

SAMPLE CLIENT HANDLING CODE OF PRACTICE

Company:
Workplace Address:

Introduction

This code sets out requirements that this company will follow for the reduction of MSIs due to client handling at this workplace.

Administering the Code of Practice

Code of Practice Administrator:	
Phone No.:	Email:

The code of practice administrator is authorized by the employer to manage the client handling code of practice and to ensure employees are trained in the following, as required:

- MSI prevention
- How to properly move to avoid bending and twisting (proper body mechanics)
- Appropriate warm-up and stretch exercises
- The benefits of job rotation
- Transfer and repositioning techniques for client handling
- Maximizing client abilities
- How to safely use client handling equipment that may be provided (stand-up lift, ceiling lift, transfer belt, slider sheets, etc.)
- The workplace's internal system for incident reporting

Employees are responsible to report all client handling health and safety issues to their supervisor and then, if necessary, to the code of practice administrator as per the company's incident reporting process. All employees must co-operate with the administrator in the performance of the administrator's duties.

Initially complete:

- Step 1 - Hazard Identification
- Step 2 - Risk Identification (include any procedures or other relevant documents with this code of practice)
 - Bed Mobility Recommendation Form, or
 - Lift and Transfer Recommendation Form

Yearly evaluation:

- Step 3 - Evaluation
- Step 4 - Followup

Step 1 - Hazard Identification

Complete this section for EVERY applicable task											
Administrator:						Date of assessment:					
Person(s) at risk:											
Task name/description:											
		<input checked="" type="checkbox"/>					Actual		Objective		
Injury analysis		<input type="checkbox"/>	Incident frequency								
			Lost-time								
			All incidents								
			Number of incidents								
			Comments:								
Employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
<i>Body Discomfort Survey</i> has been administered		<input type="checkbox"/>	Comments:								
<i>Note: Any Discomfort Survey result over "5" should be considered a high risk for injury.</i>											
Body Part		Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist or Hand	Right Wrist or Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Actual										
	Objective										

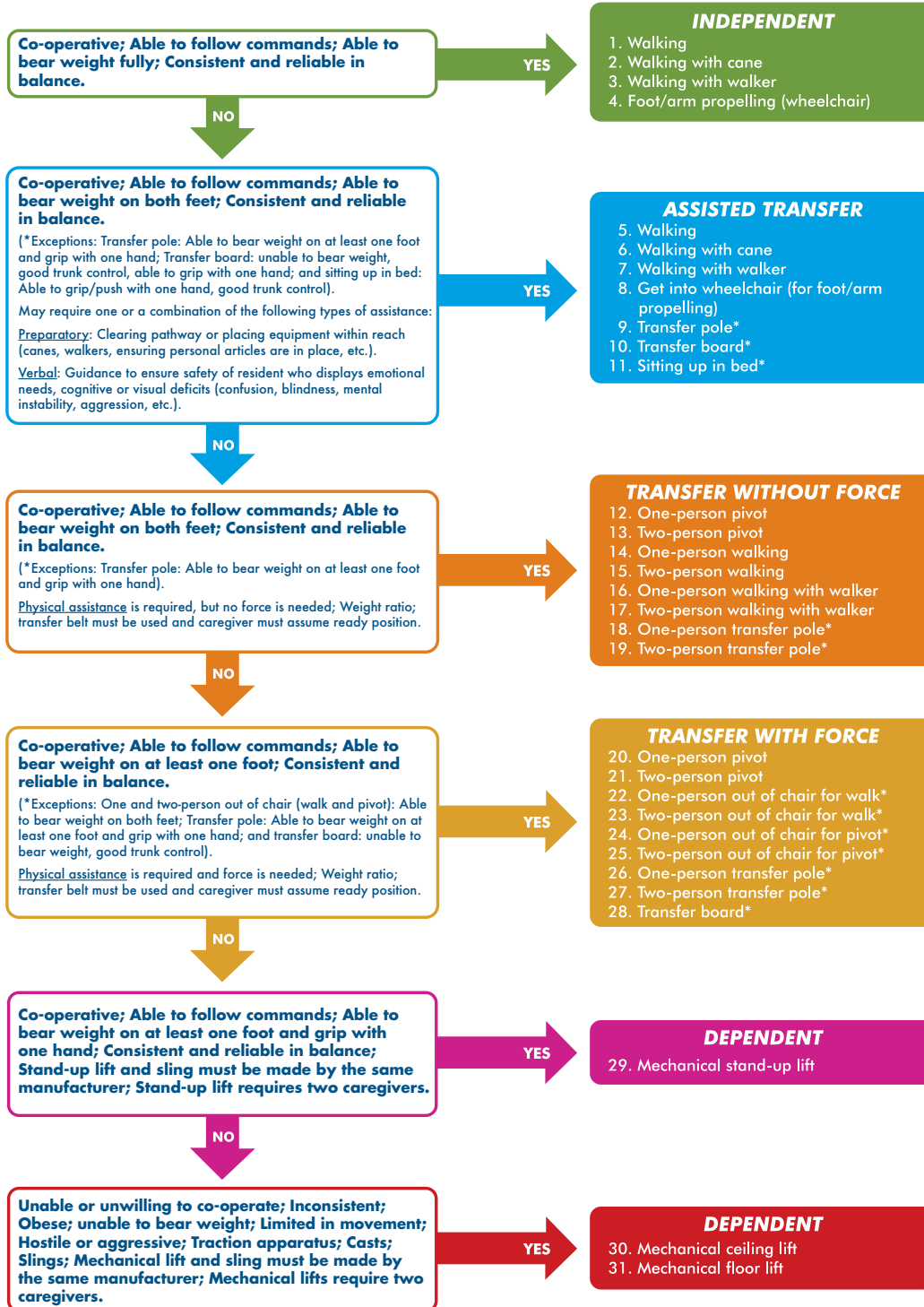
Summary of results:

