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GALLAGHER NATIONAL RISK CONTROL SAFE RESIDENT HANDLING AND MOBILITY (SRHM) GUIDE

SENIOR LIVING



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Introduction

Amid increasing financial pressures, fluctuations in Medicaid funding, occupancy rates, and the rising costs of goods and services, senior living and home healthcare communities are facing an ongoing cycle of uncertainty, particularly as regulatory changes continue to evolve. In this challenging environment, many organizations are seeking effective strategies to reduce employee injury costs, enhance resident and client care, and improve the overall work environment.

The landscape of senior living and home health care has shifted, with more complex care being provided within communities. Home healthcare in particular presents unique challenges and risks, which will be explored in detail later in this guide.

A comprehensive Safe Resident Handling (SRH) program is a critical element for any senior living or home health provider aiming to improve resident outcomes while minimizing the potential for injury to both staff and residents. Communities that have successfully implemented and maintained active SRH programs have reported significant reductions in both the frequency and severity of employee injuries. However, much ongoing research and evaluation are needed to further refine, develop, and enhance these programs.

This guide is designed to offer senior living and home health communities the tools, guidance, and framework necessary to establish or strengthen a Safe Resident Handling program. The ultimate goal is to create a sustainable system that effectively addresses the risks faced by both staff and residents/clients, ensuring a safer, more efficient environment for all.



STEP 1

DEVELOPING THE CASE FOR A SAFE RESIDENT HANDLING PROGRAM

There are various pathways and supporting resources available for the effective implementation of a Safe Resident Handling (SRH) program. These include relevant regulatory requirements, statistical data on caregiver injury rates and prevention strategies, as well as the potential financial benefits of implementing such a program within a community.

When developing and implementing an SRH program, it is essential for a community to clearly define the key rationales and objectives behind the initiative. Doing so will help garner the necessary support across all organizational levels and ensure that the program is both successful and sustainable in the long term.

Cost Savings and Return on Investment

Research consistently demonstrates that Safe Resident Handling (SRH) programs can significantly reduce workers' compensation injury rates, lost workday injuries, restricted workdays, and the incidence of repeat injuries among staff.¹ These programs are proven to lower the risk of injury for both caregivers and residents while simultaneously enhancing the quality of care provided to residents. The benefits of an SRH program are extensive and far-reaching.

To ensure successful implementation, administrators and management teams must conduct a thorough review of the program's costs and anticipated benefits. A comprehensive business case should be developed to justify the investment in SRH policies, training, and equipment.² This analysis will help secure organizational buy-in and support for the program.

When implemented effectively, SRH programs can lead to increased utilization of appropriate lifting and handling equipment, which, in turn, reduces the physical workload on caregivers. These improvements contribute to fewer lost injury days, lower workers' compensation claims, and ultimately, significant cost savings for the organization.

The National Institute for Occupational Safety and Health (NIOSH) has published a guide titled [Safe Lifting and Movement of Nursing Home Residents](#), which specifically addresses the challenges of safe resident handling in nursing home settings. As the population of individuals requiring long-term care continues to grow and as obesity rates rise, interventions like SRH programs will be essential to mitigating the risks of increased injury rates among staff and residents alike.

¹<https://al nursing.org/wp-content/uploads/2020/03/Safe-Resident-Handling-and-Movement-2.pdf>
²New York State Subcommittee on Workplace Safety — SPH in New York [Whitepaper] Short Term Costs Yield Long Term Results

Impact on the Bottom Line

When evaluating the financial impact of implementing a Safe Resident Handling (SRH) program, it is crucial to consider the broader business context, particularly in relation to insurance costs and the potential for litigation arising from resident injuries and illnesses related to mobility.

A history of frequent and severe injury claims can result in increased insurance premiums, higher deductibles, and elevated overall risk exposure. The more often and more severely injuries occur, the more likely insurance costs will rise, further impacting the community's bottom line.

In addition to the direct financial consequences of increased insurance premiums, there are other significant repercussions to consider. Communities that experience a high rate of injury claims may face negative survey results, potentially leading to civil monetary penalties and costly fines. Moreover, the potential for a downgrade in the Centers for Medicare & Medicaid Services (CMS) rating can damage the community's reputation, which may, in turn, reduce the number of resident referrals and negatively impact occupancy rates. These factors together can significantly affect a community's financial health and overall sustainability.

Implementing a comprehensive SRH program helps mitigate these risks, supporting not only the health and safety of residents and staff but also the financial stability of the organization.

Injury Statistics for Nursing and Residential Care Facilities³

The senior living industry experiences one of the highest frequencies of musculoskeletal disorders (MSDs), with nurses comprising the largest proportion of these cases. According to the Occupational Safety and Health Administration (OSHA), healthcare workers, particularly nurses, are at significant risk for MSDs due to the physically demanding nature of resident care, which includes lifting, transferring, boosting, and repositioning residents. For more comprehensive data on the prevalence and impact of MSDs in healthcare, refer to OSHA's guidelines on the subject.

Workers' Compensation Costs

The financial impact of MSDs and related injuries in senior living and healthcare settings is considerable. Key statistics include:

- The direct cost of an average back injury case is approximately \$19,000.
- Serious injuries requiring surgery can average \$85,000 in direct costs.
- Indirect costs, including lost productivity, training, and administrative expenses, can range from four to ten times the direct costs.
- According to the Bureau of Labor Statistics (BLS), the healthcare industry alone incurs an estimated \$1.7 billion in costs related to overexertion injuries.

These figures highlight the significant financial burden that musculoskeletal injuries place on senior living and healthcare facilities, underscoring the importance of preventive measures such as Safe Resident Handling (SRH) programs.

Employee and Employer Relationship Benefits

In addition to reducing the risk of injury for both staff and residents, SRH programs offer several key benefits that positively impact both employee satisfaction and organizational performance, including:

- A more satisfying work environment and opportunities for professional development.
- Improved nurse recruitment and retention, as a safer work environment leads to higher job satisfaction and lower turnover.
- Increased resident satisfaction and comfort, as safe handling practices contribute to better overall care.
- Fewer resident falls, a direct outcome of improved handling and mobility assistance.
- Reduced costs associated with injuries, both for employees and residents.

These benefits collectively foster a healthier and more sustainable workplace, which not only enhances employee morale but also supports improved care outcomes for residents.

Community Outcomes

Implementing a Safe Resident Handling (SRH) programs has tangible benefits for the overall success of a senior living community. By reducing the risk of resident incidents, including falls and other mobility-related injuries, SRH programs directly contribute to:

- Improved resident safety and comfort, which are essential for a positive care experience.
- Enhanced resident satisfaction, potentially leading to increased referrals and occupancy rates.
- Decreased risk of falls, friction burns, skin tears, bruises, and other mishandling-related injuries, which often result in additional treatment costs for the community.

The ability to reduce these injuries improves the community's reputation, reduces healthcare costs, and supports better outcomes for residents, including those in rehabilitation programs.

³www.bls.gov/iif/oshwc/osh/case/cd_r4_2020.htm



Regulatory Requirements

OSHA acknowledges the risk of musculoskeletal disorders (MSDs) associated with resident handling but has not yet established formal standards for safe handling practices in healthcare settings. However, OSHA does have the authority to enforce safety regulations under the General Duty Clause of the Occupational Safety and Health Act (Section 5(a)(1)), which states, “Each employer shall furnish to each of his employees employment and a place of employment that are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees.”

While OSHA has not implemented specific standards for safe resident handling, many states, professional organizations, and healthcare communities are increasingly recognizing the importance of such programs in reducing MSDs and improving overall care standards. As a result, more legislation is being enacted at the state and industry levels to address the need for safe resident handling practices.

By adopting SRH programs, communities not only mitigate risk but also position themselves as leaders in safety and quality care, ensuring they remain in compliance with evolving industry regulations and best practices. The following states have passed or signed into law such legislation:

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

Additional resource:

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



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 that led to successful and positive results. To view details, visit: <https://www.osha.gov/ergonomics/success-stories>.

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 handling occurred in over 5 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 \$125,000.⁴

After implementing a program designed to eliminate manual handling 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' compensation losses falling from \$84,533 to \$6,983 annually.⁴

A 126-bed skilled nursing community 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 community turnover dramatically decreased from 17% to 3%.⁵

⁴https://www.osha.gov/sites/default/files/publications/final_nh_guidelines.pdf

⁵<https://www.nysna.org/safe-patient-handling-and-mobility#.Yz7wfnMl2w>



STEP 2

ESTABLISHING YOUR SAFE RESIDENT HANDLING COMMITTEE TO FACILITATE PROGRAM DEVELOPMENT

Implementing and sustaining an effective Safe Resident Handling (SRH) program requires a dedicated team, establishing an SRH committee with the right members essential for success. While forming such a committee can present significant challenges, Gallagher's National Risk Control team is here to support and simplify the process. Key elements to consider when creating your committee include establishing a clear reporting structure, setting the frequency of meetings, defining primary goals and objectives, identifying performance measures, and incorporating feedback from employees.

Framework for Developing an SRH Committee

1

Trend analysis — Identify injury causes, frequencies, severity, locations, departments, occupation titles, etc.

2

What is your message to the community?

3

Selecting your community SRH champion and selecting other team members based on the outcome of the trend analysis

4

Creating your schedule, timeline for development, 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 SRH program objectives and goals

Member Selection

- When selecting committee members, prioritize employees who are engaged, communicative, and committed to active participation. It is essential to establish a well-represented team, with frontline staff comprising at least 50% to ensure balanced perspectives and practical insights. Consider including representatives from various departments such as rehabilitation, nursing (CNAs, RNs), staff education, safety/risk management, facilities/maintenance, purchasing/finance, and, if applicable, a union representative in unionized facilities, etc.
- SRH champions/peer leaders — identify champions on each unit and shift who can actively support the community's safe resident handling program. These designated leaders play a critical role and may be responsible for:
 - » Promoting and communicating SRH program goals, fostering a culture of safe practices and behavioral change
 - » Providing training and in-service sessions on safe resident handling practices
 - » Performing resident handling observations and 1:1 coaching
- Appointing an SRH Program Coordinator to oversee and coordinate all SRH program activities. Defining the reporting structure for the SRH team; specifying whether they report to the safety committee, risk manager, HR, or another designated oversight body.

