



# Material & Resident Handling Participant

Workbook to accompany inhouse training.

Created by NBCCSA – November 2022



# Welcome

The NBCCSA would like to thank all those that helped bring this program to light. Hours of research from within Canada and around the world was used to find best practices as of 2020.

It is designed specifically for New Brunswick nursing homes; a new comprehensive musculoskeletal injury prevention program (MIPP) that would:

- Include theory, practice, assessments, audit, enforcement, sustainability
- Help develop an internal training team
- Include Policies and Procedures

Resources for the information include: Electrolab Limited (SafeStart), Fraser Health (Provincial Safe Resident Handling Standards), SASWH (TLR program), Accident Compensation Corporation (*The New Zealand Patient Handling Guidelines*), WorkSafeAB (*No Unsafe Lift*) and WorkSafeNB (BIF).

NBCCSA has a responsibility to its membership (approximately 70 Nursing Homes) to deliver safety education and training to meet their safety needs. The NBCCSA Incident Management System has been collecting incident data for the past several years and can identify trends in incident type, frequency, and severity. Musculoskeletal injuries have been identified as the most significant injury type.

Thank you to: York Care Centre staff & management for the use of the facility as well as expert insight. Thank you to Leah Thomas-Olson MSc. of Fraser Health, Sandra Cripps, Saskatchewan Association for Safe Workplaces in Health (SASWH), and the six pilot sites: Westford Nursing Home, Villa Providence Shediac, Rexton Lions Nursing Home, Salvation Army Lakeview Manor, White Rapids Manor and York Care Centre.

## Program Developers

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**New Brunswick  
Continuing Care Safety  
Association Inc.**



**Association de sécurité  
des soins continus  
du Nouveau-Brunswick Inc.**

## Who we are

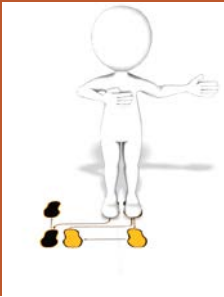
The New Brunswick Continuing Care Safety Association (NBCCSA) is a not-for-profit association created in 2013 with the intent to not only service the unique needs of the nursing home sector, but to promote health and safety for the homecare, special care homes and acute care streams.

Often those who take care of our most vulnerable put their safety at risk when providing quality care by putting their residents' and clients' needs ahead of their own safety.

The NBCCSA is dedicated to providing cost-effective, custom built programs, solutions and tools to meet the needs of the sectors it serves while maintaining the high standards of care provided by its members.

For additional support, please contact: [info@nbccsa.com](mailto:info@nbccsa.com) or 506-454-3136





## LINKING EMPLOYEE AND RESIDENT SAFETY TO QUALITY CARE

Without employee safety in mind, nursing homes can never reach the highest quality of care for residents. There is no such thing as quality care if you are willing to take chances and shortcuts!

### NOTES:

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What does Safety mean to you?

### Exercise 1- Personal reasons

Write down the things you love to do, that you might have to give up if you were seriously hurt

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# Risky Behaviour



NOTES:

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## Exercise 2 – Measuring risks

Safety is a function of risk. Any activity involves a certain risk, the probability of being injured more or less seriously, whether it is walking or handling chemicals, driving a car, working with electronic tools, welding, climb a ladder, ride a motorcycle or jump from a plane.

1. Which of these vehicles offers the best protections?
  - a. A car
  - b. A motorcycle
2. Which of these vehicles offers the best protection?
  - a. Minivan with integrated airbags
  - b. 1965 Corvette with fiberglass body
3. Which activity presents the greatest amount of energy (the greatest risk)?
  - a. Walking
  - b. Running
4. Fatal crashes in Formula 1 races have become less frequent than before. What is that due to?
  - a. Improving protection measures
  - b. The reduction of dangerous energy (cars go slower than before)

Until now, it has been fairly easy to determine the risk based on the degree of protection and the amount of hazardous energy. Unfortunately, it is much more difficult to calculate the risk of inattention.

5. Which of these behaviours is the riskiest?
  - a. Drive at 130 km/h with great concentration
  - b. Drive at 90 km/h while thinking of something else
  - c. Difficult to say: both behaviours are risky
  
6. Which of these activities carries the highest risk?
  - a. Running
  - b. Walking without looking where we are going
  
7. Which of these industries has the highest amount of hazardous energy?
  - a. Healthcare
  - b. Petroleum
  
8. In which of these areas has the greatest number of injuries per person?
  - a. Healthcare
  - b. Petroleum
  
9. It is difficult to assess the likelihood that a person is paying attention or not to what they are doing. On the other hand, we know that the risk of inattention is:
  - a. Higher when performing a task for the first time
  - b. Higher when performing a task for the hundredth time
  
10. We also know that the risk of inattention is higher when
  - a. Rushing
  - b. Tired
  - c. Frustrated

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*You can't leave an injury in your work locker. It can be something that stays with you the rest of your life.*

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4  
Conditions  
that lead to  
4 mistakes

- Rushing
- Aggravation
- Fatigue
- Overconfidence



- > Not observing ahead
- > Preoccupied
- > Exposed / unguarded
- > loss of grasp / contact



