I. PURPOSE:

To enhance the safety of the work environment for Sharp HealthCare patient caregivers by outlining the steps for safe patient mobilization to reduce patient and/or staff injury and comply with regulatory requirements. This policy is applicable in any location where patient mobilizations occur.

II. DEFINITIONS: The following definitions are related to this policy only:

**Safe Patient Mobilization Team:** consists of a multidisciplinary group of staff responsible for developing, standardizing, implementing and monitoring the safe patient mobilization program.

**Patient Caregiver:** is defined as an employee who is involved in the provision of care to another individual. Examples include, but are not limited to, nurses, nursing assistants, physical therapists, radiology technologists, lift technicians, transporters.

**At Risk Patient:** Patient who requires full or partial assistance with mobility in and/or mobility out of bed

**At Risk Patient Mobilization Tasks:** Activities that require patient caregivers to provide physical effort to assist with or during patient mobilizations and are characterized by biomechanical and postural stressors imposed on the patient caregiver.

**Leadership:** Those persons who are in a lead role or above

**Lift Technician:** A role identified for a Sharp employee who is specifically trained in manual lifting for handling patient mobilizations and using lift, transfer or repositioning devices or aids.

**Manual lift:** the act of moving, lifting, transferring or repositioning a patient using a patient caregiver’s body strength without the use of mobilization aids or devices.

**Patient mobility assessment:** use of a scoring or other system to examine and evaluate the physical, mental, medical and/or environmental conditions of the patient to determine appropriate safe patient mobilization methods, equipment and supplies. These may include but are not limited to Scoot Test, Mobility Assessment Test (MAT), and Schmid Fall Risk Assessment.
Patient Mobilization Equipment/Aids: may include trained patient caregiver, Lift Technician, equipment, devices and/or aids used to decrease the risk of injury to patient care staff during the mobilization of patients. Includes but is not limited to:

- **Lifting equipment:** ceiling-mounted and/or floor-based equipment and their accompanying slings that function to assist in lifting, transferring, ambulating, repositioning and other mobilization tasks.
- **Lateral transfer device:** provides assistance in moving patients horizontally from one surface to another (e.g. transfers from bed to gurney) and includes friction-reducing devices and air lateral transfer device systems.
- **Repositioning aids:** provide assistance in turning patients and repositioning patients up to the head of the bed and up in chairs.
- **Beds:** may provide assistance with patient mobilization tasks such as lateral rotation therapy, transportation, percussion, bringing patient to sitting position etc.
- **Gurneys:** used to provide assistance with transporting patients (gurneys may be motorized or not motorized)
- **Transport devices for equipment/bed/wheelchair transport devices:** assist patient caregivers in pushing patients and heavy

**Safe Patient Mobilization:** also referred to as safe patient handling, is the replacement of manual lifting and transferring of patients with patient mobilization aids as appropriate for the specific patient and consistent with the employer’s safety policies and the clinical assessment and professional judgment of the registered nurse (RN).

**Safe Patient Mobilization Program (SPMP):** program integrates evidence-based/best practices and technology to prevent patient caregiver and patient injuries sustained during patient mobilizations and to comply with the components of this safe patient mobilization policy.

**Safe Patient Mobilization Champions:** staff responsible for assisting with implementing and maintaining the safe patient mobilization program in their designated area. May also be known as Transfer Mobility Coaches.

### III. TEXT:

**A.** Sharp HealthCare (SHC) recognizes the critical role that mobility has in a patient’s healing process. SHC also recognizes the value of every patient caregiver and the potential life-changing consequences related to injuries caused by unsafe patient mobilizations.

**B.** Safe patient mobilization practices will be used in all areas of this organization as described in this policy and corresponding procedures.

**C.** Implementation of SHC’s Safe Patient Mobilization Program requires cooperative participation of multiple individuals with varying skills, competencies and levels of responsibility within the organization. Success is based on each team member performing his/her function as required and contributing to the provision of a healthy and safe work environment. Leadership is responsible for the implementation of the program.

