

## SAFE PATIENT HANDLING AND MOBILITY PROGRAM

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides direction for the management and oversight of a Safe Patient Handling and Mobility (SPHM) Program at the national, Veterans Integrated Service Networks (VISN), and health care system (HCS) levels.

### **2. SUMMARY OF MAJOR CHANGES:**

a. This VHA directive updates the responsibilities and criteria for SPHM programs while simplifying the background and definitions. Major changes include: Transferring the Responsible Program Office from the Office of Nursing Services to Occupational Safety, Health and Green Environmental Management System (GEMS) Programs (10NA8); and adding a National Program Manager role that is responsible for the administration, monitoring, evaluating and supporting of national SPHM program activities.

b. Amendment dated, July 16, 2020 updates links, references (paragraph 5), and the responsible program office on the Transmittal Sheet.

**3. RELATED ISSUE:** None.

**4. RESPONSIBLE OFFICE:** The VHA Office of Occupational Safety and Health (10NA5B) is responsible for the contents of this directive. Questions may be addressed to administrative staff at [vhahelpadmin@va.gov](mailto:vhahelpadmin@va.gov).

**5. RESCISSIONS** VHA Directive 2010-032, Safe Patient Handling Program and Facility Design, dated June 28, 2010, is rescinded.

**6. RECERTIFICATION:** This VHA directive is due to be recertified on or before the last working day of March 2023. This VHA directive will continue to serve as a national VHA policy until it is recertified or rescinded.

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## SAFE PATIENT HANDLING AND MOBILITY PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy to provide direction for the management and oversight of a Safe Patient Handling and Mobility (SPHM) Program at the national, Veterans Integrated Service Networks (VISN), and health care system (HCS) levels. **AUTHORITY:** Public Law 91-596, the Occupational Safety and Health Act of 1970 (OSH Act), Section 19; Title 29 Code of Federal Regulations (CFR), Part 1960, Basic Program Elements for Federal Employee OSH Programs and Related Matters; Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.

### 2. BACKGROUND

a. The health care industry records the highest rates of work related injuries causing employees to miss work (see references, paragraph 5.cc.). Furthermore, over half of these injuries result from manual patient handling and repositioning of patients. VHA implemented an industry-leading SPHM program starting in 2006 which contributed to a 40 percent reduction in manual patient handling injuries between 2006 and 2014. SPHM programs that include SPHM technology have been found to enhance nursing retention and recruitment, as well as improve the quality of patient care (see References section, paragraph 5.u.).

b. SPHM technology refers to medical supplies and equipment that are intended to facilitate safe patient transfers (lateral and vertical), repositioning, mobility, and transport. Examples of SPHM technology include: ceiling-mounted lifts; floor-based lifts; powered and non-powered stand assists; associated slings; friction reducing devices; and powered transport devices.

c. VHA practice and training incorporates a limit of 35 pounds for routine patient care repositioning and lifting tasks. Exceeding this limit on a routine basis in the performance of one's job substantially increases the likelihood of injury (See References section, paragraphs 5.bb. and 5.dd.)

d. The VHA SPHM Program served as the basis for the Occupational Safety and Health Administration (OSHA) Ergonomics Guidelines for Healthcare Facilities as well as the American Nurses Association Handle with Care Program and their subsequent SPHM standards for health care.

e. Incorporating SPHM technology expertise into the design phase of renovation and new construction of clinical patient areas substantially reduces the cost of installation and purchasing of SPHM equipment.

### 3. POLICY

It is VHA policy that a SPHM Program be required in every VHA health care system to protect VHA health care workers and patients from injuries due to patient handling

and mobility to ensure that all Veterans have equitable opportunity to access SPHM technology as needed and to meet and improve their care needs. Employees will utilize SPHM technology for routine (i.e., non-emergent) patient handling tasks that require lifting over 35 pounds of patient weight, or when performing tasks that require the generation of excessive force, such as repositioning a patient in a bed by pushing or pulling. New construction and renovation projects will incorporate patient handling and mobility technology appropriate to the type of care setting in the design phase.

#### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Authorizing policy for the management and oversight of a SPHM Program at the national, VISN, and HCS levels.

(3) Ensuring that there are adequate resources for the VHA SPHM Program.

b. **Deputy Under Secretary for Health Policy and Services.** The Deputy Under Secretary for Policy and Services is responsible for:

(1) Developing and implementing VHA SPHM Programs and policies.

(2) Establishing program performance standards for the Assistant Under Secretary for Health for Operations.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Monitoring compliance with VHA SPHM Program performance standards.

(2) Ensuring that VISN Directors establish SPHM Programs and funding for SPHM programs, including for technology and SPHM coordination.

(3) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(4) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(5) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

d. **Chief Officer for Nursing Services.** The Chief Officer for Nursing Services is responsible for ensuring collaborative partnerships for the integration of all SPHM elements.

e. **Chief Consultant, Occupational Health, Patient Care Services.** The Chief Consultant, Occupational Health, Patient Care Services, is responsible for:

(1) Collaborating with Occupational Safety and Health, Office of Nursing Services, Health Care Engineering, Office of Capital Asset Management and Engineering Support, Center for Engineering & Occupational Safety and Health, Office of Patient Care Services, Office of Construction and Facilities Management (CFM), the National Center for Patient Safety, and medical center leadership to provide direction for the management and oversight of a SPHM Program at the national, VISN, and HCS levels.

(2) Developing national performance standards and metrics for SPHM Programs.

(3) Developing national guidelines for training on safe patient handling technology and program management for facility and nursing leadership, patient and employee safety personnel, healthcare technology managers, SPHM Facility Coordinators (FCs), SPHM Unit Peer Leaders and other clinical services as appropriate.

(4) Determining whether there are national employee or patient safety trends that require intervention.

(5) Recommending appropriate actions to improve SPHM programs to the Deputy Under Secretary for Health for Operations and Management.

(6) Maintaining a National Program Manager for the VHA SPHM Program.

f. **National Program Manager, VHA Safe Handling and Mobility Program.** The National Program Manager, VHA SPHM Program, is responsible for:

(1) Administration of the national SPHM Program to include recognition and dissemination of local best practices and innovation.

(2) Development of a standardized SPHM training curriculum.

(3) Monitoring and supporting SPHM FCs and VISN SPHM Points of Contact to enable them to meet program goals and metrics.

(4) Monitoring and evaluating the effectiveness of the national program directive and policy.

g. **Veterans Integrated Service Network Directors.** VISN Directors are responsible for:

(1) Designating a VISN level Point of Contact to provide oversight for standardizing and integrating SPHM Program elements throughout VISN facilities.

(2) Ensuring that adequate resources are available to carry out the SPHM Program, including resources for program coordination and technology (to include new installations, maintenance, supplies, and replacement as needed).

(3) Ensuring that compliance with the SPHM Program directive is evaluated annually.

(4) Ensuring that planning, design and construction phases of new construction and renovation projects, including major, minor, non-recurring maintenance (NRM), and station-level equipment projects, incorporate appropriate and necessary patient handling and mobility equipment in the planning and design phases at all VHA facilities.

h. **VA Medical Facility Directors.** VA medical facility Directors are responsible for:

(1) Ensuring that a VHA SPHM Program is under their authority to include designation of Unit Peer Leaders (unit/service champions for SPHM). **NOTE:** *A sample facility SPHM Program is included in the VHA Center for Engineering and Occupational Safety and Health  [\(CEOSH\) SPHM Guidebook, <http://vawww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook>. NOTE: This is an internal VA Web site that is not available to the public.](http://vawww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook)*

(2) Designating a full time VHA SPHM Facility Program Coordinator, based on clinical needs of Veterans served and safety needs of staff. Factors that should be considered include, but are not limited to, patient safety events, number of Veterans served, facility complexity, bed days of care (BDOC), number of direct care providers, number and distance of offsite facilities, employee injuries, existing challenges and implementation failures.