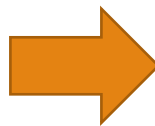
CASE STUDIES



“I WAS TRANSFERRING THE RESIDENT FROM THE TOILET TO HER WHEELCHAIR AND AFTER LIFTING HER AND BEARING HER WEIGHT, SHE SAID SHE WAS UNABLE TO MOVE HER RIGHT LEG AND ASKED ME TO MOVE IT FOR HER. WHILE BEARING HER WEIGHT, IN THE BATHROOM, THERE WASN'T ENOUGH ROOM TO BEND OVER SO I HAD TO SQUAT WHILE ENSURING RESIDENT SAFETY AND USE ONE HAND TO HOLD UP THE RESIDENT AND THE OTHER HAND TO REACH DOWN AND MOVE HER RIGHT LEG FORWARD. “

*Condition*

- Rushing
- Aggavation
- Fatigue
- Overconfidence



*Error*

- Not observing ahead
- Preoccupied
- Exposed/unguarded
- Loss of grasp / contact



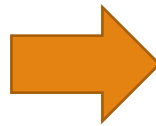
*It is up to you to remember a shortcut can lead to a permanent injury. Are you willing to take that chance?*



“EMPTYING THE LAUNDRY BAG INTO THE SORTING BINS. REMOVED HALF OF THE CLOTHING OUT OF THE BAG INTO THE TRANSPORT WAGON. LIFT THE LAUNDRY BAG, TURNED UPSIDE DOWN INTO SORTING BIN. LAUNDRY DID NOT COME OUT OF BAG AS BAG WAS OVERPACKED.”

### Condition

- Rushing
- Aggravation
- Fatigue
- Overconfidence



### Error

- Not observing ahead
- Preoccupied
- Exposed/unguarded
- Loss of grasp / contact

### Techniques to reduce Mistakes

Mindful	Think	Watch	Modify
Be mindful as to what condition you may be in and change your approach accordingly to prevent a critical mistake.	Think of how many near misses you've been through to avoid a serious injury.	Pay attention to risky behaviours from your colleagues and how that increases the chances of being hurt.	Modify your habits to reduce your risks

*Realizing that you are in a state of making critical mistakes is a very important aspect of injury prevention. Once the critical mistake has been made, the severity of your injuries, depends only on your luck or the amount of dangerous energy involved.*



## Exercise 3 – Reacting to conditions

1. When you know you are late and it is almost certain that you will not arrive on time, the first thing to do is to:
  - a. Call to inform you will be late and to come up with a solution
  - b. drive as fast as possible to avoid having to warn anyone
2. Usually when people are aggravated, they:
  - a. Forget to look for the line of fire
  - b. Take several deep breaths to calm themselves down
  - c. Rush
3. Being overconfident is the easiest state/condition to react to:
  - a. True
  - b. False
4. The minute you realize you are rushing, tired or frustrated you should:
  - a. Try to slow down or calm down (if possible)
  - b. Fix your eyes to the task you are doing
  - c. Concentrate on what you are doing
  - d. Look for anything that would cause you to lose your balance, adherence or grip and keep that in mind



*RESPONSIBILITY / DUE DILLIGENCE*

## Employee Rights

**RIGHT TO KNOW:** the risks / hazards / dangers of the job

**RIGHT TO PARTICIPATE:** in health & safety program

**\*RIGHT TO REFUSE:** any task / job they feel is unsafe

\*You must follow the steps laid out by WorkSafeNB

1. Stop the task (make sure you are not leaving another individual in danger) and report the situation to your supervisor. The supervisor will investigate to determine if the task is unsafe. If unsafe, you and the supervisor will work together to address the safety concern and you will resume work. If you feel the safety issue has not been addressed, then you take the second step.
2. You bring the concern to a member of the Joint Health and Safety Committee (JHSC). The JHSC will investigate to determine whether the task is safe. If not safe, they will work with you and the supervisor to come up with a solution to address the issue. If you feel it is still unsafe, you move to the third step.



3. If the JHSC have deemed the task as safe, and you still feel the task is unsafe, you ask that an Officer of WorkSafeNB be contacted to determine whether the task is safe. Their findings will be final; either safe and continue the work or unsafe and the employer must fix the situation.

**Note:** In healthcare, there are tasks that are deemed risky, you cannot refuse those duties that may be the difference between life and death for the residents.

## Employee Responsibilities

**FOLLOW:** employer's policies

**BE ACCOUNTABLE** for the way you work

Take **TRAINING** and **USE** the skills taught

Use equipment safely

**REPORT** anything that is unsafe

You are responsible for your own actions. You have the right to report, but you also have a responsibility to report!

## Due Diligence

Every employee has a legal responsibility to act with reasonable care, or due diligence, when performing their job.

Must take **ALL REASONABLE PRECAUTIONS TO PROTECT YOURSELF AND YOUR CO-WORKERS**, work safely and comply with health and safety policies, procedures, and regulations.

