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# Gallagher National Risk Control Safe Resident Handling and Mobility (SRHM) Guide



Senior Living

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## Introduction

With increased financial pressure, fluctuations in Medicaid funding, occupancy rate, costs of goods/services and an endless cycle of uncertainty as regulations continue, many senior living and home healthcare communities are looking for ways to reduce employee injury costs, improve resident/client care and improve the work environment. Changes in senior living and home health have resulted in more complex care being delivered within the community. Home healthcare poses unique challenges and risks that we will discuss later in this guide.

A comprehensive safe resident handling (SRH) program is an essential component to any senior living and home health providing community looking to positively affect resident outcomes and reduce the potential for injury to residents and staff. Senior living communities with successfully implemented and active safe resident handling programs have found they can significantly reduce the number and severity of employee injuries. Although, there is still much examination and research that is needed prior to the development, implementation or enhancement of a safe resident handling program.

This guide is intended to provide any senior living and home health community the support and direction for implementing a safe resident handling program with the goal of creating a sustainable system for addressing the risk exposures to staff and residents/clients.

# STEP 1

## Developing the case for a safe resident handling program

There are multiple directions and supporting resources for the implementation of the SRH program. These include regulatory requirements, statistical data associated with caregiver injury frequency and prevention, to the impact an SRH program can have on the bottom line of a community. When starting down the path of developing and implementing an SRH program, a community should establish the supporting points for its decision in order to achieve the necessary support from all levels of the community to ensure the program is successful and sustainable.

### COST SAVINGS AND RETURN ON INVESTMENT

Research has shown that safe resident lifting programs reduce resident-handling workers' compensation injury rates, lost workday injury rates, restricted workdays and the number of workers suffering from repeat injuries significantly.<sup>1</sup>

An SRH program reduces the risk of injury for both caregivers and residents while improving the quality of resident care. The benefits can be boundless. The administrators and other members of management will need to review a detailed draft of the program costs and benefits prior to implementation. You must create a business case for the investment into your SRH program, policies and equipment.<sup>2</sup>

When implemented effectively, safe resident handling programs increase equipment use and decrease physical workload which can lead to reductions in lost injury days and workers' compensation costs.

NIOSH published a guide, "[Safe Lifting and Movement of Nursing Home Residents](#)" specifically addressing safe resident handling challenges in nursing homes. As the trend in population obesity as well as the trend in the number of people requiring long-term care increases, interventions such as safe resident handling programs will be important to avoid an increase in injury rates.

### IMPACT ON THE BOTTOM LINE

When considering the financial impact of a safe resident handling program, the other aspects of the business must be considered, specifically when it comes to the costs of insurance and potential litigation for resident injuries and illnesses attributed to resident mobility.

Communities can see increased insurance premiums due to claim's history and loss performance; the more frequent and severe the injury claims, the higher insurance premiums and/or deductibles are likely a result.

Other repercussions include the possibility of survey issues leading to civil money penalties and costly fines, the possibility of negative impact on a facility's CMS rating and how that may affect the facility reputation, leading to the potential for decreased resident referrals affecting the facility census.

<sup>1</sup><https://alnnursing.org/wp-content/uploads/2020/03/Safe-Resident-Handling-and-Movement-2.pdf>

<sup>2</sup>[New York State Subcommittee on Workplace Safety — SPH in New York \[Whitepaper\] Short Term Costs Yield Long Term Results](#)

## INJURY STATISTICS FOR NURSING AND RESIDENTIAL CARE FACILITIES<sup>3</sup>

- 205,800 days away from work cases
- Equating to a days-away-from-work case rate of 7.9 — over six times the average for all industries
- Incidence rate (IR) of 11.5 per 100 workers — almost four times the average for all industries

## WORKERS' COMPENSATION COSTS

- The direct cost of an average back injury case is \$19,000
- Serious cases involving surgery average \$85,000 in direct costs
- Indirect costs to senior living facilities average between four and ten times the direct costs
- Bureau of Labor Statistics (BLS) revealed costs associated with overexertion injuries alone in the healthcare industry were estimated to be \$1.7 billion

## EMPLOYEE AND EMPLOYER RELATIONSHIP BENEFITS

Safe resident handling programs reduce the risk of injury for both healthcare workers and residents while improving the quality of resident care.

- More satisfying work environment and professional status
- Improved nursing recruitment and retention
- Increased resident satisfaction and comfort
- Fewer resident falls
- Reduced costs associated with injuries

## COMMUNITY OUTCOMES

When it comes to affecting the bottom line of a senior living community, efforts to improve the quality of care of the resident can lead to tangible results. Safe resident handling programs are intended to decrease potential resident incidents/accidents and improve resident safety and comfort, all of which plays a part in improving resident satisfaction and the potential expansion of referral sources. In addition, SRH programs enhance the potential for reaching resident goals (especially in high rehab population), decrease the risk of falls, being dropped, friction burns, skin tears and bruises, and other mishandling related injuries, the treatment of which typically are an incurred expense to the community.