How Should I Structure My SRH Committee Meetings?

The Safe Resident Handling (SRH) Committee plays a crucial role in defining the structure and ensuring the successful execution of SRH activities within your community. To ensure the committee functions effectively and achieves its objectives, the following key considerations should guide the structure and operations of the committee meetings:

1. Team members

- Identify key community staff members who will serve on the SRH Committee. It is important to include both management and frontline staff to ensure that all perspectives are represented. The committee should include individuals from various departments such as nursing, housekeeping, safety, and maintenance. This diversity ensures that the program is comprehensive and has broad organizational support.
- Management representatives will provide insight into resource allocation, policy development, and overall program alignment with community goals.
- Frontline staff (e.g., nurses, care aides) will offer practical, hands-on knowledge of the challenges and needs related to safe resident handling.

2. Chairperson and co-chairs

- The committee should elect a chairperson from among the key staff to lead meetings, set the agenda, and guide discussions. In addition to the chairperson, it is recommended to elect two co-chairs: one from management and one from non-managerial, frontline staff (such as nursing staff). This dual leadership ensures that the committee maintains a balanced perspective, with both operational oversight and direct care experience informing decisions.

3. Record-keeper

- Appoint a record-keeper who will be responsible for documenting meeting minutes, tracking action items, and distributing meeting notes to committee members. This role ensures that there is a clear record of decisions and tasks, which is essential for follow-up and accountability. It also helps in maintaining continuity for new committee members who join in subsequent terms.

4. Length of service

- Implement staggered terms for committee members to maintain continuity while allowing for new perspectives. Suggested terms are as follows:
- 18-month term for half the committee members, after which they transition to 1-year terms.
- The remaining members should serve 1-year terms. This structure ensures that experienced members can mentor new ones and that the committee remains effective by balancing institutional knowledge with fresh ideas.

5. Frequency of meetings

- During the initial phase of program implementation, the committee should meet monthly to establish the program's foundation, identify immediate needs, and assess early progress. Once the program is well-established and running smoothly, the frequency of meetings can be reduced to quarterly. However, if there is an increase in resident handling-related injuries or challenges, the committee should resume monthly meetings until the issues are addressed and resolved.

6. Meeting agenda

- Establish a structured meeting agenda to ensure that discussions are focused and that all necessary topics are covered. Below is a suggested agenda outline:
- Welcome and review of previous minutes: Brief review of the action items and any updates from the previous meeting.
- Injury data and trends: Review of recent injury reports, trends, and analysis of root causes.
- Review and update SRH procedures: Evaluation of existing SRH policies and procedures and discussion of any needed updates or improvements.
- Inspection and maintenance of SRH equipment: Discussion on the condition of SRH equipment (lifts, transfer aids) and scheduling of routine inspections and maintenance.
- Resident room and facility inspections: Assessment of resident rooms, bathrooms, and other areas where handling occurs and identification of areas for improvement.
- Goals and objectives for the next period: Setting goals for injury reduction, policy updates, and other key objectives.
- Open discussion: A time for committee members to raise concerns or suggestions for improving the SRH program.

7. Goals and objectives

- The primary focus of the SRH Committee should be on reducing the frequency and severity of resident handling injuries. To achieve this, committee activities should center around:
 - » Injury trend analysis: Analyzing injury data to identify patterns or areas of concern.
 - » SRH procedure development and review: Continuously reviewing and refining SRH procedures to ensure they are effective and aligned with best practices.
 - » Inspection of SRH equipment: Ensuring that all lifting devices, transfer aids, and other equipment are in good working condition.
 - » Facility inspections: Conducting regular inspections of areas where resident handling occurs (e.g., resident rooms, bathrooms, hallways) to identify potential hazards or improvements.

8. Actionable items

- At the end of each meeting, ensure that actionable items are clearly defined and assigned to specific individuals or teams, with set deadlines for completion. This ensures that progress is tracked and that committee members are held accountable for their tasks.

Example: “Review and update resident handling training materials”
— assigned to the nursing supervisor, due by the next meeting.

Conclusion

- A well-structured SRH Committee is vital for the success of your Safe Resident Handling program. By including a diverse group of stakeholders, maintaining clear roles and responsibilities, and focusing on measurable goals, your committee can drive meaningful improvements in both employee safety and resident care. The meeting structure outlined above provides a clear framework for productive, results-oriented committee sessions.



STEP 3

PERFORMING A SELF-ASSESSMENT AND IDENTIFYING THE GAPS WITHIN A SAFE RESIDENT HANDLING PROGRAM

A self-assessment of your Safe Resident Handling (SRH) program is a critical first step in identifying both the strengths and areas for improvement within your community. This process helps ensure that your SRH program is effective, sustainable, and aligned with the unique needs of your residents and staff. By conducting a thorough self-assessment, you can create a clear picture of where your program stands and develop a roadmap for continuous improvement.

The self-assessment process involves two key stages: collecting baseline injury data and evaluating community and 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

The first critical step in reducing incidents related to resident handling is understanding where, when, and how these injuries are occurring. Gathering and analyzing baseline injury data allows your community to pinpoint trends and identify specific areas for improvement in your Safe Resident Handling (SRH) program. This analysis forms the foundation for creating targeted interventions to improve safety for both staff and residents.

Data collection

Incident data can come from multiple sources, including:

- Internal incident reports: Documenting accidents or near misses related to resident handling within your community.
- Near misses: Tracking incidents that had the potential to result in injury but did not, which can offer valuable insights into risk areas.
- Workers' compensation loss summary reports: Analyzing the frequency, types, and costs of workers' compensation claims related to handling injuries.

- OSHA logs: Review OSHA injury logs for any regulatory reports related to resident handling injuries and musculoskeletal disorders (MSDs).
- Employee and management surveys: Collecting qualitative data from staff about their experiences and concerns related to resident handling practices, training, and equipment.
- Gallagher's claim connect report: If available, use this tool for detailed claims reporting and analysis related to injuries.

In addition to reviewing incident data, employee and management interviews can help identify underlying issues that may not be captured in formal reports, such as:

- Lack of training on safe resident handling techniques.
- Insufficient equipment or equipment that is not properly maintained.
- Lack of support in implementing safe handling practices (e.g., time constraints, workload pressures).

Community-wide Acuity Census

Understanding the acuity needs of your resident population is essential to assess the true staffing and equipment needs required for safe resident handling. Acuity refers to the level of care required by residents, which may vary significantly between different levels of care settings (e.g., skilled nursing vs assisted living vs home healthcare).

- Skilled nursing communities typically require more intensive care assistance than other types of senior living communities, which means different staffing levels and specialized equipment may be needed.
- Acuity variations: The acuity of residents will change over time, influenced by demographics, health conditions, and overall resident needs. It's crucial for communities to regularly reassess acuity levels to ensure that care plans and staffing models are aligned with resident needs.

By assessing the acuity of residents using standardized tools and evaluations, you can more accurately determine:

- The type and quantity of equipment needed (e.g., lifting devices, transfer aids, adjustable beds).
- The appropriate staffing levels and mix of caregivers required to meet the needs of the resident population.

Tools for acuity assessment

- Acuity needs assessment tool: Many healthcare facilities use acuity tools to assess the care required by each resident. This tool should be regularly updated to reflect changes in resident care needs.

Vendor assistance: Equipment vendors can often assist in completing an acuity census and determining the types of equipment that are best suited to your community's needs. They can also help assess equipment adequacy based on current and anticipated acuity levels.



Staffing Considerations

Staffing plays a central role in both the safety and success of your SRH program. Staffing shortages are one of the most pressing concerns in the senior living industry today, and addressing this challenge is critical for improving staff safety and overall care quality.

Impact of staffing shortages on safety

Staffing shortages can lead to significant operational and safety-related risks, including:

- **Unsafe resident care:** With inadequate staff numbers, caregivers may resort to unsafe manual lifting practices or attempt transfers without proper equipment.
- **Increased fatigue:** Long shifts and understaffing can lead to caregiver fatigue, which can impair judgment, reduce reaction time, and increase the risk of injuries.
- **Unfamiliarity with equipment:** New or temporary staff (e.g., agency workers) may not be properly trained in SRH equipment or procedures, increasing the likelihood of mishandling.
- **Accreditation and compliance risks:** Understaffing can jeopardize the ability to meet regulatory requirements and accreditation standards, which may result in penalties or loss of funding.
- **Litigation costs:** Insufficient staffing can lead to higher injury rates, which may increase the risk of litigation or workers' compensation claims.

Staffing Solutions

Given the impact of staffing shortages on safety, it is essential for communities to implement effective strategies for staff retention, recruitment, and overall staff well-being. Below are some staffing solutions and strategies that can help mitigate these challenges:

Retention strategies

- **Employee recognition programs:** Celebrate staff achievements and foster a sense of community to increase job satisfaction.
 - » Use newsletters, huddles, or bulletin boards to highlight individual and team contributions.
 - » Recognize and reward long-term staff for their commitment to the organization and its mission.

- **Conduct exit interviews:** Understand why staff leave the organization and take actionable steps to address any common concerns or issues, such as workload, work-life balance, or lack of professional development opportunities.
- **Develop retention strategies:** Address root causes of turnover by:
 - » Identifying common reasons for staff departures.
 - » Creating targeted retention initiatives to improve job satisfaction and reduce burnout.

Creative staffing models

- **Team-based care models:** Implement care teams consisting of nurses, certified nursing assistants (CNAs), and other support staff who collaborate to provide comprehensive care and support. This reduces the burden on individual caregivers and ensures a more coordinated approach to resident handling.
- **Resident advisors:** Consider establishing a team of resident advisors (e.g., a combination of LPNs, CNAs, and resident members) to provide guidance on care decisions, safety protocols, and best practices for resident handling.
- **Flexible staffing solutions:** Adapt staffing models to meet the changing needs of the community. This might include using float staff or agency workers to fill gaps, but ensure these workers receive the necessary training on safe resident handling and facility protocols.