Step 2 - Bed Mobility Recommendation Form

Name of Client/Technique:		Room No. (if applicable):
Assessed by:		Date:
Bed Mobility Recommendations		
Manoeuvre	Client Abilities	Client Handling Controls <i>(Check those that apply and circle the number of caregivers required)</i>
<input type="checkbox"/> Move up in bed	<input type="checkbox"/> Able to move up in bed without assistance <input type="checkbox"/> Able to move up in bed with moderate assistance <input type="checkbox"/> Unable to move up in bed but can assist the caregiver (move limbs, turn over) <input type="checkbox"/> Unable to move up in bed and cannot assist the caregiver	<input type="checkbox"/> Provide verbal cueing <input type="checkbox"/> Apply mild force to the feet while the client pushes up in bed <input type="checkbox"/> Provide and use friction-reducing repositioning aids <input type="checkbox"/> Adjust the head and/or foot of the bed to facilitate the movement using gravity <input type="checkbox"/> 2-person hammock (1) – 2 caregivers <input type="checkbox"/> 2-person hammock (2) – 2 caregivers <input type="checkbox"/> Other: _____
<input type="checkbox"/> Turn client to the side	<input type="checkbox"/> Able to turn in bed without assistance <input type="checkbox"/> Able to turn up in bed with moderate assistance <input type="checkbox"/> Unable to turn up in bed but can assist the caregiver (holding side rails, etc.) <input type="checkbox"/> Unable to turn up in bed and cannot assist the caregiver	<input type="checkbox"/> Provide verbal cueing <input type="checkbox"/> Move limbs for the client – (cross legs, tuck in arms, etc.) <input type="checkbox"/> Raise the rails so client can grasp them to assist caregiver <input type="checkbox"/> Turn client to the side – 1 or 2 caregiver(s) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Move from one side of the bed to the other	<input type="checkbox"/> Able to move to the side of the bed without assistance <input type="checkbox"/> Able to move to the side of the bed with moderate assistance <input type="checkbox"/> Unable to move to the side of the bed but can assist the caregiver <input type="checkbox"/> Unable to move to the side of the bed and cannot assist the caregiver	<input type="checkbox"/> Provide verbal cueing <input type="checkbox"/> Provide and use friction reducing repositioning aids <input type="checkbox"/> Side to side – 1 or 2 caregiver(s)
<input type="checkbox"/> Lying down in bed	<input type="checkbox"/> Able to lie down in bed without assistance <input type="checkbox"/> Able to lie down in bed with moderate assistance <input type="checkbox"/> Unable to lie down in bed but can assist caregiver <input type="checkbox"/> Unable to lie down in bed and cannot assist the caregiver	<input type="checkbox"/> Provide verbal cueing <input type="checkbox"/> Raise the head of the bed to facilitate the movement <input type="checkbox"/> Lying down – 1 or 2 caregiver(s)
<input type="checkbox"/> Sitting up in bed	<input type="checkbox"/> Able to sit up in bed without assistance <input type="checkbox"/> Able to sit up in bed with moderate assistance <input type="checkbox"/> Unable to sit up in bed but can assist the caregiver <input type="checkbox"/> Unable to sit up in bed and cannot assist the caregiver	<input type="checkbox"/> Provide verbal cueing <input type="checkbox"/> Raise the head of the bed to facilitate the movement <input type="checkbox"/> Sitting up – 1 or 2 caregiver(s)
Comments and Followup: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <i>Signature of Assessor:</i> </div> <div style="width: 30%;"> <i>Date recorded on Client's Chart:</i> </div> <div style="width: 30%;"> <i>Original to Client's Chart (Initials):</i> </div> </div>		