## REGULATORY REQUIREMENTS

OSHA recognizes the risk of musculoskeletal disorders (MSDs) to caregivers from resident handling but has not implemented formal standards at this time. While there is no formal standard, OSHA has the ability to use the General Duty Clause — Section 5(a)(1) of the OSHA Act “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees.”

More states, professional communities and industries are recognizing that “safe resident handling” in the senior living industry is key in minimizing MSD to workers, and as a result more legislation is being enacted. The following states have passed or signed into law, such legislation:

<b>CALIFORNIA</b>	California Labor Code Section 6403.5 signed into law on October 7, 2011
<b>NEW JERSEY</b>	S-1758/A-3028 signed into law in January, 2008
<b>MINNESOTA</b>	HB 712.2 signed into law in May, 2007
<b>MARYLAND</b>	SB 879 signed into law in April, 2007
<b>RHODE ISLAND</b>	House 7386 and Senate 2760, passed on July 7, 2006
<b>HAWAII</b>	House Concurrent Resolution No. 16 passed on April 24, 2006
<b>WASHINGTON</b>	House Bill 1672 signed into law on March 22, 2006
<b>NEW YORK</b>	Title 1-A of Article 29-D, added to the Public Health Law by Chapter 60 of the Laws of 2014 Part A
<b>TEXAS</b>	Senate Bill 1525 signed into law June 17, 2005

Additional resource:

[Resident Handling for Administrators: Making the Business Case](#)

<sup>3</sup>[www.bls.gov/iif/oshwc/osh/case/cd\\_r4\\_2020.htm](http://www.bls.gov/iif/oshwc/osh/case/cd_r4_2020.htm)



# SUCCESS STORIES

OSHA Ergonomic Success Stories - Healthcare and Social Assistance (NAICS 62): OSHA collected success stories from a few skilled nursing facilities that implemented a safe resident handling program and/or implemented best practices which led to successful and positive results. To view details, visit: <https://www.osha.gov/ergonomics/success-stories>.

After implementing a program designed to eliminate manual lifting of residents, a health center in New York reported a downward trend in the number and severity of injuries, with lost workdays dropping from 364 to 52, light duty days dropping from 253 to 25, and workers' comp losses falling from \$84,533 to \$6,983, annually.<sup>4</sup>

A nursing home out of Ohio implemented a policy of performing all assisted resident transfers with mechanical lifts and purchased electrically adjustable beds. After doing so, no back injuries from resident lifting occurred in over five years. Workers' compensation costs declined from an average of almost \$140,000 per year to less than \$4,000 per year, reduced absenteeism and overtime resulted in annual savings of approximately \$55,000, and a reduction in costs associated with staff turnover has saved an additional \$125,000.<sup>4</sup>

A 126-bed skilled nursing facility located in New York experienced a 93% reduction in lost workdays after successfully implementing an effective zero manual lift/safe resident handling program. Resident handling injuries and facility turnover dramatically decreased from 17% to 3%.<sup>5</sup>

<sup>4</sup>[https://www.osha.gov/sites/default/files/publications/final\\_nh\\_guidelines.pdf](https://www.osha.gov/sites/default/files/publications/final_nh_guidelines.pdf)

<sup>5</sup><https://www.nysna.org/safe-patient-handling-and-mobility#Yz7wfNfMI2w>



## STEP 2

# Establishing your safe resident handling committee to facilitate program development

It takes a village to implement and sustain an effective SRH program, so having an SRH committee with the right members will be the key to success. Starting a committee can be a monumental challenge, but we're here to help simplify the process. There are several components to consider when starting your committee, such as your communication out to the community, your schedule, featured activities that the committee will be focused on, and input from your employees.

- 1 Trend analysis — Identify injury causes, frequencies, severity, locations, etc.
- 2 What is your message to the community?
- 3 Selecting your community SRHM champion and selecting other team members
- 4 Creating your schedule, timeline for implementation and metric goals for success
- 5 Defining central activities that your committee will be focused on
- 6 Defining any further additional activities
- 7 Establishing a review process of your committee, and your goals and objectives

### MEMBER SELECTION

When selecting your committee, you want employees who are outspoken and willing to participate. You will want to ensure you have a well-represented team with frontline staff making up 50%.

- Consider including members from all departments such as rehab department, nursing department (CNAs, RN), staff educator, facilities/maintenance, purchasing/finance, and if your facility is unionized then a union representative.
- SRH champions/peer leaders — identify champions on every unit on every shift who can support the facility's safe resident handling program. These designated individuals may be responsible for and can assist with:
  - » Promoting and communicating SRH program (culture/behavioral changes)
  - » Providing training/in-service on safe resident handling
  - » Completing resident handling observations
- Identify a facility SRHM program coordinator
- Identify whom the team will be reporting to (e.g., safety committee)

### HOW SHOULD I STRUCTURE MY SRH COMMITTEE MEETINGS?

The committee will be responsible for how your program will function and the associated activities that your group will be completing. Here are some elements to consider for a good committee basis.