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*Saying "I did not know" does not work when proving due diligence, rather ask "did I seek out the knowledge?"*

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### Personal Factors

Risk of serious permanent injury increased if

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Previous injury</li><li>• Diseases / medications</li><li>• over age 40</li><li>• Pregnancy</li><li>• Smoking</li><li>• Obesity</li></ul> | <b>Secondary factors</b> <ul style="list-style-type: none"><li>Stress</li><li>Sedentary lifestyle</li><li>Overtime</li><li>Temperature</li><li>Hobbies of similar demands</li></ul> |
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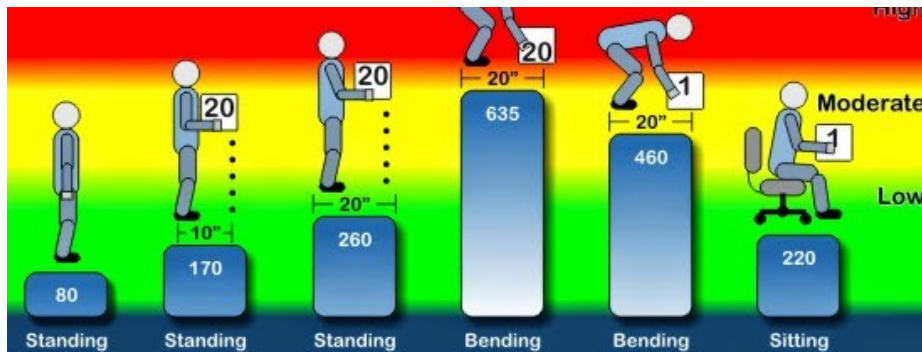


## Exercise 4 – Tasks in awkward positions (5 minutes)

What tasks do I do during the day, at work or at home that can put me in an awkward position?

Task?	Ways to avoid it?
_____	_____
_____	_____
_____	_____
_____	_____

### Forces Applied (think seesaw)



### Forces applied during lifting

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*Think about the various tasks you perform each day. Remind yourself to consider these forces when you are lifting something. Also consider how many times you lift during the day. The weight can get quite considerable.*

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## SAFE BODY MECHANICS

### Safe Body Mechanics

- No. 1 rule; use your head, not your body!!!
- Using safe body mechanics means following a set of principles to minimize the strain on your body when completing physical tasks
- These principles will protect vulnerable muscle and joint tissue from undue wear and tear and injury.



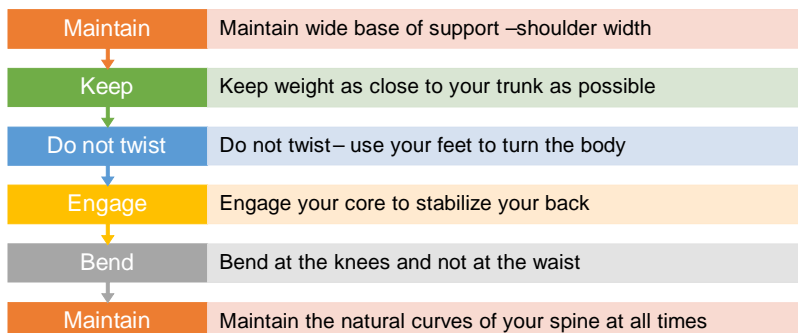
## REMEMBER

- Use your head and not your body!
- Use the technique that requires the least physical effort
- Use large muscle groups and joints
- Avoid overextension, even for “light” objects
- Bacon is like the sinewy muscles on your back
- **Failure to plan is planning for failure!**



# What does safe body mechanics look like?

## What does safe body Mechanics look like?



## REMEMBER

- Ears over your shoulders
- Shoulders over hips
- Arms braces at your side
- Feet shoulder apart
- Flex slightly at the knees

### How to do it



### Step 1. Assess

- Self-assess – do you already have an injury? Are you in a hurry? – slow down. You overconfident? - use your eyes before your body. You distracted/aggravated? Be Mindful!
- Know the object, how heavy, is it easy or hard to grasp, can the weight shift, is it better one or two people and what distance should it be moved before mechanical assistance?
- Know in advance where you are going to set the load down, and whether stairs or ramps are involved. (eyes before body)
- Make sure the entire path is free of obstructions or slipping hazards. (eyes before body)
- Watch out for nails, splinters, or anything else that could cause injury. (eyes before body)



- Think your way through the entire procedure. – Don't be overconfident! Use your eyes before moving your body! Don't be distracted! And if you are tired or nursing a previous injury...get help!

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### *Step 2. Prepare*

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- Wear appropriate protective gear—gloves that will provide a safe grip, and safety shoes (anti slip in wet areas or protective reinforced footwear in case of a dropped load).
- Have all the tools and equipment you need close by.
- Make sure your colleague is ready and capable (if needed)
- Prepare for what could go wrong
- Clear the path

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### *Step 3. Move*

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#### **Lift:**

- Face the load with feet about shoulder-width apart, one slightly ahead of the other.
- Bend at the knees and keep the back straight (not vertical, but in a forward lean), with chin tucked in so that the neck and head follow the same straight line. Lock the block!
- Grasp the load and draw it close to the body, with arms and elbows tucked to the sides.
- Lift gradually and smoothly, using the leg muscles, not the back muscles, to power the lift.

