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1.0 Acknowledgements

Injuries associated with the movement, transfer, and repositioning of residents are the number one cause of time loss and staff injuries in Nova Scotia's long term care sector workplaces.

These injuries not only result in pain and suffering for staff but they also affect the safety of other staff who are often required to take on extra duties when injured staff miss time from work. In addition, they can impact the quality of care to residents because these injuries reduce the number of staff available to provide care and because staff may avoid performing tasks that require residents to be moved, transferred or repositioned.

Nova Scotia's Long Term Care employers acknowledge that tasks that require residents to be moved, transferred, and repositioned are a significant occupational health and safety issue in their workplaces, and that these tasks can result in physical and emotional harm to staff and have a negative impact on the quality of care provided to residents. The physical demands and injuries related to moving, transferring, and repositioning residents also contribute to increased absenteeism, higher sick leave costs, lost productivity, high employee turn-over, and increased WCB premiums.

Further, it is acknowledged that incidents resulting from moving, transferring and repositioning residents and the associated risk to staff and residents can be minimized by developing and implementing effective risk mitigation strategies, developed through a collaborative and supportive process, that ensure staff have equipment, information, training, knowledge and support to safely perform all tasks that require a resident to be moved, transferred, or repositioned.

2.0 Statement of Guiding Principles

The following guiding principles were developed to support safe handling and mobility in Nova Scotia's Long Term Care workplaces:

- 1) All employees working in Nova Scotia's Long Term Care workplaces are entitled to work / provide care or support in a manner and environment that helps to minimize their risk of physical or psychological harm.
- 2) The rights of residents to live at risk and be provided with a person-centered care or support plan must be balanced with and of equal importance to an employee's right to a safe and healthy workplace.
- 3) The rights of residents, or their family members / substitute decision makers, to make choices regarding how and when they will receive care or support must always be balanced with the requirement for employees to always follow safe work practices that are in place to ensure the safety of employees and the residents they care for or support.
- 4) With appropriate resourcing, collaborative care planning, and collaborative development and implementation of effective risk mitigation strategies, employees will be able to safely provide care to all residents.

- 5) With the support and cooperation of partner organizations (e.g. NSHA Continuing Care) and funding departments (e.g. DHW), appropriate resourcing, and collaborative care planning, staff injuries associated with moving, transferring, and repositioning residents in Nova Scotia's Long Term Care workplaces can be significantly reduced.

3.0 Statement of Commitment

Nova Scotia's Long Term Care employers are committed to providing a safe, healthy, and supportive working environment for staff and the residents they serve.

Nova Scotia's Long Term Care employers recognize that providing care to residents can be physically demanding and result in work-related injuries for care providers. Care tasks that require care providers to move, transfer, reposition, or assist resident movement are known to contribute to a high number of work-related injuries. Employers in these sectors are committed to taking every reasonable precaution in the circumstances to minimize and, where possible, eliminate the risk of injuries associated with moving, transferring, and repositioning residents

In addition, the Nova Scotia Health Authority Continuing Care, and the Department of Health and Wellness are committed to supporting and cooperating with Nova Scotia's Long Term Care employers in establishing risk mitigation strategies to minimize the risk of developing musculoskeletal injuries from resident handling and mobilization tasks.

4.0 Statement of Objectives

The objectives of the *Provincial Safe Handling and Mobility Program Requirements for Nova Scotia's Long Term Care Sector* are to:

- 1) Reduce the number of incidents related to resident handling, repositioning, movement, and mobilization related tasks in Nova Scotia's Long Term Care workplaces.
- 2) Establish organizational level safe handling and mobility program requirements for Nova Scotia's Long Term Care workplaces.

5.0 Program Development Process

The *Provincial Safe Handling and Mobility Program Requirements for Nova Scotia's Long Term Care Sector* were developed with input and support of employers from Nova Scotia's Long Term Care, Home Care and Disability Support Program sectors, workers / organized labour, AWARE-NS, Nova Scotia's Department of Community Services, and NSHA Continuing Care.