- **Team Members:** Identify key facility staff members to serve on the SRH committee. These should consist of management and nonmanagement staff. See "member selection" section.
- **Elect a Chairperson:** Elect a chairperson from the key staff members identified. There should be two co-chairs (management and frontline/nonmanagerial nurse).
- **Elect a Record-Keeper:** Maintain and distribute meeting notes.
- **Length of Service:** Stagger membership every six months so that there is always experienced SRH committee member to assist the new members. As an example, for start-up one half of the group should serve an 18-month term initially and then go to one year terms. The other half always serves a one year term. In this manner the group has staggered terms.
- **Frequency of Meetings:** Initially, have meetings monthly until your SRH committee is established and effective, then taper-off to quarterly meetings. At any point if the frequency and severity resident handling-related injuries increase then return to monthly.
- **SRH Meeting Agenda:** Establish an outline for the meeting topics. Consider using the suggested agenda templates found in this [link](#).
- **Goals and Objectives:** Reduce the frequency and severity of safe resident handling injuries.
  - » Analyze and identify resident handling injury trends
  - » Review and develop SRH procedures
  - » Inspect SRH equipment, transfer aids, resident rooms, bathrooms, and all areas where resident handling may occur
- **Actionable Items:** At each meeting establish responsibility and completion dates for each task.

# STEP 3

## Performing a self-assessment and identifying the gaps within a safe resident handling program

Conducting a self-assessment of your safe resident handling program is the first step in helping your community identify strengths and opportunities for improvement. The assessment will begin with collecting baseline injury data and evaluating your facility/resident needs. A few key elements include:

Management/employee support	Program coordination
Equipment	Needs assessment
Education/training	Implementation of the SRH program
Incident reporting/investigation/corrective actions	Program evaluation

### BASELINE INJURY DATA AND ANALYSIS

This component may have already been completed in step 1, but the critical step in reducing incidents related to resident handling is to first identify where, when and how these injuries are occurring. Incident data can include your community's internal incident reports, near misses, workers' compensation loss summary reports, OSHA logs, staff surveys or Gallagher's Claim Connect report. Employee and management interviews may bring up significant issues that cannot be gathered from incident data, such as lack of training, equipment, support, etc.

### FACILITY-WIDE ACUITY CENSUS

In order to assess true equipment and staffing needs, the community must first know the types of resident care requirements throughout their community. Skilled nursing communities will typically require different care assistance than assisted living or home healthcare. Although the acuity of residents will vary with changing demographics of resident's needs, the number and type of equipment required for safe resident handling is essential for both staff and residents in order to remain safe.

Accidents and injuries have been shown to happen more frequently when staffing and/or equipment availability is lacking, especially when employees have not been properly trained on the equipment and the specific needs of the resident.

- Utilize an acuity needs assessment tool
- Take advantage of equipment vendors to assist in completing acuity census

## STAFFING

### Staffing Shortages

Today staffing shortages are a major concern throughout the industry. Of the top ten list of priorities for safety, it is the number one safety and operational issue in senior living. Keeping good, trained and knowledgeable staff is of the utmost importance.

Staffing shortages affects operations as well as safety-related issues. Some of the major risks associated with staffing shortages for senior living include:

- Chronic staffing vacancies can lead to unsafe resident care
- Longer work hours increase staff fatigue
- Interim and/or new staff may be unfamiliar with equipment use and procedures
- Insufficient staffing may negatively impact related to accreditation and compliance requirements
- Costs of procedural delays and litigation can be significant

For years, communities have been investing in employees with training, recognition, etc., and maintaining people are their number one asset. Today's labor market is proving that philosophy is absolutely true.

### Staffing Solutions

Depending on a community's culture, some solutions work better than others. Invest time and effort in your community seeking out the solution(s) that work best for you. Here is a list of some solutions to consider to aid in employee retention and recruitment.

- Celebrate employee commitment and shared values that help the community succeed.
  - » Newsletters
  - » Huddle discussions
  - » Bulletin boards
- Develop employee retention strategies
  - » Why are they leaving?
  - » Identify and prioritize risks due to staffing shortages
- Be creative in care models
  - » Use team and partner models
  - » Consider establishing advisors using LPN, CNA and resident members
- Address safety concerns in daily huddles
  - » Include agency and float staff

- Create and utilize quiet spaces for staff to de-stress
- Assess and/or implement a workplace violence prevention program
- Train staff on fatigue management, and how to recognize risks and hazards
- Promote wellness programs
  - » Examine your communities' losses and exposures to benefit the needs of the general employees, especially the employees who are moving residents.
  - » Focus on areas such as employee fatigue, general health/fitness, and diet and illness prevention.
  - » To encourage employees to participate consider some incentives such as giveaways, raffles or even bonuses and tailor programs to impact your communities' workforce. Below are some sites with additional information on wellness program planning and set up.

