

# Safe Patient Handling

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**Senior Leader: Clinical Services**

**Responsible University Officer: Paul Olin/Jeff Stefani**

**Policy Owner: Catherine Harding-Rose**

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## POLICY STATEMENT

The School of Dentistry Safe Patient Handling Policy ensures the safety of patients and health care professionals when patients require assistance during transfer and dental treatment.

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## REASON FOR POLICY

The policy and procedures address [MN Statute 182-6553](#) which requires that licensed healthcare facilities establish a plan to minimize manual lifting of patients by patient care workers and implement the use of safe patient handling equipment. The policy addresses safety procedures for the healthcare providers and patient population in the School of Dentistry's Special Needs Fellowship.

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## PROCEDURES

1. **Safe Patient Handling Program**-Health care facilities must have a written Safe Patient Handling policy that describes the plan to minimize manual lifting of patients.
  - a. **Assessment of Hazards**-Patients will be assessed prior to appointing to determine if special equipment is required to transfer them to the dental chair.
    - i. New patients to the School will be asked if they require special equipment to transfer.
    - ii. Former GPR and Walker clinic patients or their care partners will be asked if they require special equipment to transfer.
    - iii. All patients who require special equipment for transfer will be identified by adding the LIFT alert to their axiUm chart.
  - b. There must be an **adequate supply** of handling equipment to meet the needs of the patients at the School.
    - i. All patients of the School who require equipment for transfer will be referred to the Special Needs Fellowship program.
    - ii. Appointment scheduling for patients who require transfer equipment will be determined by the availability of the equipment.
  - c. **Training**-All providers who will use equipment to transfer patients must have documented training in the use of the equipment and safe procedures for transferring patients.
    - i. The trainer must have documented prior training in the use of the equipment and the procedures.
    - ii. People designated as trainers who need to be trained before instructing others will be provided with this training by the School. Resources include:

1. [OSHA Safe Patient Handling Training for Employees in Minnesota](#)
  2. [Introduction to Safe Patient Handling](#) (OSHAcademy)
  3. [Road Map to a Comprehensive Patient Handling Program](#)
  4. [Guide to Safe Patient Handling for the Dental Team](#)
  5. [U of MN Oral Health Services for Older Adults Mini-residency in Geriatrics & Long-term Care](#)
- iii. Residents who are part of the Special Needs Fellowship program will be trained by the clinic's designated trainer in the safe patient handling equipment and procedures used in the clinic during their orientation to the program before using the equipment.
  - iv. Predoctoral DDS students, DT students, and DH students who do a rotation in the Special Needs Fellowship program will be trained by the clinic's designated trainer in the safe patient handling equipment and procedures used in the clinic or observe transfers by trained individuals before transferring patients on their own.
  - v. New faculty and staff who will participate in patient treatment in the clinic will be trained by the clinic's designated trainer in the safe patient handling equipment and procedures used in the clinic before they can be involved in patient transfers.
  - vi. Documentation of all training compliance will be stored in the Compliance Office and will be logged in the tracking database.
- d. **Evaluation of the program**-The Safe Patient Handling Program will be evaluated annually to assure that trainers have the proper training to teach others, providers in the clinic have documented training before working in the clinic, the equipment is maintained in working order, and patient appointments are only scheduled when the equipment is available. *See part 2. Below for details on committee oversight of the program.*
2. **Safe Patient Handling Committee**-The Safe Patient Handling program will be monitored by committee oversight.
    - a. The Infection Prevention and Control and the Quality Improvement/Patient Safety Committees will be responsible for monitoring the Safe patient Handling Program.
    - b. The committees must include members who engage in direct patient care.
    - c. The committees should have union representation.
  3. **Safe Patient Handling Committee tasks**-The committee monitors the Safe Patient Handling Program through:
    - a. Hazard Assessment including reviews of handling tasks and the environment, reviews of the patient population, identifying risks, and proposing solutions
    - b. Tracking Incident Reports and analyzing injury trends
    - c. Monitoring the equipment used for patient transfer
    - d. Monitoring and documenting the training provided to the trainers as well as students, residents, and employees who manage patients in the Special Needs Fellowship