Organizational Level Safe Handling and Mobility (SHM) Program Requirements

1.0 Organization SHM Policy

All Long Term Care employers **will** create, communicate, and post in an accessible location a policy that requires staff to use safe resident handling and mobilization procedures to reduce the risk of injury and ensure quality of care.

The policy **will** clearly state that the employer will identify, assess and implement effective controls to reduce the risk to staff from resident handling and mobility related tasks (transfers, repositioning, move or assist to move, etc.)

Further, the policy **will** state that the employer will collaborate with staff and system partners to implement identify and implement an effective safe handling and mobility program in their organization.

2.0 Written SHM Program / Procedures

All Long Term Care employers **will** ensure that they have a written SHM Program that is comprised of all required procedures and information as outlined below.

3.0 Defined SHM Roles and Responsibilities

All Long Term Care employers **will** establish and communicate safe handling and mobility related roles and responsibilities for all employees, at all levels of their organization.

Employers **will** also establish and communicate safe handling and mobility related roles and responsibilities for other persons including residents, volunteers, family members, substitute decision makers, contractors, visitors, etc.

A successful and effective Safe Handling and Mobility program requires clearly defined roles and responsibilities for all workplace parties. Everyone has a role to play in helping to prevent workplace violence-related incidents.

4.0 SHM Administrative Procedures

4.1 SHM Related Training Requirements

All Long Term Care employers **will** ensure that SHM training requirements are established for all staff positions and, as required, other persons at the workplace.

4.1.1 All Administrators / CEOs **will** ensure that a Safe Handling and Mobility Training Plan (SHMTP) is developed and kept up-to-date for all staff working for their organization. SHMTPs should be reviewed annually to ensure that all training is completed and current.

4.1.2 All Administrators / CEOs **will** ensure that their staff are scheduled for and able to participate in required safe handling and mobility training.

4.1.3 All Administrators / CEOs **will** ensure that all staff and, as appropriate, volunteers receive required SHM training.

4.2 SHM Related Training Plans

All Long Term Care employers **will** create SHMTPs for all staff employed by their organization.

4.3 Location SHM assessment

All Long Term Care employers **will** ensure that all locations where resident handling and mobilization tasks are performed will be assessed to ensure that all environmental / design factors are taken into account when designing and implementing effective safe handling and mobility plans.

The location assessment(s) will identify any barriers or challenges to the use of specific SHM related equipment, including narrow doors, thresholds, a lack of adequate space (small square footage, clutter, etc.), low ceilings, carpet, etc.

4.4 SHM Equipment Needs Assessment

All Long Term Care employers **will** do an assessment of their safe handling and mobility equipment needs. Equipment needs should be re-assessed when the status / capabilities of the residents change, when staff identify issues with the current equipment, or at a minimum annually.

4.5 SHM Equipment Inventory

All Long Term Care employers **will** compile, maintain and keep up-to-date an inventory of all safe handling and mobility related equipment including, but not limited to:

- 4.5.1 Mechanical Lifts: Floor / portable lifts, ceiling lifts, free standing / wall supported track mounted lifts, sit/stand lifts, bath tub lifts, weight range
- 4.5.2 Slings: type, size
- 4.5.3 Batteries and remotes for lifts, etc.
- 4.5.4 Transfer aids: slider sheets, slide boards, transfer belts, turning devices, walkers, super poles / standing aids, and bed assist rails
- 4.5.5 Repositioning devices: wedges, etc
- 4.5.6 Care aids: wedges
- 4.5.7 Specialized equipment: bath tub chairs, pneumatic lift cushions (Camel's), etc.
- 4.5.8 Hospital / LTC Beds

All Administrators / CEOs **will** ensure that the results of the Equipment Inventory is compared to the current Equipment Needs Assessment determine what, if any, new safe handling and mobility equipment is required or needs to be replaced.

4.6 SHM Equipment Gap Analysis and Action Plan

All Executive Directors / CEOs **will** ensure that the results of the Equipment Inventory is compared to the current Equipment Needs Assessment to determine what, if any, additional safe handling and mobility equipment is required or needs to be replaced.