**D.** All employees are responsible for maintaining a safe work environment and are expected to exercise safe work practices including safe patient mobilization (IIPP#18603.00). Employee responsibilities include but are not limited to:

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1. Taking reasonable care of their own health and safety, as well as that of their co-workers and their patients by practicing techniques to provide safe patient mobilization and the use of mobilization equipment/aids for patients that require full or partial assistance with mobilizations.
2. Patient Caregivers will follow the mobilization instructions/plan of care identified by RN.
3. During planned patient mobilization activities for patients who require full or partial assist, patient caregiver will perform these tasks with use of employee assistance, lift equipment and/or mobilization aids except in emergency situations
4. The RN is responsible for communicating to all patient caregivers the patient’s mobilization needs
5. Verifying that mobilization devices/aids are in proper working condition prior to each use
6. Reporting damaged, broken or malfunctioning mobilization equipment/aids and removing from service
7. Notifying manager or person in charge of “near miss” or injury sustained while performing patient mobilization tasks
8. Notifying Manager of additional training or retraining needs and safety concerns
9. Employees who are non-compliant with safe patient mobilization may be subject to corrective action (P&P #04306).

E. The registered nurse, as the coordinator of the patient’s care, in collaboration with other health care workers, is responsible for assessing the patient’s mobility needs, developing the patient’s functional plan of care and for communicating the plan and directing patient mobilizations.

F. Leadership responsibilities include:
1. Providing employees with required training in safe patient mobilization techniques and the use of mobilization equipment/aids including:
   * New hire safe patient mobilization within probationary period
   * Annual safe patient mobilization training/competency
   * Post-injury safe patient mobilization training within 30 days of injury and/or return to work
   * Training when a new type of mobilization equipment is brought into facility for use
   * Additional education and training for employees exhibiting non-compliance with safe patient mobilizations
2. Validating that RNs assess and document patients’ mobilization needs
3. Verifying that patient caregivers utilize mobilization equipment/aids
4. Verifying that patient mobilization equipment/aids are accessible, in proper working condition and are stored properly
5. Soliciting feedback from employees on additional needs, equipment, training and safety concerns
6. Providing positive feedback/reinforcement to employees on safe patient mobilization compliance

G. Patient mobilization activities include but are not limited to:
1. Repositioning (scooting/boosting or turning)
2. Positioning (stabilizing or holding a patient during a procedure or activity)
3. Seated Transfers (bed, chair, commode, toilet, wheel chair or car transfers or repositioning in chair)
4. Lateral transfers (patient is supine)
5. Transporting (in bed, gurney, wheelchair, shower chair, lift equipment)
6. Patient Fall/Unexpected Movement/Lifting from Ground (attempting to prevent a fall, fall while ambulating or unexpected patient movement or lifting patient from ground)

H. Equipment/aids available for use by patient caregivers may include but are not limited to:
1. Powered vertical lifting devices
2. Powered/non-powered standing/raising/transferring devices
3. Air powered lateral transfer mattresses
4. Slide boards
5. Gait/transfer belts
6. Mechanical weighing devices
7. Friction reducing devices

I. All patient caregivers are to follow the established plan of care including use of appropriate mobilization equipment/aids.

J. Communication to patient caregivers regarding the patient’s needs for use of a mobilization device/aid is accomplished through documentation in the appropriate section of the patient’s medical record, during verbal hand-off and/or a visual cue placed in proximity to the patient.

K. Patient caregivers will demonstrate initial and annual competencies in safe patient mobilization.

L. Employees should not lift, reposition or transfer or assist in a lift, reposition or transfer without the appropriately trained personnel or adequate equipment per regulatory requirement.

M. Musculoskeletal injuries related to patient mobilizations will be investigated to determine cause and action plan for prevention of future injuries.

N. The effectiveness of the Safe Patient Mobilization Plan including accessibility and availability of mobilization equipment/aids shall be reviewed at least annually and as needed by key stakeholders involved in the mobilization of patients.