#### Wellness Proposals

<https://www.wellnessproposals.com/>

#### Wellness Program Design/Set Up

<https://mantracare.org/employee-wellness/establish-design-wellness-program/>

#### Employee Wellness Programs

<https://managementhelp.org/employeeewellness/index.htm>

#### NIOSH Total Worker Health® Program

<https://www.cdc.gov/niosh/TWH/>

- Support and strengthen cultural change
  - » Embrace transparency and honesty
  - » Establish anti-bullying, zero tolerance and workplace violence policies
  - » Promote family-friendly arrangements, health and wellness
  - » Provide comprehensive employee orientation



## FACILITY NEEDS ASSESSMENT

An important aspect of any safe resident handling program, outside of home healthcare is incorporating ergonomic design principles to ensure you are providing a safe environment of care to your residents. A partnership must be in place between the employer and the nurses/care providers to integrate ergonomic design principles such as prevention through design. These design principles use a systemized and proactive approach to prevent and reduce occupational injuries, illnesses and other exposures by including prevention considerations in all design that affect individuals in the occupational environment.

- Plan for a safe environment of care during new construction and/or renovation. It is more cost effective to factor in SRH facility design and equipment with new construction.
  - » Three-year budget plan for capital improvements—keep the SRH issues in mind when purchasing equipment and furniture.
  - » Make sure the design and space (resident rooms and bathrooms) within the facility provides ease for moving equipment. Consider ceiling lifts if there isn't ample room for standing lift.
- Include diverse perspectives related to ergonomic design principles.
- Ensure that your staff is asked to share their input into the design.
- For home healthcare, construction and renovations, it's essential to communicate specific ergonomic needs with the resident's family to keep both the resident, employees and family members injury free.

### Resources and Additional Information

[Prevention through Design | NIOSH | CDC](#)

[Facility Guide Institute](#)

[Arjo Planning and Designing Care Facilities](#)

[U.S. Department of Veterans Affairs](#)

[Safe Resident Handling Program Guide](#) (Page 19)

## RESIDENT MOBILITY AND TRANSFER ASSESSMENT

Protocols need to be in place to assess residents upon admission to determine their mobility/transfer status and the appropriate lifting equipment. There needs to be a consistent system in place to communicate transfer status and changes [whiteboard, electronic medical record (EMR), care plan, employee exchange during change of shift, communication tool similar to how healthcare facilities communicate resident's fall risk/intervention, use of tool such as bedside mobility assessment tool ([BMAT](#)), etc.].

### Protocols needs to identify:

- Type of transfer to be used
- Types of lift equipment needed (include size and type of sling)
- Number of staff members needed to assist resident

**Best practice:** Resident admission, once per shift, and with any significant change in a resident's status. Resident charts should be updated to ensure proper equipment is being used as the resident's mobility changes.

## EQUIPMENT NEEDS ASSESSMENT

Proper selection of safe resident handling equipment is key in the resident handling process. Proper selection of equipment will help reduce the risk of injury to both employees and residents.

An inventory of all resident handling equipment needs to be completed throughout the facility, including slings. The inventory should be documented and include information on the exact location of the equipment, weight capacity, age, capabilities (e.g., can access the floor, has an integrated scale, hourly use meter, etc.), batteries and who is responsible for the equipment.

### MOBILITY ASSESSMENT

### NUMBERS AND TYPES OF TRANSFERS

### NUMBERS AND TYPES OF EQUIPMENT

For a sample SRH Equipment Inventory Survey, see pages 5 and 6 of the guide. [Facility and Equipment Assessments and Hands-on Equipment Training workbook](#)

## SAFE PATIENT HANDLING EDUCATION

Employee education and training is another critical component of the SRH program. Training needs must be identified and provided for all levels of personnel who will use SRH equipment and processes, including travelers or agency staff. Employees will need hands-on experience with the equipment at new employee orientation and at least annually thereafter. Additional education will be required when new equipment or processes are implemented or when staff move to assisting a different resident where they will use equipment/processes that were not previously used before.

It is important to consider that there may also be some special training needs that are specific to the senior living community, including:

- Residents on the floor may simply be unable to get back up after a fall.
- Lower muscle tone may impact adverse reaction to manual lift assist techniques.
- Cognitive issues may impact unexpected and/or aggressive behaviors that can lead to resident and/or staff injury.

Functional capability may vary widely from day-to-day, and needs to be verified prior to employing coached or assisted mobility activities. Make sure the following are covered in your staff training regimen:

- Post fall: When resident falls, leave on floor but make comfortable, stabilize, keep head and back in position
- Reinforcing policies/procedures for residents on the floor (do not pick up), screen for injury, use coaching for standing on their own if applicable and safe
- Procedures for screening residents for injury prior to lending any assistance — who is qualified, when are they contacted, how to document?
- Have tools/equipment for self-help to attain standing/sitting — this should be part of your SRH equipment stockpile
- Training for self-help including contraindications — procedures for elevating the response from nursing assistant to nursing to 911

If there are challenges with conducting training/education internally, many manufacturers/vendors provide this training with the purchase of equipment.