Workplace wellness and fatigue management

- **Quiet spaces:** Create designated quiet spaces where staff can unwind and de-stress during breaks. Reducing stress levels helps prevent fatigue-related mistakes and promote mental well-being.
- **Workplace violence prevention:** Address safety concerns related to potential violence or aggression from residents, family members, or visitors by implementing a workplace violence prevention program.
- **Fatigue management training:** Educate staff on the importance of managing fatigue, recognizing its signs, and adjusting workloads accordingly to prevent injury. Develop policies to ensure that caregivers are taking appropriate breaks and not exceeding safe working hours.



Health and wellness programs

- **Wellness incentives:** Promote employee health and well-being through wellness programs that focus on fitness, nutrition, and stress management. Consider offering:
 - » Incentives like bonuses, raffles, or other rewards to encourage staff participation in wellness initiatives.
 - » Programs that specifically target areas such as fatigue management, employee fitness, and illness prevention.
- **Health education:** Provide regular training sessions on nutrition, exercise, and mental health, helping staff reduce stress and improve physical and emotional well-being.

By addressing staffing challenges, focusing on retention, and supporting staff wellness, communities can improve both safety and care quality while reducing turnover rates and maintaining a stable workforce.

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/employeewellness/index.htm>

NIOSH Total Worker Health® Program

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

Supporting and Strengthening Cultural Change in Your SRH Program

Creating a culture of safety and support is essential for the long-term success of any Safe Resident Handling (SRH) program. By fostering a positive and inclusive workplace culture, senior living communities can not only improve resident care and reduce injuries but also enhance employee satisfaction and retention. The following strategies will help support and strengthen cultural change within your organization:

1. Embrace transparency and honesty

- **Open communication:** Foster an environment where transparency and honesty are valued. Encourage staff to openly share concerns about resident handling, safety practices, and workload without fear of retribution. This creates a culture of trust and ensures that issues are addressed promptly before they escalate.
- **Regular feedback:** Implement regular feedback mechanisms (e.g., surveys, team meetings, one-on-one discussions) where staff can provide input on safety practices and overall program effectiveness. Use this feedback to make continuous improvements and involve staff in decision-making.

2. Establish anti-bullying, zero-tolerance, and workplace violence policies

- **Zero-tolerance policy:** Enforce a strict zero-tolerance policy for workplace bullying and violence. This should include any form of harassment, intimidation, or physical aggression among staff, residents, or visitors. Clearly define unacceptable behavior and outline consequences for violations.
- **Workplace violence prevention:** Develop a workplace violence prevention program that includes training for all employees on how to recognize early signs of aggression and de-escalate potentially violent situations. Provide staff with tools to handle challenging interactions safely and ensure the protection of both employees and residents.
- **Supportive reporting systems:** Create confidential and accessible channels for reporting bullying or workplace violence without fear of retaliation. Encourage staff to report incidents or concerns, and ensure that reports are taken seriously and investigated promptly.

3. Promote family-friendly arrangements, health, and wellness

- **Work-life balance:** Promote family-friendly policies that support work-life balance, such as flexible scheduling, paid family leave, and childcare assistance. Acknowledging the personal needs of employees can reduce stress and burnout, leading to a more engaged and productive workforce.
- **Health and wellness programs:** Provide comprehensive wellness initiatives that prioritize both physical and mental health. This can include offering:
 - » **Onsite fitness facilities** or gym memberships.
 - » **Wellness challenges** or incentive programs to encourage healthy behaviors, such as walking, eating well, or managing stress.
 - » **Mental health support**, such as access to counseling services, stress management workshops, or mindfulness training.
 - » **Ergonomic assessments** to reduce the risk of musculoskeletal injuries and improve comfort for staff working long shifts or handling residents.

4. Provide comprehensive employee orientation and ongoing training

- **Thorough orientation:** Ensure that new hires receive a comprehensive employee orientation that covers not only the technical aspects of resident care but also the organization's safety culture, SRH policies, and expectations for behavior. This sets the foundation for a positive and informed approach to resident handling from day one.
- **Ongoing education and skills training:** Provide regular training opportunities to keep staff updated on best practices for safe resident handling. This can include:
 - » Hands-on training with lifting and transfer devices.
 - » Refresher courses on ergonomic principles and safe body mechanics.
 - » Training on recognizing and preventing musculoskeletal disorders (MSDs) and other injuries.
 - » Ongoing education on managing stress, burnout, and fatigue in the workplace.
- **Mentorship programs:** Consider implementing a mentorship program where experienced staff can guide newer employees through their first few months, reinforcing safe practices and offering support as they settle into their roles.

Community Needs Assessment

A critical component of any Safe Resident Handling (SRH) program, particularly in non-home healthcare settings, is the integration of ergonomic design principles. These principles help create a safe environment of care for residents and caregivers alike. Effective ergonomic design not only reduces the risk of injury but also enhances overall care quality by optimizing the physical spaces and tools used in day-to-day operations.

Incorporating ergonomic design into the built environment requires a collaborative partnership between employers, nursing staff, and caregivers. A proactive, systems-based approach — often referred to as prevention through design — aims to reduce injuries, illnesses, and other hazards by considering safety and ergonomics during all stages of the design and construction process.

Key considerations for ergonomic design in SRH

1. Plan for a safe environment of care during construction and renovation

When designing or renovating a senior living facility, it is far more cost-effective to integrate SRH principles from the beginning rather than retrofitting after construction.

Incorporating SRH and ergonomic considerations into new construction or major renovations can prevent future injuries, reduce costs, and create a safer environment for both residents and caregivers.

- **New construction:** During new builds, prioritize design features that facilitate safe handling and movement of residents, such as wider hallways, accessible rooms, and spaces designed for lift equipment. Ensure that the architectural layout supports the smooth operation of handling devices and facilitates caregiver movement.
- **Renovations:** If renovating existing spaces, assess and redesign rooms and common areas to improve accessibility, ergonomics, and space for equipment. In particular, consider the layout and size of resident rooms and bathrooms to ensure sufficient space for lifts, transfer devices, and staff to maneuver safely.
- **Ceiling lifts and equipment:** If space constraints make it difficult to install standing lifts, consider ceiling lifts or mobile lift systems. These equipment types can help prevent musculoskeletal injuries by reducing the physical strain on caregivers when transferring or repositioning residents.
- **3-year capital improvement budget:** Develop a long-term capital improvement plan that includes funding for SRH-related equipment and design enhancements. Keep ergonomic needs in mind when purchasing furniture and equipment to ensure these items promote safe handling practices and minimize strain.

2. Involve a variety of perspectives in the design process

Successful ergonomic design requires input from multiple stakeholders to ensure that the environment meets the needs of both residents and caregivers. Engaging various perspectives can lead to more practical and effective design solutions.

- **Staff input:** Ensure that caregivers, nurses, and other frontline staff are actively involved in the design process. These individuals are the ones most familiar with the physical demands of care and can provide valuable insights on how to create a safer and more efficient environment.
- **Resident needs:** Consider the physical needs and mobility of residents when designing spaces. For example, design features that facilitate ease of movement, such as wide doorways, adjustable furniture, and accessible bathrooms, can help improve both the comfort and safety of residents.
- **Healthcare and ergonomic experts:** Consult with experts in ergonomics and healthcare facility design. These professionals can help ensure that design choices adhere to best practices for safety, accessibility, and functionality.

3. Communication with families in home healthcare settings

For home healthcare, ergonomic considerations go beyond the built environment of a facility and extend to the private residences where care takes place. To ensure a safe and injury-free environment for both caregivers and residents, it is crucial to communicate ergonomic needs with the resident's family. Families should understand the importance of certain modifications or equipment to enhance care and reduce the risk of injury.

- **Collaboration with families:** Work with the resident's family members to ensure that the home environment supports safe resident handling. For example, recommend the use of assistive devices like adjustable beds, transfer aids, or ceiling lifts that can be installed in the home.
- **Ergonomic needs assessment:** Conduct a thorough ergonomic assessment of the resident's home to identify potential hazards and suggest solutions for improving safety. This may include rearranging furniture, improving lighting, or installing equipment to support safe transfers and repositioning.
- **Injury prevention education:** Educate family members on safe resident handling techniques and equipment use to ensure that they are also contributing to a safe environment. This is particularly important in home healthcare settings where family caregivers may not have the same level of training as professional staff.

Resources and Additional Information

- [Prevention through Design | NIOSH | CDC](#)
- [Facility Guide Institute](#)
- [Arjo Planning and Designing Care Facilities](#)
- [US Department of Veterans Affairs](#)
- [Safe Resident Handling Program Guide \(Page 19\)](#)

Resident Mobility and Transfer Assessment: Protocols and Best Practices

Establishing a comprehensive and standardized approach to resident mobility and transfer assessment is essential for ensuring safe and effective care for residents, particularly in environments where lifting and transferring are integral to daily operations. These assessments not only help in selecting the appropriate equipment but also prevent injuries to both residents and staff by ensuring that transfers are executed safely and efficiently.

The following outlines the key protocols for conducting resident mobility and transfer assessments, along with best practices for maintaining accurate and up-to-date transfer information across the care team.

1. Initial and ongoing mobility/transfer assessments

A resident mobility and transfer assessment should be conducted as part of the admission process and continuously updated throughout the resident's stay. This ensures that the staff are always aware of the resident's current mobility status and can adapt care protocols accordingly.

- **Upon admission:** The assessment should begin as soon as the resident is admitted. This is the baseline for determining the most appropriate lifting and transfer strategies.
- **Shift updates:** It's critical that mobility assessments be updated at the start of each shift to ensure the care team is aware of any changes in the resident's condition, mobility, or transfer needs. If a resident's status has changed, the required transfer equipment and personnel should also be updated.
- **Significant changes in status:** Whenever a resident experiences a change in their health status, such as after a fall, surgery, or significant change in physical condition, a new mobility/transfer assessment should be conducted to reflect these changes and ensure that the correct equipment and care protocols are in place.
- **Regular reassessment:** Ideally, mobility assessments should be reviewed and updated at least once per shift or more frequently if changes in the resident's condition or mobility level are expected (e.g., after a rehabilitation session or following a medical intervention).