#### **Transport:**

- Move steadily and slowly, keeping the load close to the body and balanced.
- Move feet to move the entire body when changing direction, as turning only the upper body causes severe strain. No twisting!
- When walking through doorways or between machines, adjust the grip or turn the load slightly so that fingers won't be trapped between it and the other surface. Use your eyes before your body. Be mindful

#### **Place:**

- To lower the load, reverse the lifting steps: bending the knees, keeping the back line straight and the feet in the proper position.
- If the load must be placed at shoulder height or above, plan to rest it at about waist height and change the grip before completing the lift. – Take note to ensure you've identified the hazard of having to put heavy items above your shoulders – this should be changed and not remain the norm.
- To make sure that fingers are not pinched by the load when setting it down, let one edge or corner rest on floor or table and then slide hands up the side of the object before pushing the item into place.



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### Step 4. Evaluate

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- Did the move go according to plan?
- Was there any discomfort or awkward positions? Items in the way?
- Did you feel safe and secure? Did your partner (if applicable)
- Correct any observed poor technique or communication between yourself and co-worker

### Other Considerations

Besides knowing the proper techniques of lifting, moving, and placing a load, it is important to fairly assess both the scope of the job and one's own strength. Ask for help if the load is too heavy or awkward (too bulky or too long) to manage safely alone.

When performing a team lift, one person gives the orders to lift, turn, and set down. All members of the team perform these tasks in unison. They should move slowly and steadily, keeping the load level and weight evenly distributed, without changing their grips while carrying.



## GENERAL RULES FOR SAFELY MOVING MATERIALS

### PUSHING IS MORE EFFICIENT AND SAFER THAN PULLING

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#### PUSHING RULES

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- Grip at elbow height, keep arms close to the body
- Use your legs and body weight to move smoothly
- Reduce effort and stop carefully and slow down gradually
- Do not twist at the hips, no sudden jerks

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#### PULLING RULES

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- Concentrate on keeping your core muscles tight to decrease pressure on your back
- Face the load squarely
- Once you start, take small backward steps
- Do not twist at the hips, no sudden jerks



### GENERAL RULES FOR ALL LIFTING






- Position body as close to the object as you can
- Keep arms as close to the body (don't be a seesaw)
- Use the power of your legs and centre of body
- Don't bend at the waist
- Avoid lifting from the floor
- Raise or lower the work surface to suit the height of the worker
- Pad the shoulders to provide a cushion
- Wear gloves that are proper size for the individual and that have a surface that will increase grip stability.
- Inspect and plan your route for any possible changes to resistance, such as carpet, objects in the way, resident feet, or uneven surfaces. **(eyes before body!)**



### *HANDS-ON PRACTICE*



## GENERAL MOVING TECHNIQUES

	<p><b>Golfer's Tip</b></p> <p>Use your free hand to hold on to a structure for upper body support during a lift</p> <p>Firm up your core</p> <p>Slightly bend your knee of your supporting leg and raise your other leg straight out behind you as you lean forward to pick-up the object bending at the hip.</p> <p>Grasp the object firmly, push down on the fixed surface as you lower your back leg and return your upper body to an upright position.</p>
	<p><b>One Handed Partial Squat Lift</b></p> <p>Stand with the object close to your side</p> <p>Firm up your core</p> <p>Push your buttocks out and squat back and grasp the object</p> <p>Extend your legs to stand</p> <p>Hold your free arm away from your body to counterbalance the weight</p> <p>Take small walking steps and maintain a straight back.</p>
	<p><b>One Handed Partial Lunge</b></p> <p>Stand with the object close to your side</p> <p>Place your feet shoulder width apart one leg slightly ahead of the other</p> <p>Place one hand on a fixed surface or your thigh for support</p> <p>Firm up your core</p> <p>Push your buttocks out and squat back and slowly lower yourself to the object handle.</p> <p>Grasp the object &amp; look forward, head aligned with your back.</p> <p>For support, as you lift, push down on the surface or thigh</p> <p>Lift upwards by extending your legs to stand gently pushing your hips forward</p>
	<p><b>Power/Squat Lift</b></p> <p>Face the object</p> <p>Form a wide stance positioning the object between your knees</p> <p>Firm up your core</p> <p>Push your buttocks out and squat back and bend your hips and knees to lower yourself down to the object.</p> <p>With your elbows close to your body and your arms between your knees</p> <p>Grasp the object &amp; look forward, head aligned with your back.</p> <p>Rise up by pulling the hips forward and straightening the legs to lift.</p>
	<p><b>Tripod/Lunge Lift</b></p> <p>Place one foot to the side of the object</p> <p>Firm up your core</p> <p>Push your buttocks out and squat back and slowly lower yourself down to one knee.</p> <p>Position the object close to the knee on the ground</p> <p>Grasp the object firmly with both hands.</p> <p>Pull the object to mid thigh and then lift it up to the opposite thigh.</p> <p>If possible, put both forearms under the object with your palms facing upwards and hug the object into your stomach and chest.</p> <p>Prepare for the lift</p> <p>Look forward, head aligned with your back</p> <p>Lift upward by extending your legs and making sure to maintain a neutral spine.</p>

## Risk Assessment

RISK ASSESSMENT IS A KEY PRELIMINARY PROCEDURE FOR ALL TYPES OF MOVING AND HANDLING



*Risk refers to the possibility of something happening. The more we can try to predict what might happen by using a good tool, the better we are in avoiding getting hurt. The resident. Unlike a box or a bag, residents can be somewhat unpredictable. That means, we need to add one more step to evaluate our situation so you can take the best planned approach.*



## Point of Care Assessments (POCRA)

PERSON IN CARE	ENVIRONMENT
WHAT DO I SEE AND HEAR?	IS THE AREA SAFE?
TASK	YOURSELF
DOES THIS TASK NEED TO BE DONE RIGHT NOW?	AM I SETTLED?