# Unique considerations for senior living

Identify special resident needs and high-risk resident handling tasks — employees might be at higher risk secondary to special needs at home seniors and/or residents. Make sure to break down caregiver jobs into individual tasks, identify hazards and develop solutions to reduce risk of potential injury. Increased risk to staff include working with seniors and/or residents with limited mobility (limited strength, injury, amputee, ventilator, etc.), cognitive challenges (aggressive behaviors, dementia, confusion, speech/hearing limitations, etc.), vision impairment. Special challenges are also created due to environmental challenges and special circumstances encountered in home healthcare situations such as stairs, clutter, floor conditions, furniture, pets, family interactions, etc.

## HOME HEALTH CONSIDERATIONS

Home health workers face increased risks because they often work alone and have little control of their work environment.

Prior to beginning care, conduct a home care assessment to:

- Identify safety hazards and fall risks such as throw rugs, tears in carpets, furniture limitations, floor clutter/cords, bathroom access and equipment (height of commode, stability handles, etc.)
- Understand the layout of the home, including stairs clear walking pathways, access to bed, bath and chairs
- Determine the resident's needs such as specialty slings, lift assist equipment, chair booster seats and bed mobility assist devices

Once the assessment is complete, develop a plan to address identified hazards and determine what types of equipment may be needed to aid the home health worker with resident handling tasks.

If necessary, discuss modifying the home with the resident to prevent falls and increase safety. Share information and resources to aid them, such as the Fall-Proofing Your Home guide from the National Institute of Aging. Also, create a plan of care outlining what services will be provided and how the resident and home health worker(s) know what to expect.

Working alone in a home health setting can present a hazard because there is no “lift team” as you may find in a facility setting, and workers may try to do too much in an emergency situation. To combat this, develop a fall response plan so home health workers have guidance. Include a communication system so home health workers can get assistance if they can't handle a fall on their own. Have specific guidelines in place to identify actions to be taken by staff and those to avoid. Include how to triage after atypical conditions, events or falls (i.e., call to nurse, 911, etc.).



## Resident Handling for Home Health

Resident handling needs are typically addressed via the care planning process at admission, periodically thereafter and/or after changes in resident acuity. There are special circumstances that arise that fall outside of this predetermined plan of care. Walking on uneven ground/grass/gravel may cause instability, getting on the floor to retrieve items and being unable to stand (not falling), newly acquired (non-diagnosed) medical conditions, behaviors secondary to events or interactions with visitors and more are some of the issues that should be planned for.

Staff should understand how to screen for behaviors and potential adverse actions. A resident with new level of gait instability may have difficulty navigating grass/gravel in the courtyard. Weakness resulting from poor eating or bad night's sleep may increase challenges standing from a low bench or chair. An upsetting interaction with a visitor may trigger aggressiveness, inattention or confusion that makes assisted care difficult or hazardous. Please review your procedures and make sure that they cover the following special circumstances.

- Reinforcing policies/procedures for residents who fall or cannot get up from the floor (do not manually pick up)
- Special considerations for bariatric sit/stand assist, bathing, dressing, lifting appendages, boosting in bed, walking stability
- Resident amputee, specialty sling selection, stability with artificial limbs, mobility assistance
- Special considerations for residents on vent, wound care, oxygen, additional medical devices — ambulation/transport with device, slip, trip and fall hazards, navigating stairs
- Gait belt proper use and prohibitions for usage — not a lift device, effect of belt on skin integrity, bruising, etc.
- Remote needs — Assisting residents in areas outside of the main facility such as court yard (ground conditions may potentially lead to falls), travel to appointments/activities, mobility assistance (techniques and equipment) away from facility
- Pre-assessment of resident's home to ID challenges that will affect care and SRH for short-term care, home healthcare
- Review any additional injuries or medical conditions that would affect resident handling needs — cuts, bruises, UTI, intestinal disorders, poor eating habits

## Behavior Risks for Home Health

- All new clients will need to be effectively screened for behavioral issues including interviews with client, family, visit to home environment, needs assessment, technique/triggers suggestions, etc. This should be done periodically thereafter.

## Bariatric Care Considerations for Home Health

- Train staff on how to coach clients prior to providing caregiver actions/activities
- Task limitations — ensure that staff understand the tasks prohibited for manual techniques, including lifting appendages, lifting pannus, boosting, lifting, etc.
- Train caregivers on use of home based resident lifts and equipment — some clients may have equipment unfamiliar to caregivers
- Train caregivers on use of specialty slings, slide sheets, ladders, etc.
- Ensure that caregiver is qualified and trained on any specialty care techniques and equipment prior to use
- Consider availability for specialty lifts, bathtub lifts, floor lifts (i.e., camel, etc.)
- Pre-assessment of resident's home to ID challenges that will affect care and SRH (e.g., clutter)
- Need for effective screening of new client needs, activity levels, challenges, etc., including interview with family and visit to home environment

**Additional Resource for Home Healthcare:** <https://www.osha.gov/home-healthcare>

## OTHER UNIQUE CONSIDERATIONS

### Behavioral Risks

Seniors who suffer from decreased capabilities due to cognitive issues may be placed in special memory care units, Alzheimer/dementia units or traumatic brain injury (TBI) units. The actions and behaviors of these residents are often unpredictable and may pose risk of injury to the residents and/or staff. Your SRH program should address these issues by ensuring that the unit layout/design and actions of staff minimize adverse behaviors and identify antecedents for hazardous resident actions. Staff should understand how to identify triggers of adverse behaviors and be capable of targeted de-escalation techniques.