2. Key components of the mobility and transfer assessment

To ensure the assessment is thorough and effective, specific details must be included to ensure all factors influencing safe transfers are considered:

- **Type of transfer to be used:**
 - » Dependent transfer: The resident is unable to assist in the transfer and requires full support from the caregiver or equipment (e.g., total lift, mechanical transfer).
 - » Assisted transfer: The resident may assist partially, but staff will need to provide physical support or equipment (e.g., sit-to-stand lift).
 - » Independent transfer: The resident can transfer independently but may still require supervision or verbal cues.
- **Lift equipment needed:** Specify the type of lift equipment based on the transfer type and resident needs. This includes:
 - » Lifting sling size and type: Accurate identification of sling size (e.g., small, medium, large) and type (e.g., full-body, divided-leg) based on the resident's body type and comfort.
 - » Lift equipment: Identify whether a ceiling lift, floor-based lift, sit-to-stand device, or another piece of equipment is required. Ensure that this is documented for the care team to use consistently.
- **Number of staff members needed:** Based on the mobility and transfer assessment, determine the number of staff required to safely assist the resident. This could range from one caregiver for a minimal transfer to two or more caregivers for more complex transfers or residents who require extensive assistance.

3. Communication tools and systems

To ensure that everyone involved in resident care is aware of mobility and transfer needs, communication tools must be utilized effectively. These tools should be accessible and updated regularly, ensuring that staff members can quickly and accurately determine a resident's transfer requirements.

- **Electronic Medical Records (EMR):** The mobility/transfer assessment should be documented in the EMR, allowing all members of the care team to view and update the information as needed. This provides a centralized, easily accessible record that can be referenced quickly.

- **Care plans:** Resident care plans should include detailed mobility and transfer instructions, clearly specifying the transfer type, equipment, and required staff support. These should be reviewed and updated as part of the ongoing care process.
- **Communication boards or whiteboards:** A whiteboard or communication board in the resident's room or care area can serve as a quick visual reminder of the resident's mobility status, transfer protocols, and equipment needed. This is particularly useful for caregivers who may be unfamiliar with the resident or for new staff during shift changes.
- **Shift change reports:** During shift changes, communication tools should include a transfer status update to ensure continuity of care. This includes any changes in mobility status, updates to the transfer method, or equipment needed.
- **Bedside Mobility Assessment Tool (BMAT):** A Bedside Mobility Assessment Tool (BMAT) is a helpful, standardized tool for evaluating resident mobility and providing recommendations for appropriate handling. This tool can assist in decision-making and help ensure consistency across the care team.

4. Best practices for frequency of mobility and transfer assessments

To ensure ongoing safety and optimal care, it's essential that mobility and transfer assessments be conducted regularly and updated promptly when there are changes in a resident's condition.

- **Initial assessment:** The first step is an admission assessment, where the resident's mobility status is evaluated and documented.
- **Shift updates:** Assessments should be reviewed and updated at the beginning of each shift to account for any changes in the resident's condition or mobility needs.
- **Following significant changes:** Whenever there is a change in the resident's health or mobility (e.g., after a fall, surgery, or hospitalization), a reassessment should be completed to ensure proper equipment is being used and that the transfer plan is appropriate.
- **Ongoing re-evaluations:** It is best practice to conduct re-evaluations regularly, particularly if there are concerns about the resident's ability to participate in or require assistance with mobility. If a resident's functional status changes, reassessment should occur.

Resident Mobility and Transfer Assessment

A comprehensive Resident Mobility and Transfer Assessment is essential for ensuring both the safety of residents and the well-being of caregivers in senior living and home healthcare environments. The goal of these protocols is to accurately assess each resident's mobility status upon admission and whenever there are changes in their condition. This helps determine the appropriate equipment and number of caregivers needed for safe and effective resident transfers. communication tool similar to how healthcare facilities communicate resident's fall risk/intervention, use of tool such as bedside mobility assessment tool (BMAT), etc.

Key protocols for mobility and transfer assessment:

1. Initial assessment upon admission

- Upon admission, a thorough mobility and transfer assessment should be conducted to determine the resident's mobility level and specific transfer needs.
- This assessment should document the resident's transfer type, lift equipment requirements, and the number of staff needed to safely assist with the transfer.

2. Systematic communication of transfer status

- A consistent system for communicating resident transfer status and updates is critical to ensure that all caregivers are informed and prepared.
- Communication tools:
 - » Electronic medical record (ERM): The resident's mobility/transfer assessment should be recorded in the EMR, which allows all staff members to access up-to-date information at any time.
 - » Whiteboards or communication boards: These can be placed in the resident's room or care area to provide quick, visual reminders of the transfer needs and the equipment required.
 - » Change of shift reports: Caregivers must communicate mobility and transfer needs during shift changes to ensure continuity of care.
 - » Care plans: The care plan should include detailed information about the resident's transfer needs and be updated regularly to reflect any changes in mobility.
 - » Bedside mobility assessment tool (BMAT): Tools like the BMAT can help caregivers quickly assess mobility and decide on the best transfer technique or equipment required.

3. Components of the mobility/transfer assessment

The assessment should document the following details for each resident:

- Type of transfer:
 - » Independent transfer: The resident can transfer independently with supervision.
 - » Assisted transfer: The resident can assist but requires help from one or more caregivers.
 - » Dependent transfer: The resident requires full assistance from caregivers to transfer.
- Lift equipment needed:
 - » Specify the type of lift (e.g., ceiling lift, floor-based lift, sit-to-stand lift).
 - » Include the size and type of sling (e.g., full-body sling, divided-leg sling) based on the resident's size, mobility level, and comfort.
- Number of staff members needed:
 - » Identify the staffing requirements for each transfer type, ensuring that the appropriate number of caregivers is assigned to assist with the transfer. This may include one caregiver for independent transfers or two or more for dependent transfers.

4. Best practices for frequency of mobility/transfer assessments

- Upon admission: A full assessment should be conducted as part of the admission process to establish a baseline for the resident's mobility and transfer needs.
- Once per shift: To ensure that any changes in a resident's condition are promptly addressed, mobility and transfer assessments should be reviewed and updated at the start of each shift. This ensures that all caregivers are informed of the current transfer protocols and equipment needs.
- Following significant changes in status: Whenever there is a significant change in the resident's health, mobility, or physical condition (e.g., after surgery, a fall, or a change in diagnosis), a new assessment should be performed to update transfer protocols and ensure that the correct equipment and staffing levels are in place.

- Regular updates: As residents' mobility can change over time, it's important to periodically reassess their mobility status, especially if they are undergoing rehabilitation or physical therapy. Mobility assessments should be updated to reflect these changes and ensure that appropriate care is provided.

5. Resident charts and documentation

- Resident charts should be updated regularly to reflect changes in the resident's mobility status and transfer requirements. This documentation ensures that all caregivers are aware of any modifications and that the most appropriate equipment and staff levels are being used.



Equipment Needs Assessment

Effective safe resident handling (SRH) is integral to reducing injury risks for both residents and staff in senior living communities. Properly selecting and managing SRH equipment ensures that caregivers have the right tools to safely lift, transfer, and reposition residents, while also minimizing the likelihood of musculoskeletal disorders (MSDs) and other injuries.

Key elements of equipment needs assessment:

1. Inventory and documentation: Conducting a comprehensive inventory of all resident handling equipment is the first step toward ensuring that the necessary tools are available and functioning. This inventory should include:

- Exact location of each piece of equipment, including slings, lifts, and transfer aids. Clearly document where equipment is stored in each area of the community (e.g., resident rooms, therapy areas, etc.).
- Weight capacity of each piece of equipment to ensure that it can safely accommodate residents of varying weights.
- Age and condition of equipment, including whether it is up-to-date and meets current safety standards. Older equipment may need to be replaced or serviced more frequently.
- Capabilities of the equipment, such as whether it can access the floor, has an integrated scale, or includes an hourly use meter to monitor equipment usage.
- Battery status and maintenance schedule for electrically powered equipment. Ensure batteries are replaced or recharged regularly to avoid equipment failure during use.
- Responsibility for equipment maintenance, including who is in charge of inspecting, servicing, and replacing equipment as needed.

2. Mobility and transfer assessment: A mobility assessment is essential to identify each resident's specific needs related to mobility, transfers, and assistance required. This assessment should be conducted upon a resident's admission and revisited periodically (e.g., after a significant health change or injury).

The assessment should focus on:

- Type of transfer: Identify whether the resident requires a sit-to-stand lift, full-body sling lift, or manual assist.
- Equipment needed: Specify which equipment (e.g., floor lifts, ceiling lifts, slings) will be required to perform safe transfers. Document the type of sling (e.g., size, style) and ensure that it fits the resident's mobility needs.
- Staffing requirements: Determine how many caregivers will be needed for each transfer. For some residents, multiple staff members may be required to safely execute a transfer.

The assessment process should include a method for tracking changes in resident mobility status, such as whiteboards, electronic medical records (EMR), care plans, or bedside mobility assessment tools (BMAT). These tools help communicate and update transfer needs across shifts to ensure that all caregivers are informed.

3. Numbers and types of transfers: Document the frequency and types of transfers required in the community. For example:

- Daily transfers: Moving residents from beds to chairs, from chairs to toilets, or repositioning them in bed.
- Occasional transfers: Assisting with emergency evacuations or transferring residents for therapy or doctor's visits.

Classifying the types of transfers required — whether they are routine or complex — will help determine the equipment necessary to meet these needs.

4. Numbers and types of equipment: A thorough assessment should specify the number and types of equipment required to accommodate all resident mobility and transfer needs. This includes:

- Lifts: Determine whether floor lifts, ceiling lifts, or mobile lifts are required based on the mobility of residents and the physical layout of the community.
- Transfer aids: Identify if tools such as sliding sheets, transfer boards, transfer belts, or repositioning cushions are needed.
- Slings: Identify and document the size, type, and quantity of slings needed for each lift device, and ensure they are appropriate for the resident's physical condition (e.g., bariatric slings, standing slings, full-body slings).

Sample SRH equipment inventory survey:

You can refer to pages 5 and 6 of the [Community and Equipment Assessments and Hands-on Equipment Training Workbook](#) for a sample equipment inventory survey. This survey will provide a structured framework to help gather and document information on the available equipment in your community.