Employers **will** develop and put into place an action plan for addressing any gaps in needed SHM Equipment.

4.7 Equipment / Sling Inspection and Testing Requirements

All Long Term Care employers **will** develop and implement procedures requiring that all SHM equipment is inspected, and where required, tested. These procedures will clearly define the inspection and testing requirements for all SHM equipment.

4.8 Resident SHM Assessments

All Long Term Care employers **will** develop and implement procedures to assess, document and communicate SHM related risks for all residents. These procedures will ensure that assessments are done at various points along the continuum of care, from intake and until care is no longer required or being provided by the organization.

4.8.1 Intake Process Information Review / Assessment

All Long Term Care employers **will** have a process to review all information regarding a prospective resident that is relevant to safe handling and mobility requirements during the intake process, but before care is initiated.

The process should identify what information should be provided to the organization when they are being asked to provide care to a specific resident, who should review the information, and the steps to take:

- a. if the review suggests there are no SHM related hazards associated with caring the resident
- b. if the review suggests that there are SHM related hazards associated with caring the resident that the organization can effectively mitigate
- c. if the review suggests there are SHM related hazards associated with caring for the resident that cannot be mitigated at by the organization without support / resources

All Long Term Care employers should also ensure they have a process for compiling and sharing all relevant information about a specific resident when that person is being transferred from one care facility to another, or when the responsibility for caring for the person is being transferred to another organization.

4.8.2 Mobility status / physical and mental capacity assessment process

All Long Term Care employers **will** develop and implement procedures to assess, document and communicate the mobility status, physical abilities, and mental capacity of all residents.

These procedures will identify, at a minimum, who is responsible for completing the resident mobility status assessments, the assessment methods or tools to be used, and timelines for competing and updating these assessments.

4.8.3 Pre-Care Checks

All Long Term Care employers **will** ensure that staff are trained in a pre-care check methodology (e.g. PACE) and provided the opportunity to check on the status of all residents prior to any care task, especially those that require SHM tasks / techniques.

4.9 Resident specific SHM Plans

All Long Term Care employers **will** develop and implement procedures that ensure that SHM plans are created, and as required modified, for all residents.

Those responsible for creating resident specific SHM plans will use information from any available SHM assessments and pre-care checks to create and modify these plans.

4.10 Use and placement of SHM related logos

All Long Term Care employers **will** select and approve SHM related logos that can be used to communicate SHM requirements for specific residents. They **will** also develop and implement procedures that describe how and when SHM logos are to be used to communicate SHM requirements to care and other staff, and how staff are to be trained on the meaning and use of the logos.

4.11 Communicating Changes to Resident Status, New or Modified SHM Hazards or Levels of Risk, and any New or Updated Required Risk Mitigation Strategies

All Long Term Care employers **will** ensure that one or more processes are developed and implemented to make staff aware of recent changes to a resident's status, changes to the care plan and/or SHM plan, when any new or modified hazards are identified or the level of risk to staff or clients has changed.

Employer **will** also make staff aware of any new or modified SHM-related risk mitigation strategies, plans or equipment needs as soon as possible and, ideally, before care activities for specific residents begin.

Employers **will** develop and implement procedures to communicate to NSHA Continuing Care all information about changes to a resident's status that require a change to the care plan and/or SHM plan, and any new or modified hazards that substantially increase the risk to staff or residents are identified.

Employers can use a variety of methods for communicating recent changes to resident status and/or resident and staff risk, including electronic notifications via scheduling software / apps, emails, text messages, pre-shift calls / teleconferences (individual / group), etc.

Employers **will** assess the effectiveness of the means of communication they use to communicate recent changes to resident status and/or resident and staff risk to those staff who provide care to the resident.

4.12 Point of Care Status Check requirements and responses

All Long Term Care employers **will** develop and implement policies and procedures that require all staff to conduct a pre-care checks (e.g. PACE).