- **Combative/Aggressive Behaviors:** Understand and track triggers for individual residents
- **Behavioral Tracking:** Use tracking tools to document antecedents, triggers, successful and unsuccessful interventions for individual residents
- **Behavioral Care Plans:** Use multidisciplinary team to develop behavioral care plans
- **Assessments:** Plan periodic reevaluations following visitor events and illnesses
- **Escalation Plans:** Check state regulations and ask for standing orders, when appropriate, from medical doctor regarding physical and/or medical restraints. Have an MD on call for emergencies and elevate to discussion with multidisciplinary team including psychiatrist
- **Training:** De-escalation will require planning, conduct training to practice techniques and screening
- **Memory Care:** Consider all interactions to be potentially at risk and keep defensive awareness. Have behavioral care plans for all residents. Have screening procedures and triggers in place for onset signs

### Bariatric Care

Bariatric residents pose unique challenges and risks in senior care. They may have limitations in performing ADLs and increased risk of injury to themselves and/or staff while performing standard daily tasks. Boosting in bed, lifting appendages, performing peri-care, ambulating, assisting to sit, assisting to stand, etc. may all be prohibitive to using manual assist techniques. The following are issues to consider when caring for bariatric residents.

- **Equipment:** Have bariatric equipped rooms ready with specialized equipment. If in-house equipment is not available, temporary equipment rental should be an option, if necessary
- **Task limitations:** Ensure that staff understand the tasks prohibited for manual techniques, including lifting appendages, lifting pannus, boosting, lifting, etc.
- Resident amputee, special/different sling selection (dependent on care plan)
- Residents on vent, wound care, additional medical devices
- Review any additional injuries or medical conditions that would affect how an employee works with them
- Techniques for over bed care including self-assist ladders, slings of various kinds specific to bariatric residents, slide sheets, etc.
- Special considerations for assisted living:
  - » Have procedures for “hands-on care” that specify approved and restricted caregiver activities
  - » Prohibit boosting to stand from chair or assisted fall (lowering into chair)
  - » Define proper gait belt proper use for the bariatric resident
  - » Review state regulations on use of lift assist devices



## STEP 4

# Developing and implementing your safe resident handling program: Where to begin?

Every community faces varying degrees of challenges regarding safe resident handling. It is important that communities discuss program models, equipment selection, policies, implementation and training plans.

### SAFE RESIDENT HANDLING POLICY

Developing and implementing an SRH policy is instrumental in communicating and setting expectations that employees will follow to perform resident handling tasks safely, and to ensure management will provide the equipment and resources to support their efforts.

Accountability and commitment to the overall culture of safety is essential. According to OSHA, having a written policy facilitates complete implementation and sustained success while consistent management leadership can “set the tone” and make safe resident handling a visible priority. A program is more likely to be successful if nurse managers and frontline staff are involved early in the development of the program. SRH policies should be designed as a pledge from administrators and staff to protect residents/workers, and should include clearly articulated goals and expectations.



[Click for Sample SRH Policy #1](#)

[Click for Sample SRH Policy #2](#)

### Scope of the Training Program

- Review of facility's SRH policy and importance of SRH
- Return competency demonstration
  - » Equipment based
  - » Hands-on
  - » Full scope of equipment available in the facility, including slings. It is critical that the appropriate type/size are used for the resident
  - » Equipment and sling inspection
  - » Equipment and sling access, cleaning, failure, breakage/damage
- Depending on the state in which your assisted living facility operates or level of care permitted in your community, mechanical/powered devices will not be allowed to move and transfer residents. If this is the case, emphasis on safe resident handling best practices will need to be included during new hire orientation
- Include periodic review of staff transfers (documented)
- Include peer unit leaders as part of the ongoing education
- Fall prevention/recovery
  - » In-person training/conduct fall drills
  - » Drills using staff as residents
- Emergency response procedures — when to call 911 and what information should be provided and have available for EMS (medications, medical history, vitals, etc.)
  - » Emphasizing equipment use (including specialized equipment)
    - Assisted Living use of non-powered/mechanical equipment such as the camel lifting cushion
- Vehicle transfers — including wheelchair securement and secure residents to wheelchairs
- Special needs and additional considerations for senior living including home health — refer to special needs/consideration section on page 10
- Educate staff to report resident changes with regard to level of assistance — improvement or decline engaging/informing other staff of change in status
- BMAT — use for resident assessment
- Resident/family education — educating family members on facility's SRH program to minimize resident refusal with using equipment. Family members should also be prohibited to assist with moving residents as this could be a potential general liability exposure. Provide info as part of welcome/admission package



## SAFE RESIDENT HANDLING EQUIPMENT

Safe resident handling equipment is a critical component of any SRH program. According to NIOSH, 35 lb. is the maximum acceptable weight for manual resident handling. Any weight above that puts the direct caregiver at high risk for musculoskeletal disorders (MSDs). This 35 lb. limit is only for tasks that allow for optimal body posture and lift assist conditions. Please note that there are very few of these optimal conditions scenarios encountered in real-life working situations.