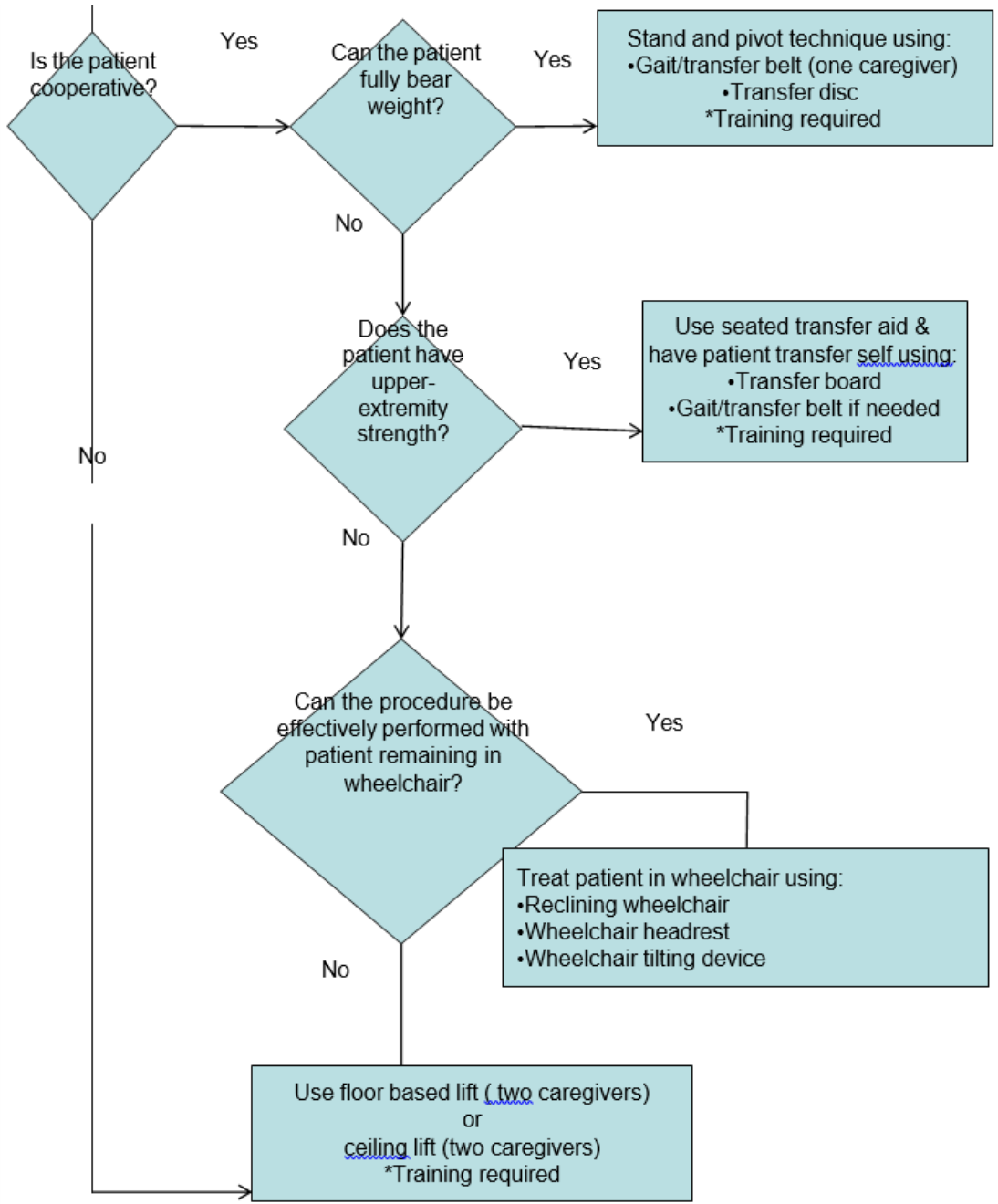
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## FORMS/INSTRUCTIONS

[Incident Report Form SD130](#)-Injuries to patients or providers, patient falls, equipment malfunctions, or any other adverse events in the Special Needs Fellowship will be reported on the same incident report form used to report all other incidents in the School.

