperative or combative, re-approach at another time.
- Never rush the Client as this may cause responsive behavior or affect the Client's ability to participate to their fullest.

Soaker Pad Use:

- The purpose of a soaker pad is for “soaking up”. Examples of appropriate reasons for soaker pads:
 - Draining wound
 - Diarrhea (C. Diff, etc.)
 - Bowel regime (suppository day)
 - Short term bladder training
 - Bathing in bed
 - Behavioral or dementia bladder issues (incontinence)
 - GI bleed, Post Delivery, Vaginal bleeding (large fluid loss for a variety of reasons)
 - Unable to use appropriate incontinence products
- Soaker pads are not to be used for repositioning a Client in a bed or chair, due to the friction that can cause a skin tear for the Client, and overexertion for the Caregiver that could result in an injury.
- Any additional layers on a pressure relieving surface can negate the effectiveness of the pressure reducing cushion or mattress. A soaker pad that has wrinkles or is folded can contribute to a pressure area.
- Each Client should be looked at individually to determine if a soaker pad is required or not and communication noted to Caregivers.

Employers must ensure that workers are trained and follow this guideline.

This procedure may be monitored to ensure compliance and safety.

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