Once inventory is completed, assess the overall resident handling equipment needs of the facility (acuity census). Ensure sufficient number and types of equipment are available to match resident and employee needs (e.g., special needs — bariatric, residents with limited mobility, etc.). Ideally, there should be one lift for every 8–10 resident who need a lift on each unit. If additional equipment is needed, equipment should be trialed with direct care feedback prior to making the final decision.

For assisted living communities that are not allowed powered/mechanical equipment use, there are numerous non-powered equipment available to assist the caregiver and resident such as friction reducing devices, non-mechanical devices, pivot turn discs (these can assist with getting residents out of the car), transfer boards, etc. For home health, obtaining equipment can be challenging since it is typically up to the client to purchase, space may be limited or client may refuse to use any device. Depending on the state, insurance may cover equipment purchases. The client will need to be assessed and the doctor must prescribe a lift to use in their home for it to be covered. Doing this before returning home from the hospital or skilled nursing facility and working with a case manager will make this process more seamless.

A good practice is trialing different equipment by having vendors come into the facility and provide demonstrations. When choosing a vendor, make sure to utilize all services and resources (e.g., training, repairs, warranties, replacement, volume-purchasing discounts, etc.) You may also view vendor services in their contracts. When purchasing, justify costs based on return on investment, cost effectiveness, link to resident safety and quality of care. Prior to purchasing any equipment, trial with direct care staff and gather feedback.

Preventative maintenance (PM) and storage of equipment are also critical. PMs should be performed routinely including slings and equipment that should be stored in a visible and readily accessible location, never behind a locked door. Batteries on all lift equipment should be changed at the beginning of each shift to ensure they are fully charged and available for use all day.

## SUCCESSFULLY IMPLEMENTING A SAFE RESIDENT HANDLING PROGRAM

One of the most challenging steps is actually implementing the safe resident handling and mobility program, and ensuring that it remains a priority within your employee safety program. The program's aim is to help enhance your community's culture and employee behavior toward safe resident handling.

- Educate by training all staff, from senior management to frontline employees, on the ergonomic risk factors inherent in lifting, transferring and repositioning residents; high-risk tasks; and the new program and processes
- Communicate the rollout date to all staff
- Determine clinical staff competence and identify remedial training needs
- Remain steadfast and consistent
- Support, encourage and recognize the department coaches/champions
- Publicize the SRH program
- Ensure that a monthly reporting and review plan is distributed that covers all safe residents handling injuries and near miss events. This is an opportunity to review what occurred and how to reduce the risk of reoccurrence
- Continuous learning and improvement — develop a plan to investigate and assist staff in learning when an injury or near miss occurs. Conducting accident investigation is critical to preventing reoccurrence. It helps reduce costs, identify root cause and correct actions which will assist with establishing management/employee accountability, identify further education needs and improve the overall safety culture for the community. The accident investigation should include:
  - » Type of resident handling lift that was completed
  - » Determine if the employee was using a mechanical assist or manually lifting the resident
  - » Number of consecutive shifts for the employee
- Be aware of barriers to change. Some communities will struggle, as the culture of manual resident handling has been the standard for quite some time

## STEP 5

# Sustaining your program and maintaining momentum

### IS YOUR FACILITY READY FOR CHANGE?

Establishing a well-developed safe resident handling and mobility program will take time and commitment from all parties, but is critical for an SRH program to be successful. Modeling safe resident handling behaviors is key to facilitating change. Along with overall safety coordinators, many senior living communities have dedicated safety champions or “coaches” on each floor or unit to encourage their colleagues to follow safe resident handling policies and procedures. These individuals continually remind and educate their peers about the program and promote a cultural safety mindset. Nurse managers also can help support and reinforce the program with staff.

A key question for any community establishing this type of program is questioning if your culture is ready to change. To help your community address this question, there are tools available such as an employee perception survey or GAP analysis that gauges attitudes and behaviors. This can be essential in identifying areas of improvement as well as help set priorities. Identifying barriers within the community early on is critical to the success of your SRH program and they can serve as a “road map” for program development and implementation.



### COMMUNICATION AND MARKETING YOUR PROGRAM

Communication and/or how safety and QC initiatives are marketed are also often overlooked. The message being sent internally or externally must be visible to all, and promote a safe environment. Responsibilities should start from top to bottom. Healthcare physicians and providers should be able to communicate issues with equipment, floor layouts, and residents’ overall behaviors to provide access to safely handle and move residents.