**Dental Hazard Assessment Chart-(see below)**

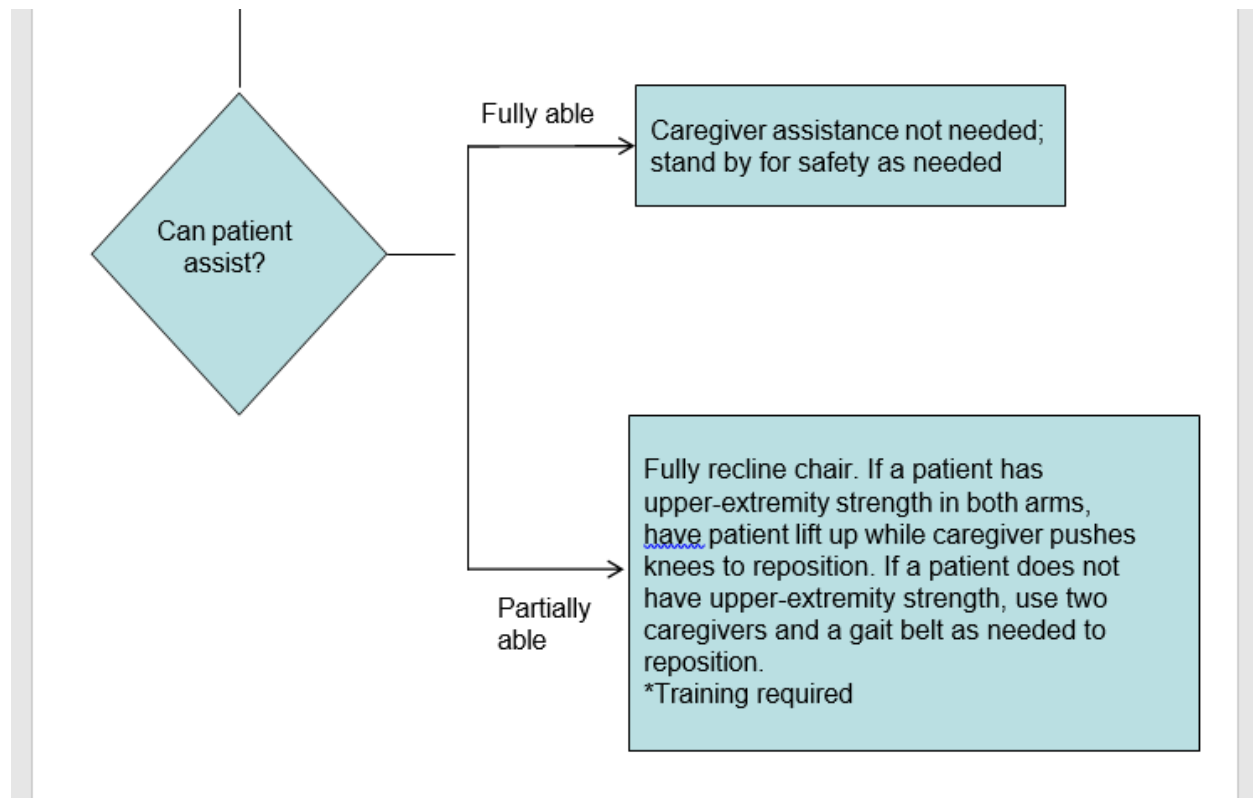
### Transfers



- For seated transfer, the chairs must have arms that move out of the way.
- For floor based lift, select a lift designed to accommodate the base of the dental chair.
- Gait belts or walking belts with handles that provide stabilization for ambulatory patients are not designed for lifting patients.
- A gait belt with handles can be used during ambulation, during a stand pivot transfer, when guiding a patient along a transfer board and during seated transfers.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, T.[2007]. When is it safe to manually lift a patient? *American Journal of Nursing*, 107[8], 53- 59.)
- Training should be obtained for transfer and repositioning techniques, use of gait belts,

transfer discs and seated transfer aids (e.g. transfer boards).

## Repositioning



- Take full advantage of chair functions (e.g. that chair reclines) or use armrest of chair to facilitate repositioning.
- Make sure chair does not move during repositioning.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, T.[2007]. When is it safe to manually lift a patient? *American Journal of Nursing*, 107[8], 53-59.)
- Training should be obtained for use of equipment (e.g. gait belts) and transfer and repositioning techniques.

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## APPENDICES

There are no appendices associated with this policy.

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## FREQUENTLY ASKED QUESTIONS

Refer to [Myths and facts about Minnesota's new safe patient handling statute and your dental practice](#) by Shuman, *et. al.*, 2011

- ❖ The SOD is not required to treat any patient requiring any type of assistance. This policy establishes guidance to help determine if a patient can be treated at the SOD based on the risk assessment. Patients that cannot be treated at the school will be referred to HCMC.
- ❖ Family members or attendants should not be relied upon to transfer patients within the operatory or cubicle. Family members or attendants are responsible for attending to patient's personal needs while in the facility.
- ❖ Safe patient handling equipment includes lifts, belts, or transfer boards.

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## ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
<b>Primary Contact</b>	<b>Name</b>	<b>Phone</b>	<b>Fax/Email</b>
Contact	Name	Phone	Fax/Email
Contact	Name	Phone	Fax/Email

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## DEFINITIONS

**Term**  
Definition

**Term**  
Definition

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## RESPONSIBILITIES

The Compliance Officer for the School oversees the policy and program. Committee responsibilities fall between the QI/PS Committee for main oversight of patient safety concerns and the IPC Committee for staff and union-represented feedback.

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## RELATED INFORMATION

1. [Minors and Patients with Guardians Policy](#)-Even if they can transfer themselves to the dental chair, patients who cannot attend to their bodily needs, such as transferring to and from a toilet or suffering incontinence, must be accompanied by a care assistant or family member during all dental appointments.
2. Transplant Candidates-Transplant candidates in the process of achieving dental clearances may be seen in the predoc clinics or the Special Needs Fellowship depending on the severity of their condition. The EHRs of transplant candidates will have the Alert Code TCLR added to inform chart viewers.
3. Weight Limits-There are weight limits on our dental chairs. Patients may only be treated in chairs that are rated to withstand the weight of the patient. Patients who exceed the maximum weight limits of our chairs will be referred to HCMC for their dental care.

- a. The ADec Model 1020 chair can hold patients up to 300 lbs. The majority of the chairs throughout the school are this model.
- b. The ADec Model 300 chair can hold patients up to 400 lbs.
- c. There are no chairs in the school that can handle patients over 400 lbs. for general dental care.

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## HISTORY

**Amended:**