ASSESS ALL THE TIME

### GPA - STOP & GO

- **S** –top - Don't rush in. Does the task need to be done right this moment?
- **sT**-op – Are you mindful? Are you feeling tired, aggravated, rushed, overconfident?
- **stO**-p – Observe cues and assess for ability. What is the physical and mental condition of the resident?
- **sto-P**- Plan. What is your approach going to be, and where do you need to be to perform it safely?
- **GO** – If all indications indicate it is safe to proceed with the resident, then GO!

### BC's - FOUR ELEMENTS

- **The Person** – Who are they? What type of mood are they in?
- **The Environment** – Immediate or potential risk to personal safety? Exit route?
- **The Task** – Have you done a mental review of all the steps and what can go wrong? Do you have all the tools needed?
- **Yourself** – Are you: Present, Focused, Able to help and Physically capable?

## Exercise 5 –Barriers



What tools/information is available to you to overcome the following barriers?



**The Person**

Mobility level

Unpredictable

Aggression

Too large/heavy for 1/2/3 caregivers

Communication concerns/language

Hearing / vision

Cognitive status

Medical Condition

**Tools/Information**

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**The Environment**

Clutter / crowded space

Lack/unsuitable equipment

Awkward Position

Slippery floors

Too warm / cold

Noise and Distractions

Limited exits

**Tools/Information**

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**Tools/Information**

**The Task**

Enough caregivers

Enough/proper equipment

Mindfulness / focus

Conditions change part way through

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**Yourself**

Physical

Emotional State

Experience and Training

**Tools/Information**

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Workload

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## Exercise 6 – Video - Turning a Resident In Bed

What is the caregiver observing under the 4 elements?

Element	Cargiver Oberservation
The Person	<hr/>
The Environment	<hr/>
The Task	<hr/>
Herself	<hr/>
	<hr/>
	<hr/>
	<hr/>
	<hr/>



**Physical  
Resident  
Assessment**

SEE APPENDIX FOR EXTENSIVE ASSESSMENT TOOL

## Resident Assessment Activity

### *STEP 1 - FOLLOW DIRECTION*

Can understand and follow direction. Ask the resident to hold on to something, or if they can do something for you.

***Able – Proceed to step 2***

***Unable but – fully ambulatory – Proceed to step 2***

***Unable - Full mechanical lift***



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## STEP 2 – GRASPING

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In order to be independent, or need minimum help, the resident must first be able to firmly grasp with at least one hand. Be careful to use a handshake, try to find an object like a facecloth, or hairbrush, cup, toothbrush...have them switch hands (don't forget this allows you to assess to ensure they can also follow commands)

***Able both hands – Proceed to step 3***

***Able one hand – Proceed to step 3***

***Unable – Full mechanical lift***

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## STEP 3 – SITTING

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Being stable is a key factor that the individual is strong enough to hold themselves into place no matter what is used. Raise the head of the bed so that the resident can use it to help push themselves up in bed (bed rails are also helpful), have them sit at the end of the bed while you lower it so that their feet reach the ground (this should take about 20 seconds or so). Good time to have them also rotate their ankles to see if they have control.

***Able - Can remain in sitting position for 20 seconds or more and rotate ankles– proceed to step 4***

***Able but - The resident cannot remain in sitting position for 20 seconds– Continue to step 4***

***Unable – Full mechanical lift***

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## STEP 4 – STANDING

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You need to understand how strong the residence legs can hold. The need to be able to stand, weight bear on one leg and at least shuffle. Make sure you have the proper tool to help them stand, use the rail/transfer pole, walker...have them stand for a minute before asking them to lift one leg and then the other and to take a couple of steps forward.

***Able – Can grasp with both hands, has a strong core and strong legs – Fully independent or walker***

***Able but – Could only bear weight on one foot and not the other and has at least one hand that can grip – Transfer pole, sit-to-stand, possible SteadyMate walker.***

***Able but – Can grasp with one or both hands, little weak in the core, but strong legs – Walker or SteadyMate walker***



**Able but – Was able to pull up, but legs too weak to remain standing for 20 seconds – transfer pole to get from bed to wheelchair or full mechanical lift**

**Able but – Was able to stand for 20 seconds, but unable to move feet up and down but can shuffle – Transfer pole to get from bed to wheelchair Or Sit-to-Stand to transfer from bed to chair.**

**Unable – Was not able to stand at all – full mechanical lift**

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Remember, you **cannot decrease** the level assessed, but can **always increase** the level needed. If the resident has been assessed for a full mechanical lift, you only need to do the POCRA to ensure this is a safe time for the task. Any other level of independence, requires a quick physical assessment each time you are in contact with the resident.