Areas that are often overlooked but critical to support continuous improvement include:

- Communications/marketing plan for the SRH program and related activities
  - » Procedure for notifying program members if new equipment and processes are implemented
- SRH program team members, e.g., all employee groups, volunteers, residents, families, community agencies who may be impacted by the SRH program policies and procedures
- SRH committee task completion
- The message and methods of communication that are relevant for each team member group (e.g., email; newsletters; employee meetings; specific written communications; SRH/ergonomics resource intranet page; external marketing (community); resident and family orientation information)
- Nursing staff retention — change in staff turnover
- Process and resources for development and dissemination of communication materials to program members
- Periodic review of communications and marketing efforts to ensure effectiveness

## TOOLS FOR DEVELOPING POSITIVE BEHAVIORS AND COMMUNICATION

**1** Clear responsibilities of all staff and residents

**2** Easily accessible areas of communication

**3** Establishment of safe resident handling committees

**4** Establish communication lines between residents and healthcare/facilities staff

**5** Timely responses with action items (no more than 24–48 hours turn around)

**6** The use of credible data/information as [ANA](#) and NIOSH

## MEASURING PROGRAM EFFECTIVENESS

It is important to evaluate your SRH routinely to ensure it remains dynamic and effective. Here are few areas that help overall program effectiveness.

- **Determine goals:** Most senior living communities already have [safety goals](#) but the SRH leaders include worker safety in their goals and measure whether they are meeting them
- Develop specific performance requirements and metrics to monitor the progress of the resident handling program over time, and the impact it has on the community. This will be a combination of both lead and lagging indicators. Indicators to consider for use:
  - » [SRH observations](#) (page 15): Unit champions can be used to assist in this process
  - » Training records
  - » **Employee surveys:** Feedback is crucial for tracking and monitoring the SRH program to determine how well the program is working. Realize that every program will need adjustments after being put into practice and that even small changes can improve the use of equipment and worker engagement tremendously
  - » Shift change reports
  - » Huddles
  - » Equipment usage rates
  - » **Loss analysis:** (insurance loss rates, OSHA recordables, first aid log entries, bed sores, falls, resident recovery times, etc.): Examine the number and type of resident handling injuries, the root causes that led to these injuries, the number of lost work or modified duty days, and more types of program measures. You can also assess the efficacy of your safe resident handling policies. This data can also help you identify opportunities for improvement
- **Share results with your employees:** Sharing safety trend data creates motivation and instills pride (and competition) among units to achieve success. It also instills unity and purpose for obtaining common goals and outcomes
- **Leverage vendors/partnership (NRC toolkit):** Vendors can perform a wide range of services including—overall safe resident handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc. Gallagher National Risk Control can help support these efforts. Gallagher does not endorse any specific vendor but we've listed a few below for review/reference. Contact the vendors directly for additional information
  - » [Medline](#)
  - » [Ario](#)
  - » [ASPHP](#)
  - » Home Health — [ProCare](#), [Joerns](#), [Sizewise](#)



## VENDOR PARTNERSHIP

A strong partnership with your vendors is critical and often overlooked, but is essential to the success of your safe resident handling program. Proper vendor selection and continuity provides efficiency, support and current industry knowledge. Your primary focus should be on keeping your residents and employees' safety paramount. Your vendors play a key role not only in offering support, but providing knowledge and expertise on the equipment and materials they provide. The safe resident handling equipment and resources market is quite diverse, and having a trustworthy and knowledgeable vendor is vital to your success. Vendors can perform a wide range of services including overall safe resident handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc. Here are some of the advantages of developing a partnership with your vendors beyond procurement of equipment and resources. Gallagher National Risk Control can help support these efforts.

### Lower Costs

When it comes to seeking out and negotiating deals with your vendors, there are several initial costs involved. There are usually some significant costs involved in setting up deals with new suppliers, but a supplier relationship management program can eliminate many of those costs.

### Additional Support

There will be times when your equipment breaks down, questions arise on how to use equipment or there are missing components, and you will need support. If you have developed a strong bond with your vendor, they will be more responsive to your needs which will save time and money, and ensure that your residents receive the highest level of care.





#### Improved Service

As the relationship with your community's vendor develops, communication improves. As with any relationship, when it develops the vendor gets to know more about your community and operations, which enables them to provide improved insight as to what equipment should be used based on your needs.

#### Timely Delivery of SRH Equipment

What is great about having an excellent relationship with your vendor is that they will prioritize you and your needs. They will deliver equipment and materials ahead of time. In addition, they will make sure that you get exceptional service.

#### Resident and Staff Satisfaction

Another important result is resident and staff satisfaction. It is a win-win if your team is utilizing the appropriate equipment to help maneuver residents because it makes their job easier and provides a higher level of safety for the resident to avoid injury for both parties.

#### Other Advantages

- **Subject Matter Expert (SME):** Most vendors and/or manufacturers have identified subject matter experts within their community who will be able to assist clients. It is imperative to establish a connection with these folks as they will be able to help you in your decision-making and program development.
- **SRH Training Materials:** Your vendor will have staff that can assist with several types of safe resident handling training related to the equipment and materials they manufacture. Some manufacturers such as Arjo have an [academy](#) that their own employees attend to ensure they have up-to-date knowledge and skillsets to help you in the daily use of our equipment.

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**A strong partnership with your vendors is critical and often overlooked, but is essentially important to the success of your safe resident handling program.**

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