4.13 Reporting of SHM Risks associated with care tasks

All Long Term Care employers **will** develop and implement policies and procedures that require and enable all staff to report specific SHM related risks associated with providing care

All employers will ensure that staff are trained to continually check on the status of residents and review the SHM tasks they are required to follow, as an integral part of their day to day work.

4.14 Responding to Delays in Required SHM-Related Assessments

All Long Term Care employers **will** make staff aware that when there is a delay in completing a required SHM-Related Assessment, they are empowered to make appropriate adjustments to the care plan to ensure their safety and the safety of the resident.

4.15 SHM related incident reporting and investigation requirements

All Long Term Care employers **will** develop and implement policies and procedures regarding how SHM related incidents are to be reported and investigated. These may be incorporated in to a general incident reporting and investigation procedure.

All staff **must** be made aware of the requirement to report all SHM related incidents, how these are to be reported, and what they should expect when it comes to the investigation of SHM related incidents.

4.16 SHM Program Communication Requirements

All Long Term Care employers **will** develop and implement procedures to communicate information about the organization's SHM program to employees / staff, residents, family members / substitute decision makers, and system partners (e.g. NSHA Continuing Care, DHW).

5.0 SHM Safe Work Procedures, Techniques and Responses

All Long Term Care employers **will** ensure that safe work procedures are developed for specific SHM related tasks / techniques, and responses to SHM related situations.

5.1 General use of equipment

All Long Term Care employers **will** develop and implement safe work procedures for how to use all required SHM equipment. These safe work procedures will be used to support training of staff performing SHM related tasks. At a minimum, all employers will have the following safe work procedures:

- 5.1.1 Sling Selection
- 5.1.2 Safe use of Ceiling Lifts
- 5.1.3 Safe use of Portable Lifts
- 5.1.4 Safe use of Slider Sheets (fitted and un-fitted)
- 5.1.5 Safe use of Transfer Belts
- 5.1.6 Safe use of Sit/Stand Devices
- 5.1.7 Safe use of Positioning Wedges
- 5.1.8 Safe use of Adjustable Care Beds (hospital beds)
- 5.1.9 Safe use and selection of Mobility Aids

All Long Term Care employers **will** ensure that additional safe work procedures are created for all SHM equipment / devices used by staff. These safe work procedures are to be finalized and implemented before staff begin using any piece of SHM equipment.

5.2 Require Adjustable Height Care Bed when Providing Care in Bed

All Long Term Care employers **will** ensure that a process is in place to obtain, in a timely fashion, an adjustable height care bed for any resident where staff are required to provide care while the resident is in bed. The need for a hospital bed should be clearly identified in the resident's care plan and their SHM plan.

5.3 Addressing Resident Refusals

All Long Term Care employers **will** ensure that a process is in place to support and provide guidance to staff when responding to a situation where a resident refuses to be moved / repositioned / transferred using the required SHM equipment / procedures outlined in their SHM plan (e.g. refuses to be moved with a ceiling or portable lift, refuses to use / wear a transfer belt, etc.)

All staff who perform SHM tasks **will** be made aware of this process and be enabled (trained / supported) to follow it to ensure that SHM techniques are used at all times.

5.4 Addressing family member questions / concerns

All Long Term Care employers **will** ensure that a process is in place to support and provide guidance to staff when responding to questions or concerns raised by resident family members or substitute decision makers about required SHM techniques or equipment.

All staff **will** be made aware of how to respond when resident family members or substitute decision makers refuse to 'allow' the resident to be transferred, moved, or repositioned using the required SHM technique.

All staff who perform SHM tasks, or supervise those who do, **will** be made aware of this process and be enabled (trained / supported) to follow it to ensure that SHM techniques are used at all times.

5.5 Specific lift, transfer, mobilization techniques (including contraindications)

All Long Term Care employers **will** ensure that safe work procedures are developed and in place to support and provide guidance on how to safely perform all required SHM tasks (transfers, repositioning, turning, moving, mobilizing, toileting, bathing, personal care, medical care, etc.).