BACK IN FORM

CLIENT ASSESSMENT FLOW CHART



Step 2 - Lift and Transfer Recommendation Form (cont.)

Name of Client/Technique:	Room No. (if applicable):														
Assessed by:	Date:														
Lift and Transfer Recommendations															
<i>Use Client Assessment Flow Chart when completing this section</i>															
Client can/is:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Lift and Transfer Status</th> <th style="width: 50%; padding: 5px;">Client Handling Controls <small>(Check those that apply and circle the number of caregivers required)</small></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Independent </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Walking <input type="checkbox"/> Walking/cane <input type="checkbox"/> Walking/walker <input type="checkbox"/> Foot/arm propelling in wheelchair </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Assisted Transfer </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Walking <input type="checkbox"/> Walking/cane <input type="checkbox"/> Walking/walker <input type="checkbox"/> Get into wheelchair (for foot/arm propelling) <input type="checkbox"/> Transfer pole (grip with one hand, bear weight on one foot) <input type="checkbox"/> Transfer board (Can't bear weight, good trunk control, grip with one hand) <input type="checkbox"/> Sitting up in bed (weight ratio: upper torso) </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Transfer without Force </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Walking – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Walking/walker – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Transfer pole – 1 or 2 caregiver(s) in each instance <p style="text-align: center;"><u>Transfer belt must be used</u></p> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Transfer with Force </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Out of Chair/Walk – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Out of Chair/Pivot – 1 or 2 caregiver(s) in each instance (weight ratio) <input type="checkbox"/> Transfer pole – 1 or 2 caregiver(s) in each instance <input type="checkbox"/> Transfer board <p style="text-align: center;"><u>Transfer belt must be used</u></p> </td> </tr> <tr> <td style="padding: 5px; 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Step 3 - Evaluation

Complete this evaluation (at least annually) for EVERY task											
Administrator/evaluator:						Date of assessment:					
Person(s) at risk:											
Task name/description:											
		<input checked="" type="checkbox"/>		Initial	Current	Objective	Objective met (Yes/No)				
Injury analysis		<input type="checkbox"/>	Incident frequency								
			Lost-time								
			All incidents								
			Number of incidents								
			Comments:								
Initial employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
Current employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
<i>Body Discomfort Survey</i> has been administered		<input type="checkbox"/>	Comments:								
<i>Note: Any Discomfort Survey result over "5" should be considered a high risk for injury.</i>											
Body Part		Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist or Hand	Right Wrist or Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Initial										
	Current										
	Objective										

Summary of results:

Step 4 - Followup

If the results are satisfactory:

- Monitor the task.
- At minimum, re-administer *Body Discomfort Survey* annually.
- Other _____

If the results are not satisfactory, these steps should be followed:

				Comments
1	Have control strategies been implemented?	<input type="checkbox"/> Yes	Proceed to No. 2	
		<input type="checkbox"/> No	Implement control strategies	
2	Are control strategies operating effectively?	<input type="checkbox"/> Yes	Proceed to No. 4	
		<input type="checkbox"/> No	Proceed to No. 3	
3	Can control strategies or measures be modified?	<input type="checkbox"/> Yes	Modify control measures if necessary	
		<input type="checkbox"/> No	Proceed to No. 4	
4	Identify new strategies available to be applied and implemented	<input type="checkbox"/>	Details:	
5	Re-evaluate new strategies	<input type="checkbox"/>	Go to Step 3 - Evaluation on pg. 6	