Safe patient handling education and training

Employee education and training is a fundamental component of any successful SRH program. Properly trained staff are better equipped to safely use the equipment, reduce the risk of injury, and provide higher-quality care to residents. The following key areas should be included in your training program:

1. Training on safe resident handling equipment

- New employees should receive hands-on training with SRH equipment during their orientation. This should include instruction on how to properly operate lifts, slings, and other transfer aids.
- Existing staff should undergo annual training to refresh their skills, particularly when new equipment or processes are introduced.
- For caregivers transitioning to assist different residents, specialized training should be provided for equipment they may not have used before.

2. Special considerations for senior living communities

- Post-fall protocols: Train staff on how to respond when a resident falls. This includes leaving the resident on the floor (if possible), stabilizing them, and checking for injuries before attempting to assist them.
- Cognitive and behavioral challenges: Address training on how to handle residents with cognitive impairments who may exhibit aggressive or unpredictable behaviors during transfers.
- Physical capabilities: Train staff on how to assess the resident's physical capabilities daily. This is important since a resident's functional ability may change from day to day.
- Injury screening: Train staff to screen residents for injuries before providing physical assistance, and ensure they know when to escalate issues to qualified nursing staff or emergency services.

3. Training focus areas

- Protocols for residents on the floor: Reinforce policies and procedures for residents who have fallen and cannot get up independently. Provide training on screening for injuries, using coaching techniques for standing if applicable, and when to escalate to nursing or emergency services.
- Self-help equipment: Ensure staff are familiar with equipment that allows residents to help themselves, such as standing assist devices, and that they are aware of contraindications for use.
- Escalation procedures: Teach staff how to recognize when a situation requires escalation to a more skilled caregiver or emergency personnel and how to document all incidents and actions taken.

4. Vendor-supported training

- If your community faces challenges with internal training, many equipment manufacturers and vendors offer training sessions as part of the equipment purchase. Take advantage of these resources to ensure all staff are proficient in using the SRH equipment effectively and safely.



UNIQUE CONSIDERATIONS FOR SENIOR LIVING

When managing resident handling tasks, especially in senior living or home healthcare settings, it's essential to recognize special needs that increase the risk of injury to both residents and caregivers. These needs can stem from physical conditions, cognitive challenges, and environmental factors that necessitate additional precautions. By identifying the high-risk tasks and conditions, caregivers can better tailor their approach to reduce the risk of injury to both staff and residents.

Home health workers face unique risks due to the solitary nature of their work and the variability of home environments. The lack of immediate team support, coupled with the responsibility of providing care in potentially hazardous conditions, makes it crucial to implement thorough assessments and clear protocols. The goal is to reduce injury risks, enhance worker safety, and provide residents with effective, compassionate care in their homes. Below are some important considerations to ensure both home health workers and residents are safe and well-supported:

1. Conducting a home care assessment

Before providing care in a resident's home, an assessment should be conducted to identify potential hazards and determine necessary equipment. This allows the home health worker to understand the specific needs of the resident and the challenges of the environment.

Key assessment areas:

- Safety hazards and fall risks:
 - » Floor Hazards: Check for throw rugs, loose carpets, floor clutter, or electrical cords that could cause tripping.
 - » Furniture: Ensure furniture is stable and accessible for both the resident and the caregiver. Pay attention to seating height, sturdy chairs, and tables that could obstruct pathways.
 - » Bathroom safety: Review bathroom access, especially for residents with mobility challenges. Look for proper stability handles or grab bars, and assess the height and accessibility of the commode.
 - » General environment: Ensure that pathways (hallways, doorways, stairways) are clear and wide enough for mobility aids, such as walkers or wheelchairs.
- Layout of the home:
 - » Stairs: Identify whether stairs are safe for the resident to navigate or whether assistance is needed. Evaluate the possibility of using a stair lift or other assistive devices.
 - » Clear walkways: Ensure there is enough space for the worker to move easily and safely, especially when moving equipment or assisting the resident.

- » Access to key areas: Ensure easy access to important areas like the bed, bathroom, and seating areas. The resident should be able to move from one area to another without obstacles.

- Resident's needs:

- » Specialty equipment: Identify if the resident needs specialty slings, lift assist devices, or other mobility aids such as chair booster seats or bed mobility devices.
- » Two-caregiver assistance: Some residents may require assistance from two caregivers for transfers or mobility tasks. Ensure that the home environment can accommodate this, particularly in confined spaces like bedrooms or bathrooms.

2. Developing a plan to address hazards and identify equipment needs

Once the home care assessment is completed, a plan should be developed to address any identified hazards and ensure that the appropriate resident handling equipment is available.

Key actions:

- Hazard mitigation:
 - » Remove or secure any trip hazards like rugs, cords, or clutter.
 - » If necessary, discuss with the resident and their family the modifications needed to the home to increase safety (e.g., adding grab bars, ramps, or other assistive devices).
 - » Use of safety aids such as non-slip mats, clear walking paths, and appropriate lighting in critical areas (like hallways and stairs).
- Identifying necessary equipment:
 - » Based on the needs of the resident, determine what equipment is needed. This may include manual or electric lifts, slings, gait belts, and wheelchairs.
 - » Ensure specialty equipment (e.g., bariatric lifts or lifts for residents with ventilators) is available, and make arrangements to obtain any needed items that are currently missing.

- » If the care involves lifting or transferring tasks that require two caregivers, make sure there is enough space to safely perform those tasks.
- Communication with the family:
 - » If family members or other caregivers will be involved, ensure they are trained in proper lifting techniques, how to use assistive equipment, and general safety guidelines.
 - » Provide resources or guides, such as the Fall-Proofing Your Home guide from the National Institute on Aging, to help families improve the safety of the home environment.

3. Modifying the home for safety

If any safety hazards are identified that cannot be immediately fixed, discuss potential modifications with the resident or their family to reduce fall risks. Modifications may include:

- Installing grab bars and handrails in the bathroom and hallway.
- Replacing throw rugs with non-slip mats or removing them altogether.
- Improving lighting in dark areas like stairways or hallways.
- Ensuring that mobility aids like walkers, canes, or wheelchairs are easily accessible and that the home layout can accommodate these devices.

4. Developing a plan of care

After conducting the home care assessment, a plan of care should be developed that outlines:

- The specific services the resident will receive.
- Guidelines for the home health worker, including what tasks they are expected to perform and how the environment should be prepared.
- Clear expectations for the resident and their family regarding the scope of care and what assistance they need to provide.
- Communication protocols for when assistance or guidance is needed from a supervisor, a nurse, or emergency services.

5. Addressing the risks of working alone

Home healthcare workers often face additional risks because they typically work alone and may have limited means of accessing help in an emergency. To mitigate these risks:

Develop a fall response plan:

- Emergency procedures: Create a clear response plan for what to do if the resident falls, experiences a medical emergency, or the worker is unable to provide assistance due to the resident's condition.
 - » For example, leave the resident on the floor, make them comfortable, stabilize the head and neck, and call for help (nurse, supervisor, 911).
 - » The worker should never attempt to lift a resident alone in a fall situation unless they are confident that the resident is not injured and the lift is safe.
- Communication system: Ensure that the worker has a reliable communication system to call for help if needed. This could be:
 - » A cell phone or two-way communication device for contacting the home healthcare agency or emergency responders.
 - » A personal alarm or panic button that can alert a supervisor or family member if assistance is required.

Triage procedures:

- What to do in an emergency: Have a clear system for assessing when additional help is needed, including:
 - » Call a nurse or supervisor for advice if a situation goes beyond the worker's capabilities.
 - » Call 911 for medical emergencies or if the worker cannot safely assist the resident alone.
- Requesting a new manual assist assessment:
 - » Ensure that the staff understands when to request a new manual assist assessment if a resident's condition changes (e.g., post-surgery recovery, worsening mobility, new health conditions).

6. Training and support for family members and direct care workers

If family members or friends are involved in assisting with resident care, it's essential that they receive proper training to prevent injury and ensure safe care. The training should cover:

- How to use lift assist equipment and specialty slings.
- Safe techniques for manual transfers and handling the resident during activities of daily living (ADLs).
- The importance of two-person assists for certain tasks.
- The fall response plan in case an emergency arises.

Resident Handling for Home Health

In home health care, handling resident needs requires a flexible, responsive approach. While most resident handling tasks are initially addressed during the care planning process at admission and updated periodically, special circumstances and unexpected situations may arise that fall outside of this plan. Home health workers must be prepared to respond to new challenges, such as gait instability, new medical conditions, behavioral changes, and environmental factors that may affect resident safety.

The following considerations and protocols can help ensure safe and effective resident handling in home health settings.

Key special circumstances to address:

- Walking on uneven terrain:
 - » Uneven ground, grass, or gravel can cause instability for residents. Be aware of environmental risks when assisting with mobility outdoors. Consider using mobility aids, such as walkers or gait belts, or provide additional staff support in outdoor areas.
- Getting on the floor:
 - » When a resident drops something on the floor and cannot get back up, it is important to avoid attempting to manually pick them up if they fall. Instead, leave them on the floor, make them comfortable, stabilize their head and neck, and seek help (e.g., call for assistance from a nurse, supervisor, or 911).
- Changes in resident's condition:
 - » New or undiagnosed medical conditions may impact mobility, cognition, or behavior, creating new challenges for resident handling. For example, weakness from poor nutrition or sleep disturbances can make it harder for residents to stand from low chairs or benches.
- Behavioral changes:
 - » New medications, interactions with visitors, or changes in environment may trigger aggressive behavior or confusion in some residents, making care more challenging. Care plans should include guidance for managing behavioral changes, particularly for residents with dementia, Alzheimer's, or mental health conditions.

Procedures to address special circumstances:

- Fall protocol:
 - » If a resident falls or cannot get up from the floor, follow protocols to stabilize the resident, avoid lifting them manually, and assess for injuries. Ensure all staff understand when to call for additional help and the appropriate steps for fall management.
- Mobility assistance protocols:
 - » When assisting residents with special needs (e.g., bariatric care, amputees, residents with ventilators), ensure that proper equipment is used and staffing levels are sufficient to handle transfers safely. Make sure the care plan includes specific guidelines for each type of mobility aid and assistive equipment needed.