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**Who requires mechanical assistance?**

Any resident who fails the physical assessment.

Any resident who requires any type of physical exertion on your part.

Whenever you must place anything but an open hand on the resident for their safety

Get and use the appropriate mechanical lifting/safety device (floor lift, sit-to-stand lift, ceiling lift, Steadymate walker, THE BED!, etc.)

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If you must use any exertion or **ANY** force to move someone...us a mechanical lift! Don't hold, lift, carry any parts of the body.

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**How much weight can you safely lift? \_\_\_\_\_**



## Slings

**What about leaving slings under Residents in wheelchairs?**



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*Evaluate the impact on resident quality of life balanced with staff safety*

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When sling is left under resident: sling is above the coccyx, leg straps are along the side of wheelchair or tied behind the wheelchair.

When to consider not leaving sling under resident: If there are integrity concerns, impact on sitting or additional resident needs.



## Transfer Belts

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*No longer used for daily care. Physical assessment will identify the right tool for ambulating or pivoting!*

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## Dressing Residents



**Dressing Residents**



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*Many of us do not realize the force used to push on a sleeve or slide on a pantleg or get around the buttocks. Know when help is needed.*

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Residents can be safely dressed if:

- Clothing fits properly
- They are cooperative and able to follow commands
- Have no or very minimal limitations to their range of motion
- Resident can roll side to side either independently or with minimal assistance
- Resident can sit and lean forward

Residents require additional interventions when:

- Clothes are too tight
- Resident is combative or cannot follow commands
- Cannot assist when getting dressed (no range of motion, or is fully dependent, no upper/lower strength)
- In a wheelchair (for pants only)

**SEE APPENDIX FOR EXTENSIVE ADAPTIVE CLOTHING ASSESSMENT TOOL**

## Bathing



**Bathing**

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*Use assistive devices (J-Ro, wedges, mechanical lift, tub stretcher, shower chair, extra caregiver!)*

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**What about lifting limbs into the tub? Use a: \_\_\_\_\_**

### Triangle of Trust



## Teamwork

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*Optimal Safety Culture has its foundation in trust*

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Have each other's back  
Respect each other's knowledge  
Respect the needs of the resident





Communication is to be understood, not just heard

**How to do it**



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*Step 1. Assess*

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- POCRA – STOP & GO or BC’s Four Elements.
- Because this is a lift, conduct a quick Resident physical assessment

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*Step 2. Prepare*

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- Make adjustments and choices based on assessment
- Communicate your plan clearly.
- All tools for the task are close by and ready and in good condition
- Prepare for what could go wrong
- Colleague at the ready if needed

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*Step 3. Move*

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- Move steadily and slowly, “locking the block”, ears over shoulders, shoulders over hips, hips over knees and knees slightly flexed. Chest up, back straight arms braced.
- Move feet to move the entire body when changing direction, as turning only the upper body causes severe strain. No twisting!
- Communicate as you perform each stage of the move, don’t forget to include resident, “One, Two, load (PUSH, UP, MOVE...)”
- To make sure that fingers are not pinched by the load when setting it down, let one edge or corner rest on floor or table and then slide hands up the side of the object before pushing the item into place.

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*Step 4. Evaluate*

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- Did the move go according to plan?
- Was there any discomfort or awkward positions? Items in the way?
- Ask resident if they felt safe, secure, and not experiencing any discomfort.
- Correct any observed poor technique or communication between yourself and co-worker.

## Other Considerations

When performing a team lift, one person gives the orders to “PUSH, MOVE, ROLL”. All members of the team perform these tasks in unison. They should move slowly and steadily.

## Post Fall Assistance



**Fallen resident**



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*Allow the resident time to calm down and determine whether you can encourage the resident to get up on their own or if you require a mechanical lift.*

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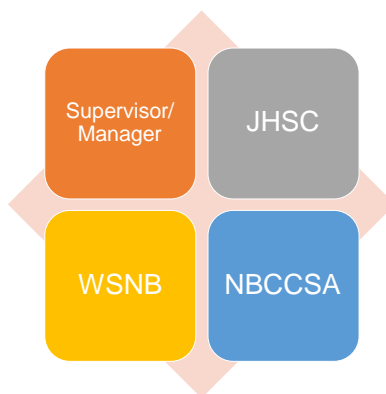
### Steps:

1. Assess the resident
  - a. Ask do they hurt anywhere?
  - b. Do they remember falling?
  - c. Did they bang their head?
2. Call for help and use the mechanical lift if the resident is seriously injured and not able to get up unless the RN on duty has assessed the resident requires an ambulance be called. If not seriously injured, then go to the next step.
3. If there are no injuries, assist the resident to get up in a calm, unrushed manner.
  - a. Ask resident to roll over onto their side then get on their hands and knees
  - b. Assess whether they are dizzy; if yes lay back down and use lift. If no, proceed.
  - c. Place a chair as close as possible to their hip.
  - d. The resident is to use the chair to lean on with their closes hand
  - e. Using their strongest leg get them to put their foot flat on the floor then push up into a sitting position using their arm and leg.
  - f. Assist resident to sit in chair (using guiding open hand) until they have regained their balance and strength.
  - g. If at any time during the attempt to stand independently the resident is unable to succeed, get them to lay back down and get a mechanical lift