These safe work procedures will provide specific guidance on how to safely use required SHM related equipment, describe the correct body postures and body mechanics to be used, and identify how to perform the task with one and/or two care providers.

All staff that perform these tasks will be trained to follow these safe work procedures and be able to demonstrate that they are able to perform all required SHM tasks safely.

5.6 Falls prevention / awareness

All Long Term Care employers **will** ensure that a process is in place to support and provide guidance to staff who are providing stand-by or minimal assistance to residents who are assessed as 'independent'.

Staff **will** be trained on how to safely assist the resident in order to help reduce the risk of resident falls **and also to reduce the risk of staff injuries** if / when a resident does fall.

Employers **will** communicate the results of a resident's falls risk assessment to all staff providing care to that specific resident.

5.7 Falls Response

All Long Term Care employers **will** have a process in place to support and provide guidance to staff regarding how to respond when a resident falls, including consideration of resident factors (physical & cognitive abilities, weight, etc.), the urgency to move the resident depending on their acute health status and location, the availability of other staff, the availability of equipment, etc.

5.8 Emergency SHM process

All Long Term Care employers **will** ensure that a process is in place to support and provide guidance to staff regarding approved SHM techniques to be followed during an emergency situation (e.g. fire, flood, code sliver, etc.).

5.9 Acceptable / Unacceptable SHM techniques

All Long Term Care employers **will** ensure that specific guidance is provided to all staff that perform SHM tasks regarding what are acceptable manual one and two person SHM techniques, and what techniques are considered to be high risk / unacceptable.

The guidance will identify what techniques are considered acceptable and those that are considered to be high risk / unacceptable.

5.10 Specific population considerations

All Long Term Care employers **will** ensure that specific guidance is provided to all staff that perform SHM tasks regarding what are acceptable SHM techniques to be used for residents with special considerations, include:

5.10.1 Obese residents

5.10.2 Residents with amputated limbs (whole / partial)

5.10.3 Residents with cognitive impairment / dementia / responsive behaviours that increase the risk of injury to staff performing SHM tasks

5.11 SHM Procedures for Community Visits

All Long Term Care employers **will** develop and implement specific procedures to support and provide guidance to all staff that perform SHM tasks in community based settings. These procedures should address SHM tasks / requirements associated with:

- 5.11.1 Transportation of residents (SHM tasks to move residents into and out of vehicles, etc.)
- 5.11.2 Accessibility and access to SHM related equipment for toileting of residents in community locations
- 5.11.3 How staff should address resident falls when in a community location
- 5.11.4 How staff should respond when SHM equipment fails or malfunctions (e.g. lifts, powered wheelchairs, etc.)

6.0 SHM Program Evaluation

6.1 SHM Program Audit Process

All Long Term Care employers **will** establish an audit process to evaluate how well staff are following required SHM procedures outlined in their SHM Program. The SHM Program Audit Process can be included as a component of other performance monitoring processes but needs to specifically consider SHM procedures and allow information regarding the SHM Program to be reviewed and assessed.

6.2 Tracking, Documenting and Reviewing of SHM Related Incidents

All Long Term Care employers **will** ensure that they have a process in place for documenting all SHM related incidents, including near miss and medical aid incidents for staff and residents, and time loss incidents for staff.

Organizations can document SHM related incidents using an existing OH&S and/or resident incident reporting / documenting system. If so, they need to ensure that SHM related incidents are easily identified and that data for all SHM related incidents can be reviewed and assessed.

6.3 SHM Training

All Long Term Care employers **will** ensure that they have a process to evaluate both the effectiveness and the implementation of SHM related training requirements.

Organizations can include this as a component of a comprehensive training evaluation plan but they need to ensure that SHM related training programs can be easily identified and evaluated.

6.4 SHM Program Review including Staff feedback

All Long Term Care employers **will** ensure that they conduct an annual review of their SHM program to identify areas for change and/or improvement. The review process should include a staff survey component to gather staff feedback and comments on the organization's SHM program.