P. All patient mobilization associated records shall be maintained for minimally one year.

### IV. PROCEDURE Institutional Care/Hospitals Division

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<td>A. RN</td>
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**A.** Patient mobilization assessment will be completed, including mobilization equipment/aids that are to be used, and documented in the appropriate section of the patient’s medical record, for every patient upon admission, when there is a change in the patient’s condition or transfer to a different level of care and as per unit guidelines of care.

**B.** If a patient is considered a full or partial assist, staff must use patient mobilization aids. No manual lifting shall be performed for these patients other than when performed by trained Rehab personnel to enhance functional outcomes or as a treatment progression or in emergency situations.

**C.** Educate the patient and authorized representative regarding the patient’s mobility needs, the equipment to be used, and how the patient and family can assist, when possible, with mobilizations.

**D.** Document patient and/or authorized representative refusal to allow use of SPM technology in the appropriate section of the patient’s medical record. Report patient and/or authorized representative decision to disallow use of SPM technology to charge person.

**E.** When available, document mobilization instructions on Communication Board.

**B.** RN, Patient caregiver,

**C.** RN, Patient caregiver,

**D.** RN/Licensed nurse

**E.** RN/licensed nurse, Patient caregiver,
### IV. PROCEDURE Institutional Care/Hospitals Division

| F. | Direct patient mobilizations. | F. | All staff |
| G. | Verify all lines, IVs etc. are secured | G. | RN/licensed nurse, |
| H. | Follow infection prevention practices, including isolation precautions and hand hygiene related to the mobilization and the cleaning of mobilization equipment/aids using approved disinfectant. | H. | Patient caregiver |
| I. | Communicate the immediate plan for mobilization to the patient and team members prior to mobilizing patient. | I. | Patient caregiver |
| J. | Assess physical environment prior to mobilization to include:  
1. Move furniture, equipment, supplies, bed etc. as appropriate  
2. Adjust bed height, lower bed side rails,  
3. Verify brakes are set (bed, equipment, gurney, wheelchair etc.)  
4. Assemble needed equipment/supplies | J. | Patient caregiver |
| K. | Place any soiled re-usable (launderable) equipment and mobilization aids in appropriate receptacle for laundering or cleaning according to department procedures. | K. | Patient caregiver |
| L. | Clean the mobilization equipment after use with the approved disinfectant and according to facility policy and manufacturer directions. | L. | Patient caregiver |
| M. | Place launderable slings and mobilization aids in the appropriate receptacle for on-site laundering. | M. | Patient caregiver |
| N. | Return equipment, mobilization aids and supplies to designated storage location | N. | RN, Patient caregiver |
| O. | Report any malfunctioning equipment or mobilization aids needing repair per Defective Medical Device (Equipment/Products/Supplies) Policy and Procedure #06010.99. Tag equipment and remove from service. | O. | Patient caregiver |
| P. | Utilize Patient Mobilization Algorithms to assess type of equipment and support needed to complete mobilization. | P. | RN, Patient caregiver |

### V. REFERENCES:
VI. CROSS REFERENCES:
Defective Medical Device (Equipment/Products/Supplies) Policy & Procedure #06010.99
AB 1136 Hospital Patient and Health Care Worker Injury Protection Act

VII. ATTACHMENTS:  (Control + Click on attachment name to access and/or print.)
A. Scoot Test (Mobility In Bed Assessment Tool)
B. Mobility Assessment Test (Mobility out of Bed assessment tool)

VIII. APPROVALS:
A. Nursing Policy & Procedure Committee – 02/06; 07/14
B. Public and Occupational Health Subcommittee – 02/06.
C. System Policy & Procedure Steering Committee - 03/06
D. SMV Medical Executive Committee – 06/06
E. Illness & Injury Prevention Safety Sub-Cmte – 07/10; 07/13; 08/14
F. Safety Management Subcommittee – 08/14

IX. REPLACES:
A. Modified Lift Policy #30055

X. HISTORY:  System P&P #18618; originally dtd 03/06
Reviewed/Revised:  07/10; 07/13; 07/14