STEP 1	STEP 2	STEP 3
RESIDENT IS:	PICTOGRAM	STAFF MEMBER IS TO:
<p><b>ABLE</b></p> <ul style="list-style-type: none"> <li>To firmly grasp in 1 or 2 hands</li> <li>To sit up on own for more than 20 seconds</li> <li>To bear weight on both legs consistently and for prolonged periods</li> <li>To shuffle/walk</li> </ul>	<p><b>Independent Mobility</b></p> 	<ul style="list-style-type: none"> <li>Have any mobility aids ready for use (i.e., walker)</li> <li>Provide momentary open-handed guidance to initiate independent walking (i.e., Parkinson's)</li> </ul>
<p><b>ABLE</b></p> <ul style="list-style-type: none"> <li>To follow direction when cued &amp; is cooperative</li> <li>To firmly grasp in 1 or 2 hands</li> <li>To sit up on own or with minimal assistance for 20 seconds</li> <li>To bear weight on both legs but not consistently / prolonged periods</li> <li>To shuffle/walk</li> </ul>	<p><b>Assistive Mobility</b></p> 	<ul style="list-style-type: none"> <li>Provide verbal cues</li> <li>SteadyMate walker required</li> </ul>
<p><b>ABLE</b></p> <ul style="list-style-type: none"> <li>To follow direction and is cooperative</li> <li>To firmly grasp in at least one hand</li> <li>To sit independently</li> <li>To bear weight in at least one leg</li> <li>To bring self to standing position</li> </ul>	<p><b>Transfer Pole</b></p>  <p><b>Sit to Stand Aid</b></p> 	<ul style="list-style-type: none"> <li>Used for self pivot to chair/walker/toileting</li> <li>Resident may be independent or require staff to stand-by / assist with mobility aid (wheelchair/walker/sit to stand aid).</li> </ul> <p>*Sit to stand aid can be used by one caregiver unlike the sit to stand lift that requires two caregivers.</p>
<p><b>ABLE</b></p> <ul style="list-style-type: none"> <li>To follow direction and is cooperative</li> <li>To firmly grasp in at least one hand</li> <li>To sit on own for 20 seconds</li> <li>To bear weight in at least one leg</li> </ul> <p><b>UNABLE</b></p> <ul style="list-style-type: none"> <li>To bring self to standing position</li> </ul>	<p><b>Sit/Stand Lift</b></p> 	<ul style="list-style-type: none"> <li>Have two people present for lift operation.</li> <li>Select the appropriate size and option sling.</li> <li>Provide clear instructions to resident throughout procedure.</li> </ul> <p>*Used when force is required to bring resident to standing position</p>
<p><b>UNABLE</b></p> <ul style="list-style-type: none"> <li>To Sit on own for 20 seconds</li> <li>To bear weight in at least one leg</li> </ul> <p>*Note: use with any physically unpredictable or uncooperative resident.</p>	<p><b>Full Mechanical Lift</b></p> 	<ul style="list-style-type: none"> <li>Have two people present for lift operation.</li> <li>Select the appropriate size and option sling.</li> <li>Provide clear instructions to resident throughout procedure.</li> <li>Sling is to remain under the resident unless otherwise documented in care plan.</li> </ul>
<p><b>UNABLE</b></p> <ul style="list-style-type: none"> <li>To turn, move or reposition self in bed</li> </ul>	<p><b>Repositioning Sliding Sheet System</b></p> <p><b>Turn Over / Bring to Side</b></p>  <p><b>Move up in Bed</b></p> 	<ul style="list-style-type: none"> <li>Have one or two staff members present on same side of bed, depending on weight of resident.</li> <li>Grip draw sheet when turning.</li> </ul> <p>Turning sling/ sheet is to be used for Bariatric residents 250 lbs. and over.</p> <ul style="list-style-type: none"> <li>Two staff members positioned in walking stance near Resident's hips.</li> <li>Grip draw sheet at hips when moving.</li> </ul> <p>Turning sling/ sheet is to be used for Bariatric residents 250 lbs. and over.</p>
<p><b>UNABLE</b></p> <ul style="list-style-type: none"> <li>To hold and maintain self on side</li> </ul>	<p><b>Positioning Wedge</b></p> 	<ul style="list-style-type: none"> <li>Have two staff members present on same side of bed to position resident on their side.</li> <li>One staff member holds draw sheet in place while second staff member places wedge along resident's back (hip area for upper back care, shoulder area for lower/peri care).</li> </ul>

**Where do I  
get more  
information?**



**SUPERVISOR / MANAGER**

HOW TO CONTACT:

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**JOINT HEALTH AND SAFETY COMMITTEE MEMBER**

HOW TO CONTACT:

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**WORKSAFENB**

HOW TO CONTACT:

VISIT THEIR WEBSITE AT: [www.worksafenb.ca](http://www.worksafenb.ca)

**NEW BRUNSWICK CONTINUING CARE SAFETY ASSOCIATION**

HOW TO CONTACT:

VISIT THEIR WEBSITE AT: [www.nbccsa.com](http://www.nbccsa.com)