Bariatric care considerations for home health

Bariatric residents, especially those who are significantly overweight or have limited mobility, require specialized care to ensure their safety and comfort. Staff must be trained in appropriate techniques, tools, and protocols for bariatric care.

Key bariatric care considerations:

- Training on manual assist limitations:
 - » Staff must be trained to understand the limitations of manual assist techniques. For example, lifting appendages, lifting pannus (abdominal folds), boosting residents in bed, or attempting to manually lift bariatric residents can lead to injury for both the caregiver and the resident.
- Proper use of assistive equipment:
 - » Ensure caregivers are trained in the use of bariatric lifts and specialty slings, including slide sheets and self-assist devices. It is important to understand the equipment's weight capacity and how to use it effectively to avoid overexertion or injury.
- Appropriate number of caregivers:
 - » Bariatric care often requires two caregivers for safe handling, particularly for transfers, positioning, and ambulation. Ensure there is enough support staff available for these tasks.
- Pre-assessment of home environment:
 - » Clutter, narrow hallways, or stairs in the home can pose additional challenges for bariatric residents. A pre-assessment of the home environment should be conducted to identify areas that may require modifications, such as wider doorways or ramp installations.

Special considerations for residents with medical devices

Residents with medical devices such as ventilators, oxygen tanks, or wounds have unique handling needs. Staff must be trained to manage these devices during transfers and mobility assistance.

Key Considerations for Residents with Medical Devices:

- Ventilators and oxygen:
 - » Ensure that ventilators and oxygen tanks are safely secured during transport. Special mobility aids may be needed to avoid damaging medical equipment.
- Wounds and dressings:
 - » When moving residents with wounds or dressings, take extra care to prevent tearing or disrupting medical devices, IV lines, or wound dressings.
- Navigating stairs:
 - » For residents with medical devices, be extra cautious when navigating stairs. Consider using a stair lift or transfer board if the resident's medical condition and mobility allow for safe usage.

Gait belt use and restrictions

Gait belts are a commonly used tool for ambulation assistance, but they are not suitable for all tasks. Proper use and understanding of gait belt limitations are crucial to prevent skin injuries and bruising.

Key gait belt considerations:

- Proper use:
 - » Gait belts should only be used to assist with walking or positioning — not as a lift device. It is important that caregivers use proper technique to avoid causing discomfort or injury to the resident.
- Avoid overuse:
 - » Avoid using gait belts to lift the resident in bed transfers or to lift their body off the ground after a fall. These are not their intended purposes, and improper use can lead to injury.

Remote or outdoor care considerations

Home health workers often assist residents with mobility outside of the home (e.g., in courtyards, on uneven terrain, or when attending appointments). These situations may require additional preparation and equipment to ensure safety.

Key remote and outdoor considerations:

- Ground conditions:
 - » Ensure that caregivers are aware of potential hazards in outdoor areas, such as uneven ground or wet/slippery surfaces. Wheelchairs, walkers, or gait belts may need to be adjusted based on the terrain.
- Transporting residents:
 - » For appointments or activities outside of the home, caregivers should be prepared with appropriate equipment for transport (e.g., wheelchairs, transport chairs, or vehicle lifts).

Preassessment of home environment

Before providing care in a home setting, it's essential to conduct a thorough preassessment to identify potential challenges and ensure the home is safe for both the resident and the caregiver.

This includes:

- Identifying hazards:
 - » Assess for potential fall risks or barriers such as stairs, clutter, or low furniture that may affect the mobility and safety of both the resident and the caregiver.
- Caregiver needs assessment:
 - » Review staffing levels, caregiver training, and the availability of necessary equipment to ensure that appropriate support is provided for all resident handling tasks.

Family and behavioral screening

Home health workers should also screen for potential behavioral risks when working with new clients. This screening should include interviews with the client and family to understand behavioral triggers and develop a care plan that addresses any potential safety issues.

Key behavioral screening considerations:

- Understanding behavioral triggers:
 - » Screen for aggressive behaviors, confusion, or mood changes that could interfere with care. Understanding a resident's history and triggers can help caregivers respond effectively.
- Family involvement:
 - » If family members are involved in care, they should receive training on managing behavioral issues and providing safe physical assistance (using lifting equipment and proper mobility aids).

Other Unique Considerations for Residents

Behavioral risks

Seniors with cognitive impairments (due to Alzheimer's, dementia, traumatic brain injury (TBI), or other conditions) often display unpredictable behaviors that can pose risks to both the resident and caregivers. These behaviors might include aggression, confusion, wandering, or non-compliance, all of which need to be managed with careful attention and strategies.

Key behavioral risks and mitigation strategies:

- **Combative/aggressive behaviors:**
Residents with dementia, Alzheimer's, or TBI may become combative or aggressive due to confusion, fear, frustration, or environmental triggers. Caregivers must:
 - » Track individual triggers for aggression or agitation.
 - » Develop individualized behavioral care plans based on specific needs.
 - » Utilize de-escalation techniques to calm a resident without resorting to physical restraint.
- **Behavioral tracking:**
 - » Use tracking tools (like incident reports or behavioral logs) to document the antecedents (events that lead to behavior), triggers, and the success/failure of interventions. This helps inform adjustments in care and minimizes risk to both residents and staff.
- **Multidisciplinary care plans:**
 - » Collaborate with a team of health professionals to create a behavioral care plan that includes input from doctors, nurses, social workers, and mental health professionals. This team approach helps develop a comprehensive strategy to manage difficult behaviors effectively.
- **Reevaluation after changes:**
 - » Periodically reevaluate the resident's condition after significant events (like a visitor interaction, hospitalization, or change in medication). These events can trigger changes in behavior, so continuous assessment is key to adjusting care strategies.
- **Escalation and restraint protocols:**
 - » Restraints should only be used when absolutely necessary, in accordance with state regulations, and with standing orders from a physician. Ensure that staff are aware of legal considerations surrounding restraint use and have protocols for escalating the situation when appropriate (such as contacting medical professionals or emergency services).
- **Training for de-escalation:**
 - » Conduct regular training sessions on de-escalation techniques. Staff should learn to recognize early signs of agitation, use calming techniques, and employ appropriate verbal and physical techniques to avoid escalation.
- **Memory care unit design:**
 - » Ensure that the physical environment of memory care units (for dementia, Alzheimer's, or TBI residents) is designed to minimize triggers for agitation and to prevent wandering. This includes:
 - ◆ Clear signage and visual cues to help residents navigate.
 - ◆ Areas for relaxation and distraction.
 - ◆ Safe, locked spaces for wandering residents.
 - ◆ Calming, non-cluttered environments with familiar objects to reduce confusion.
- **Behavioral risk checklist:**
 - » Track individual triggers for behaviors.
 - » Develop personalized behavioral care plans.
 - » Regular assessments to adapt plans.
 - » De-escalation training for staff.
 - » Restraint protocol in line with regulations.

Bariatric Care Considerations

Bariatric residents — those with higher body weight — pose unique challenges in both care and safety. These individuals often have limitations in performing daily tasks, increasing the risk of injury to both themselves and caregivers when performing tasks such as lifting, assisting with movement, or performing personal care activities.

Key bariatric care considerations and mitigation strategies:

- Equipment:
 - » Ensure that rooms and care areas are bariatric-equipped with specialized equipment such as bariatric beds, chairs, toilets, and mobility aids that can accommodate larger body sizes.
 - » In cases where in-house equipment is unavailable, ensure temporary rentals of bariatric equipment until it is available.
- Manual assist limitations:
 - » Bariatric residents require a careful approach to handling. Staff should be educated about tasks prohibited for manual lifting techniques, including:
 - ◆ Lifting appendages (arms, legs, etc.).
 - ◆ Boosting the resident in bed.
 - ◆ Lifting the pannus (abdominal fold).
 - ◆ Attempting to move or assist a bariatric resident with just one caregiver.
 - » Always ensure that two caregivers are available when manual lifts are necessary to maintain safety.
- Special care for amputees:
 - » Amputee residents may need specialized slings for transfers and assistance, depending on their care plan. Assess mobility and make sure the sling choice is appropriate for their specific needs.
- Residents with medical devices:
 - » Residents who use ventilators, oxygen, or have wounds require extra care to ensure these devices are not disrupted during transfer or mobility tasks. Take care to manage any medical equipment in such a way that it does not become tangled or damaged.
- Over-bed care techniques:
 - » Consider specialized techniques for bariatric residents, such as using self-assist ladders, slide sheets, or special bariatric slings to ensure safe and effective care.
 - » Avoid using gait belts for tasks such as lifting, boosting, or transferring residents to standing positions from low surfaces or seated chairs.
- Special considerations in assisted living:
 - » Ensure clear protocols for hands-on care specifying what caregiver tasks are approved and restricted for bariatric residents.
 - » Boosting residents from a chair to standing or trying to perform an assisted fall (lowering them safely into a chair) should be prohibited without appropriate equipment or multiple caregivers.
 - » Review state regulations regarding the use of lift assist devices and ensure that caregivers are properly trained to use them.

Bariatric care checklist:

- Ensure bariatric rooms are equipped with necessary equipment.
- Avoid manual lifting for certain tasks; ensure staff understand limitations.
- Always use two caregivers for transfers.
- Use appropriate bariatric slings and assistive devices.
- Implement specialized over-bed care techniques.
- Review care protocols for hands-on care.

STEP 4

DEVELOPING AND IMPLEMENTING YOUR SAFE RESIDENT HANDLING PROGRAM: WHERE TO BEGIN?

Developing and implementing a Safe Resident Handling (SRH) policy is essential for protecting both residents and caregivers in senior care settings. A well-structured SRH program reduces the risk of injury, ensures appropriate use of equipment, and helps create a culture of safety. Below is a guide to creating an SRH policy, selecting and maintaining equipment, and ensuring successful implementation within a community.

Developing a safe resident handling policy

A robust SRH policy provides a foundation for ensuring that all resident handling tasks are performed safely, with clear expectations for both staff and management. The policy should set forth the goals, procedures, and expectations of the SRH program to protect both residents and staff from injury.

