## **Safe Handling Program Checklist**

I. Policy Development	Completed	In Progress	N/A
A. Does the workplace have a safe handling policy including: employer's commitment to safe handling, eliminating manual lifting; defining handling; roles, responsibilities and expectations	Comments:		
B. How do you measure effectiveness of the policy?			
It is important to have a policy in place that is understood by all staff, clients and family members and reviewed on a regular basis. Systematic clarification of the roles and responsibilities of staff in the form of a written safe lifting policy helps maintain program sustainability.  C. How does management reinforce the safe handling policy?			
II. Novikistalisek aldau kurakisana ast			
II. Multistakeholder Involvement	Completed	In Progress	N/A
B. A safe handling team represents all levels.			
Teams should be formed that include a range of staff from all affected departments, including members representing administrators and frontline staff.	Notes		
C. The team is actively involved during the development of the program.			
Involve staff during every step of safe handling program implementation (e.g., hazard assessment, technology procurement, education and training, program evaluation).	Notes		
D. Peer champions representing units / shifts are team members			
Peer champions continually remind and educate their peers about the program, answer questions, troubleshoot issues, and promote the culture of safety. There should be a dedicated staff member who fills this role in each department.	Notes	,	
III. Needs Assessment	In Place	Not Done	Will Adopt
A. Mobility assessment criteria are established and applied to each person in care.			
All persons in care have unique characteristics and mobility capabilities that need to be assessed on a regular basis.	Notes (timelines,	responsibilities, etc.)	
B. A handling plan is communicated for all persons in care.			

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Once the level of mobility and need for assistance is assessed, that information needs to be communicated to all relevant workers.	Notes			
IV. Equipment	In Place	Not Done	Will Adopt	
A. Frontline staff is involved in selecting equipment.				
The workers who actually move and transfer clients are a valuable resource when determining the most effective equipment.	Notes (timelines, responsibilities, etc.)			
<b>B. Equipment is chosen based on need.</b> Individual units or clients may have different movement and transfer needs, so make sure to involve staff from all departments.	Notes			
C. Equipment is convenient, available, and accessible.				
Having appropriate and easy-to-use safe handling equipment				
conveniently located encourages routine use.	Notes			
D. Equipment cleaning, inspection, and maintenance systems are in place.  Equipment needs to be maintained properly and charged at all times.				
Responsibility for cleaning equipment should be clearly designated. Equipment must be regularly inspected.	Notes			
E. Partnership with vendor(s) is considered.				
Vendors can help to develop safe handling specifications, troubleshoot issues, answer questions, and maintain equipment.	Notes			
F. Construction and remodeling projects take safe handling considerations into account (if applicable).				
When undertaking construction and remodeling, it is more effective to design with safe handling in mind than to retrofit afterward.	Notes			
V. Education and Training	In Place	Not Done	Will Adopt	
<b>A. All relevant staff is trained on using equipment.</b> If the worker uses the equipment correctly and efficiently, outcomes for care will be better.				
	Notes (timelines, res	ponsibilities, etc.)		
B. All staff is educated on the importance of safe handling.				

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There should be a variety of learning methods available (i.e. on-line learning, self -directed learning, hands-on, safety huddles) and records should be maintained.	Notes		
C. Staff is trained on equipment annually, after an extended absence, when newly hired, and when new equipment is purchased.			
Including safe handling in annual competency reviews helps promote the program and equipment proficiency.	Notes		
Residents/clients/families are educated on policy/equipment.  Educating residents/clients and their family members about your organization's policy and use of equipment will engage them in the safe			
handling process	Notes		
VI. Program Evaluation (completed annually)	In Place	Not Done	Will Adopt
A. Metrics are tracked to evaluate program success.			
You can track the success of your program by examining the number and type of staff injuries, specific activities that led to these injuries, number of lost work or modified duty days, and the effectiveness of the safe handling policy.	Notes (timelines, res	ponsibilities, etc.)	
B. Improvements to the safe handling program are considered.			
Every program needs adjustment after being put into practice. Even small changes can improve safe handling tremendously in your organization.	Notes		

Adapted from OSHA, United States Department of Labour

https://www.osha.gov/dsg/hospitals/documents/3.2\_SPH\_checklist\_508.pdf

Adapted from Aware-NS

http://awarens.ca/