*REMEMBER, YOU ARE RESPONSIBLE TO GET ANSWERS. "I DON'T KNOW" DOES NOT WORK IN THE EYES OF THE LAW. RATHER ASK, "WHERE CAN I GET THE INFORMATION" AND YOU WILL ALWAYS MEET YOUR DUE DILIGENCE!*

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# *Appendix*

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## Point of Care Resident Assessment Tool

Resident \_\_\_\_\_

Date \_\_\_\_\_

Assessment Task Date _____ Time _____	YES	NO	Notes
<b>Communication</b>			
Is able to communicate and understand			
Wearing glasses and/or hearing aids			
<b>Cognitive Assessment</b>			
Cooperative and follows command			
Able to understand and make decisions			
<b>Emotional Assessment</b>			
Alert and calm			
Aggressive and unpredictable			
<b>Medical Considerations</b>			
Pain/fatigue/illness			
Mobility aids			
Medications causing impairment			
Able to participate and move independently			
<b>Physical Assessment</b>			
Can grip, push, pull handshake <span style="float: right;">R/L</span>			
Can lift leg, bend, straighten knee <span style="float: right;">R/L</span>			
Can move foot up and down at the ankle <span style="float: right;">R/L</span>			
Can roll from side to side			
Can sit independently			
Can maintain sitting position for timed <b>20 seconds</b>			
Can straighten self when gently tipped in all 4 directions			
Can position self in preparation to stand			
Can lift buttocks off bed			
Can stand independently			
Can remain standing for timed <b>20 seconds</b>			
Can shift weight from one foot to the other			
Can walk/shuffle on the spot			
Can walk/shuffle 3 steps forward and backwards			

RN/LPN Signature \_\_\_\_\_ Pictogram Designated: \_\_\_\_\_

Care plan Updated	Yes / No	Date:	Signature:
ADL Updated	Yes / No	Date:	Signature:
Next of Kin/Trustee notified	Yes / No	Date:	Signature:
If required, Adaptive clothing purchased	Yes / No	Date:	Signature:

## ADAPTIVE CLOTHING ASSESSMENT TOOL

Resident \_\_\_\_\_

Date \_\_\_\_\_

Appropriately Sized Clothing: (Choose all that apply)	Points	Points
a) Clothes fit appropriately	0	
b) Resident has gained 10 or more pounds since last assessment	1	
c) Requires use of incontinence products (addition of bulk under clothing)	1	
Cognition: Communication/Dementia/Instruction Comprehension (Choose a, b, or c. Answer d)		
a) Resident can follow simple instructions with minimal cuing. i.e. raise your arm.	0	
b) Can follow simple instructions with moderate cuing. i.e. show/assist resident to raise arm.	1	
c) Resident is not able to follow simple instructions	2	
d) Not capable of following commands: Morning _____ Afternoon _____ Evening _____	1 pt each	
Contractures: areas affected (Choose all that apply)		
a) Small joints (fingers, hands, wrists, ankles, toes)	0	
b) Large joint (shoulder, elbows, hips, knees). One point per joint affected.	1 pt each	
Contractures: physical ability to raise/lower limb, bend/straighten joints (Choose only one)		
a) Can physically raise & lower limbs, bend & straighten joints independently.	0	
b) Can physically raise & lower limbs, bend & straighten joints with minimal assistance	1	
c) Unable to physically independently, or requires major assistance	2	
Weight Bearing and Ambulation (Choose only one)		
a) Ambulatory/ weight bears independently or minimal assistance	0	
b) Unable to weight bear, requires mechanical lifting	2	
Bed Mobility (Choose only one)		
a) Can turn/roll in bed independently	0	
b) Requires the assistance of 1 caregiver to turn/roll in bed	1	
c) Unable to roll/turn without the assistance of 2 caregivers	2	
Chair/Commode Mobility (Choose only one)		
a) Resident able to sit/lean forward once in a seated position	0	
b) Resident unable to sit/lean forward once in a seated position	1	
Receptive to Care (Choose only one)		
a) Generally cooperative/receptive to care	0	
b) Uncooperative/non-receptive to care 2/4 times approached	1	
c) Uncooperative/non-receptive to care 3/4 times approached	2	
d) Uncooperative/non-receptive to care 4/4 times approached	3	
Uncooperative/non-receptive to Care at Certain times (Choose ALL that apply)		
Morning _____ Afternoon _____ Evening _____	1 pt each	
Staff Injury: Has resident been involved in a staff injury in the past 3 months?		
a) No	0	
b) Yes: If yes, one point per incident	1 pt each	
Total Points		
0-5 Points: Not necessary to use adaptive clothing at this time.		
Greater than 6: Indicates need for adaptive clothing.		

RN/LPN Signature \_\_\_\_\_

Care plan Updated	Yes / No	Date:	Signature:
ADL Updated	Yes / No	Date:	Signature:
Next of Kin/Trustee notified	Yes / No	Date:	Signature:
If required, Adaptive clothing purchased	Yes / No	Date:	Signature:

**New Brunswick  
Continuing Care Safety  
Association Inc.**



**Association de sécurité  
des soins continus  
du Nouveau-Brunswick Inc.**