Key components of the SRH policy:

- **Commitment to safety:** The policy should include a statement of commitment from both management and staff to prioritize safety and reduce the risk of injury. This includes clear accountability and leadership roles, ensuring that SRH becomes an integrated part of the facility's culture.
- **Collaboration and involvement:** Nurse managers and frontline staff should be involved early in the development of the SRH program. Collaboration with all stakeholders ensures that the policy is practical and that it addresses the needs of the community.
- **Clear expectations and goals:** The policy should articulate the goals of the SRH program, such as:
 - » Reducing musculoskeletal injuries (MSDs) among caregivers.
 - » Ensuring resident safety during transfers and repositioning.
 - » Increasing staff competency in using SRH equipment.

Scope of the training program

The training program is the cornerstone of the SRH policy, as it ensures staff are equipped with the knowledge and skills to perform safe resident handling. Training should be ongoing, comprehensive, and tailored to meet the specific needs of the community.

Training topics:

- **Review of SRH policy:** Staff should receive an overview of the SRH policy and its importance. This includes emphasizing the goals and expectations for safe handling and the community's commitment to safety.
- **Competency demonstration:** Staff should undergo hands-on competency training for the use of SRH equipment:
 - » Equipment-based training to ensure staff know how to use lifts, slings, and other assistive devices correctly.
 - » Inspection of equipment and slings to ensure they are in proper working condition.
 - » Cleaning and maintenance of equipment to avoid failure and breakage.
- **Practical application:**
 - » Fall prevention and recovery drills should be conducted to prepare staff for emergency situations. These drills should simulate real-life scenarios using staff as residents.
 - » Emergency response procedures, including when to call 911 and how to provide essential information to EMS (e.g., medical history, medications, vitals).
 - » Specialized techniques for different resident needs, including bariatric care, ventilators, and other medical conditions.
- **Peer leaders:** Involve peer unit leaders in ongoing training to ensure continuity and knowledge sharing across staff.
- **Resident and family education:** Educate families about the SRH program, explaining how it helps ensure the safety of their loved ones. This can help minimize resistance to using assistive devices. It is also important to prohibit family members from assisting in resident transfers, as this could increase liability risks.



Safe resident handling equipment

Properly selecting, maintaining, and using safe resident handling equipment is a critical part of the SRH program. Equipment should be chosen based on resident needs, acuity, and safety standards, ensuring that caregivers are equipped to handle residents safely and efficiently.

Equipment selection:

- Manual handling limits: According to OSHA and NIOSH, 35 lbs is the maximum weight limit for manual handling tasks. Any weight above this puts caregivers at high risk for MSDs. Given that optimal lifting conditions are rare, SRH policies should prioritize mechanical lifting equipment to minimize the need for manual handling.
- Assessment of equipment needs: Conduct a comprehensive assessment of the community's equipment needs based on the acuity and census of residents. Ensure that sufficient numbers and types of equipment (e.g., lifts, slings, transfer boards) are available for use:
 - » Bariatric equipment for larger residents.
 - » Lift equipment for residents with limited mobility.
 - » Non-powered devices like pivot turn discs, transfer boards, and friction-reducing sheets.
- Non-powered equipment (for assisted living): In some assisted living communities, the use of mechanical lifts may not be allowed. In these cases, non-powered equipment like camel lifting cushions, slide sheets, and transfer boards should be used. These can assist caregivers with resident transfers and positioning while reducing physical strain.

- Home health care equipment challenges: Home health care presents challenges in terms of space, client preferences, and equipment availability. Encourage pre-assessment of the client's home environment to ensure it is suitable for safe handling. In some cases, insurance may cover the cost of home equipment if prescribed by a doctor.

Vendor selection:

When selecting equipment vendors, consider factors such as:

- Training services for staff.
- Warranty and maintenance options.
- Volume purchasing discounts.
- Equipment trials with direct care staff feedback to ensure that the equipment meets community needs.

Maintenance and storage:

Preventative maintenance (PM) should be conducted routinely to ensure equipment is in working order. This includes:

- Slings and lifts should be checked regularly.
- Batteries on lift equipment should be changed at the start of each shift.
- Store equipment in visible and accessible locations, not behind locked doors.

Successfully implementing the SRH program

Implementation of the SRH program requires careful planning, consistent training, and a commitment to maintaining safety as a priority.

Steps for successful implementation:

- Education and awareness:
 - » Educate all staff members, from senior management to frontline employees, about the ergonomic risks of manual lifting and the benefits of using SRH equipment.
 - » Communicate the rollout date of the SRH program and ensure everyone is on board with the new safety standards.
- Competency and remedial training: Ensure all clinical staff are trained and competent in using SRH equipment and techniques. Identify any remedial training needs for staff who may struggle with the new procedures.
- Consistency and support: SRH should be a consistent priority in the workplace. Managers should support the program by recognizing staff who perform well in promoting safe resident handling and encouraging the adoption of best practices.
- Publicize the SRH program: Make the SRH program visible throughout the community. Use posters, training sessions, and other methods to keep staff engaged and aware of the importance of safe resident handling.

- Monthly reporting and review: Implement monthly safety reviews that track safe resident handling incidents, near misses, and any injuries. These reviews should be used as an opportunity to identify patterns, address potential risks, and continuously improve the SRH program.
- Accident investigations: When an injury or near miss occurs, investigate the cause and take corrective action. This process helps identify root causes, improve practices, and reinforce accountability.
- Continuous learning and improvement: Continuously update the SRH program based on new research, feedback from staff, and any changes in regulations. This helps keep the program dynamic and responsive to evolving needs.

Addressing barriers to change:

In communities where manual resident handling has been the norm for many years, change can be difficult. Overcoming resistance to change is essential for success. To combat this:

- Highlight the benefits of SRH for both staff and residents.
- Provide consistent leadership and support for staff during the transition.
- Offer incentives and recognition for staff who embrace safe handling techniques.



STEP 5

SUSTAINING YOUR PROGRAM AND MAINTAINING MOMENTUM

Is Your Community Ready for Change?

Establishing a Safe Resident Handling (SRH) and Mobility Program requires a deep commitment from all stakeholders and careful consideration of the community's readiness for change. The success of this program hinges on both systematic planning and fostering a culture of safety across all levels of staff and resident care.

For any community contemplating the implementation or expansion of an SRH program, a key question to ask is: Is your community ready for change? Answering this question involves assessing the current culture, identifying potential barriers, and ensuring that the community is aligned around the goal of improving resident and caregiver safety.

Steps to gauge readiness for change

1. Employee perception surveys

- An effective way to gauge readiness is through employee perception surveys. These surveys help identify how staff feel about the current safety practices, their attitudes toward change, and the barriers they perceive in adopting a new SRH program.
- Surveys can include questions such as:
 - » How do staff feel about current resident handling practices?
 - » What are the perceived challenges in implementing SRH procedures?
 - » Do staff feel that they have adequate support and training for safe resident handling?

2. Gap analysis

- A GAP analysis can also help assess the readiness of a community to implement an SRH program. This tool evaluates the difference between the current state and the desired future state of the SRH program. It identifies gaps in training, equipment, communication, and overall support that need to be addressed.
- The GAP analysis helps establish priorities for action and provides a road map for program development.

3. Identifying barriers early

- Identifying barriers to the program early on is crucial. Barriers could include:
 - » Resistance to change among staff due to longstanding habits or skepticism.
 - » Lack of buy-in from key stakeholders, such as management, caregivers, or family members.
 - » Limited resources, such as budget constraints for purchasing necessary equipment or funding training.
 - » Insufficient communication and awareness about the SRH program.

Addressing these barriers early helps ensure smoother implementation and provides clear steps to overcome challenges.

Communication And Marketing Your Program

Effective communication and marketing of the SRH program is vital to its success. Clear, consistent messaging ensures that everyone involved in the program is aware of its goals, procedures, and benefits. The program's communication plan should cater to different groups — staff residents, families, and external stakeholders — and be tailored to their specific needs and interests.

Key elements of an SRH communication plan:

1. Top-down communication

- Communication should begin at the management level and cascade down to frontline staff. Leadership must emphasize the importance of SRH through direct communication and regular updates, demonstrating their commitment to the program.
- Regular meetings and updates from nurse managers, directors, and safety officers can provide the team with information on program goals, equipment updates, and resident safety protocols.

2. Procedure for notifying program members

When new equipment or processes are implemented, there should be a clear procedure for notifying all relevant parties, including staff, volunteers, residents, and families. This could include:

- Email updates for staff.
- Posters or flyers displayed throughout the community.
- Staff meetings or training sessions to introduce new equipment or techniques.

3. Inclusion of all stakeholders

The SRH program should consider all stakeholders involved in the care environment:

- Employee groups: Nurses, aides, therapists, administrative staff.
- Volunteers: Those who may assist with resident care on a non-professional basis.
- Residents: Ensuring they understand the program and feel involved in their own safety.
- Families: Educating family members about SRH procedures can help reduce resistance to using equipment or accepting caregiver assistance.
- Community Agencies: Ensure local healthcare providers, case managers, and other relevant agencies are informed of the SRH policies, especially when they interact with residents outside the community.

4. Task completion and responsibilities

The SRH committee or program team should have a clear set of tasks and responsibilities. This includes overseeing the implementation of the program, monitoring its success, and ensuring ongoing training and support.

5. Effective communication methods

The methods of communication should be appropriate for the audience:

- Emails and newsletters for staff.
- Meetings, training sessions, and orientations for volunteers and family members.
- Intranet resources and signage for both staff and residents to reinforce safety protocols.
- Community outreach (e.g., flyers or informational packets for families or external agencies).

6. Retention and turnover

One aspect often overlooked is nursing staff retention. High turnover can undermine the effectiveness of an SRH program. Consistent training, clear expectations, and regular communication can help reduce turnover by creating a safer and more supportive environment.

7. Developing and disseminating materials

Clear, concise communication materials should be developed for all stakeholders. This may include:

- Resident/family orientation packets.
- Training materials for new staff, including videos, manuals, and checklists.
- Posters for break rooms, hallways, and common areas to remind staff and residents of SRH best practices.

8. Review and evaluation

Periodically, review the effectiveness of communication and marketing efforts. Are staff and families aware of the SRH program? Are there areas where communication can be improved? This evaluation helps ensure that the program remains relevant and effective.

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

The effectiveness of a Safe Resident Handling (SRH) program is not static — it requires continuous evaluation and adaptation to ensure it remains dynamic and effective. Routinely assessing the program helps identify strengths and areas for improvement and ensures that the goals of resident safety and worker protection are being met. A comprehensive evaluation plan should include a mix of quantitative and qualitative data, allowing senior living communities to make informed decisions and adjustments over time.

Key Areas to Evaluate for SRH Program Effectiveness:

1. Set clear and measurable goals
 - Safety goals: Most senior living communities already have overall safety goals (e.g., reducing injuries, falls, etc.), but it's important to specifically integrate worker safety into these goals as well. A comprehensive SRH program should be designed to improve the safety and well-being of both residents and staff.
 - Tracking progress: The goals should be measurable over time to ensure progress is being made. For instance:
 - » Reduction in workplace injuries related to manual lifting and resident handling.
 - » Increase in proper equipment usage and adherence to SRH protocols.
2. Develop performance metrics
 - Lead vs Lagging Indicators: It's important to track both lead and lagging indicators to measure the SRH program's effectiveness.
 - » Lead indicators help predict future outcomes (e.g., equipment usage, number of trainings conducted, etc.).
 - » Lagging indicators reflect past performance and outcomes (e.g., injury rates, falls, insurance claims, etc.).
 - Examples of Indicators to Track:
 - » SRH Observations: Regular observations in the community (e.g., by unit champions or supervisors) to assess how well staff are adhering to SRH protocols. These observations should be documented and shared for continuous improvement.
 - » Training records: Monitoring training attendance, completion rates, and competency tests ensures staff are adequately trained in SRH practices.
 - » Employee surveys: Feedback from staff is crucial for tracking program success and engagement. Regular surveys can help identify gaps, improve morale, and adjust the program to meet real-world needs. Even small adjustments based on feedback can significantly improve equipment usage and staff engagement.

- » Shift change reports: Daily shift change reports can capture incidents or near-misses involving resident handling, providing immediate insight into potential safety concerns.
- » Huddles: Staff huddles provide real-time feedback and allow staff to communicate concerns or challenges regarding resident handling. These sessions can be invaluable for fine-tuning the SRH program.

3. Track equipment usage rates

- Monitor equipment usage and ensure that staff are regularly using the prescribed assistive devices. This can include non-powered devices like pivot turn discs or mechanical lifts. Tracking usage helps identify underutilization or misuse of equipment, which could indicate training gaps or resistance to adopting new practices.

4. Conduct loss analysis

- Incident reports: Collect and analyze data on resident handling injuries and near-misses. This includes:
 - » Insurance loss rates (for injuries related to SRH).
 - » OSHA recordables and other reportable incidents.
 - » First aid logs, including the number and severity of injuries.
 - » Falls and their causes, particularly those involving handling or mobility.
 - » Bed sores, as they can often be tied to improper handling or repositioning.
- Root cause analysis: When incidents occur, conducting a root cause analysis helps identify the underlying factors, such as improper equipment, lack of training, or staffing issues. This data is critical for program adjustments.
- Lost workdays: Tracking lost workdays or modified duty days related to SRH injuries helps measure the impact on staff and the overall costs of the SRH program.
- Resident recovery times: Monitoring how quickly residents recover from handling-related incidents (e.g., falls) can provide insight into the effectiveness of SRH interventions.

5. Share results with staff

- Transparency and motivation: Sharing safety trend data with employees can significantly boost engagement and morale. Celebrating successes and recognizing high-performing units fosters a sense of pride and friendly competition. This not only motivates staff to improve but also aligns everyone with the common goal of enhancing resident and worker safety.

- Unit-based success: Highlighting specific units or departments that have shown measurable improvement in SRH can create peer-driven motivation, encouraging others to adopt best practices.
- Positive reinforcement: Recognition of staff efforts — whether through formal awards or informal shout-outs — creates a culture of safety and reinforces the importance of safe handling practices.

6. Leverage vendors and partnerships

- External assessments and support: Collaborating with vendors and external experts can help evaluate and enhance your SRH program. Vendors may offer a range of services, such as:
 - » Conducting an overall SRH program assessment and gap analysis to identify areas for improvement.
 - » Performing needs assessments to determine if current equipment is sufficient for the community's needs.
 - » Program implementation support, including helping with the launch of new initiatives or equipment.
 - » Training on equipment and techniques, ensuring that staff is competent and confident in using SRH tools.
 - » Annual preventative maintenance services for equipment, ensuring that lifts and assistive devices are regularly checked and serviced to prevent failure.

Working with vendors who offer comprehensive services (e.g., training, equipment maintenance, and program reviews) can increase the program's effectiveness and sustainability.

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](#)
- » [Arjo](#)
- » [ASPHP](#)
- » Home Health — [ProCare](#), [Joerns](#), [Sizewise](#)

Building A Strong Vendor Partnership

A strong partnership with your vendors is critical to the ongoing success of your Safe Resident Handling (SRH) program. Often overlooked, the relationship between a community and its vendor(s) plays a crucial role in ensuring that staff have the support, knowledge, and resources they need to deliver safe and effective care to residents. Whether you're purchasing equipment, receiving training, or obtaining maintenance support, a trusted and knowledgeable vendor can be a game-changer for your SRH program. Below are key benefits and considerations for fostering a successful vendor partnership.

Key benefits of a strong vendor partnership:

1. Lower costs over time

- Initial cost savings: While there are often significant setup costs when establishing relationships with new suppliers, a well-managed supplier relationship management program can help minimize these costs. With clear communication, volume purchasing, and long-term partnerships, the total cost of ownership can be reduced over time.
- Negotiated discounts: Strong partnerships may also result in discounts for bulk orders, long-term agreements, and service packages that include maintenance and training. Vendors are more likely to offer better pricing and flexible terms to established clients.

2. Additional support and responsiveness

- Quick response to equipment issues: Having a dependable vendor relationship ensures that, should equipment break down or require urgent support, the vendor will be more responsive. This reduces downtime and ensures residents continue to receive high-quality care.
- Troubleshooting and service: If there are any questions about equipment use, missing components, or installation, a strong vendor partnership means that you have a knowledgeable contact who can respond quickly and accurately. The support provided can help minimize disruption to the community and ensure the safe use of equipment.

3. Improved service quality

- As your relationship with a vendor strengthens, they become more familiar with the specific needs of your community and residents. This enables them to provide tailored solutions that improve operational efficiency and safety. The vendor's insights into equipment compatibility, usage patterns, and staff training can make a significant difference in the overall performance of your SRH program.

4. Timely delivery of SRH equipment

- A well-established vendor partnership ensures that your community will be a priority for timely delivery of equipment and supplies. Vendors who understand the urgency of your needs are more likely to expedite orders, especially for critical equipment like lifts, slings, or assistive devices.
- Proactive planning: Vendors who know your community's needs can provide proactive support, ensuring that equipment arrives before it is needed, preventing delays in resident care.

5. Resident and staff satisfaction

- Improved staff efficiency and safety: When your caregivers have access to the right equipment and training, it makes their jobs easier and safer. This leads to increased staff satisfaction as they are able to perform their duties more effectively and with reduced risk of injury.
- Better resident care: The correct safe resident handling equipment ensures that residents are moved, transferred, or repositioned in a safe manner, which minimizes the risk of injury. This leads to better outcomes and a more comfortable living experience for residents.



Other advantages of a strong vendor partnership:

1. Subject matter experts (SMEs)
 - Many SRH vendors and manufacturers have dedicated subject matter experts (SMEs) who specialize in the safe handling and mobility of residents. These experts can assist in decision-making, program development, and identifying the best equipment for your community's specific needs.
 - Ongoing support: SMEs can also provide insights into new products, innovations, and best practices in the SRH space, ensuring that your community stays ahead of the curve when it comes to resident care.
2. Training and education resources
 - Customized training: Vendor partners often offer tailored training programs for staff on the proper use of their equipment. This may include hands-on sessions, online modules, and, in some cases, certification programs for staff.
 - Manufacturer-provided academies: For example, manufacturers like Arjo have academy-style training programs for their own employees. These programs are often available to clients as well, providing the latest insights and skills necessary to operate their equipment effectively.
 - Ongoing education: Training isn't a one-time event. A good vendor will offer refresher courses, updated training materials, and even on-site support to ensure staff remain proficient and confident in their SRH practices.
3. Preventative maintenance and equipment longevity
 - Routine preventative maintenance (pm): Vendors often provide annual preventative maintenance services for the equipment they supply. These services are crucial for ensuring that lifts, slings, and other assistive devices remain functional and safe to use.
 - Avoiding costly repairs: Regular maintenance helps identify potential issues before they become major problems, preventing costly repairs and equipment downtime.

4. Warranty and support services

- Product warranties: Many SRH equipment vendors offer warranties that cover repairs or replacements of faulty equipment. A strong vendor relationship ensures that you understand the terms and can easily access warranty support when needed.
- Parts and accessories: Vendors can provide essential spare parts or accessories to keep equipment in good working order. This ensures that equipment is not out of service for extended periods due to minor component failures.

Best practices for vendor partnership:

- Transparent communication: Clear and open communication is essential for a successful partnership. Make sure that your vendors understand your community's unique needs and that they are aligned with your SRH goals.
- Regular check-ins: Establish regular meetings or check-ins with your vendor to discuss any new challenges, upcoming needs, and opportunities for improvement in equipment or services.
- Feedback loops: Provide feedback on the equipment, service, and training received. This helps the vendor better understand your community's needs and ensures that the partnership remains productive and responsive.
- Document agreements: Ensure that service agreements, warranties, and maintenance schedules are clearly documented. This provides a clear record of the expectations and services provided, helping to prevent misunderstandings.
- Explore partnership benefits: Many vendors offer volume discounts, bundled services, or additional training support for long-term or larger clients. Be proactive in exploring ways to maximize the value of your vendor relationships.

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