(3) Ensuring Associate Director for Patient Care Services, Chief of Staff, Associate Director, Medical Center Director and a hospital committee (Safety, Environment of Care, Patient Safety, or other committee) maintains oversight of SPHM Program operations and activities, and reports up to the facility governing board. The oversight group will include the SPHM FC, Nursing Leadership, the Safety Officer, the Patient Safety Manager, Employee Occupational Health, Engineering/Facilities Management, and Biomedical Engineering.

(4) Ensuring that the oversight group reviews, at least semi-annually, the aggregate patient and employee safety incidents which may also include lost and restricted work time and costs associated with injuries (direct and indirect), associated with patient handling.

(5) Timely reporting of performance metrics by the national program office.

(6) Ensuring that mechanical lifting equipment and supplies are ordered, maintained, and inspected appropriately.

(7) Following all relevant VA National Center for Patient Safety (NCPS) requirements, Patient Safety Alerts including AL14-07, and checklists, including [VHA Installation and Relocation Checklist for Ceiling Mounted Patient Lifts](#) and [VHA Corrective and Preventive Maintenance Checklist for Ceiling Mounted Patient Lifts](#). **NOTE:** *These internal VA Web sites are not available to the public.*

(8) Providing adequate resources for implementation of the facility SPHM Program, including the SPHM needs of the bariatric patient population. See the CEOSH [Bariatric Safe Patient Handling and Mobility Guidebook](http://vaww.hefp.va.gov/guidebooks/bariatric-safe-patient-handling-and-mobility-guidebook), <http://vaww.hefp.va.gov/guidebooks/bariatric-safe-patient-handling-and-mobility-guidebook>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(9) Ensuring that all employees that handle/mobilize patients or provide equipment for patients are included in the SPHM program, including but not limited to nursing units, SCI/Disorders centers, Community Living Centers, treatment areas, diagnostic and imaging areas, procedure areas, rehabilitation units, physical, occupational and recreation therapy clinics, outpatient clinics, morgue, prosthetics, home care, recreation therapists, volunteers, and patient transportation.

(10) Ensuring there is a system in place for all managers and supervisors to schedule and offer staff SPHM education and training, and maintain competence for all personnel who are directly involved with patient handling, moving and mobilizing of Veterans. Content and sample templates for staff education curriculum and competency training can be accessed in the [SPHM Guidebook](http://vaww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook), <http://vaww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook>. **NOTE:** *This is an internal VA Web site that is not available to the public.* Detailed sample training products are also available from the national program office.

(11) Ensuring that SPHM Unit Peer Leaders are assigned, trained and supported by management to train, coach, and assist front line VHA health care workers. Role and resource requirements are accessed in the [SPHM Guidebook](http://vaww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook), <http://vaww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(12) Ensuring that planning, design and construction phases of new construction and renovation projects, including major, minor, NRM, and station-level equipment projects, incorporate appropriate and necessary patient handling and mobility equipment at all facilities, including SPHM FC input in any areas traversed by patients.

(13) Ensuring that safety incidents related to patient handling are reported to the SPHM Program Coordinator, in order for them to: Investigate such injuries, provide recommendations, and track these injuries by unit, area, and hospital-wide.

i. **Facility Safe Patient Handling and Mobility Program Coordinator.** The Facility Coordinator, in collaboration with Patient Safety and Occupational Safety, Health Care Technology and Logistics, Environment of Care and others as appropriate, is responsible for coordinating and monitoring a comprehensive SPHM program which meets the performance criteria provided in Appendix A.

## 5. REFERENCES

a. VHA Center for Engineering and Occupational Safety and Health (CEOSH) , Safe Patient Handling and Mobility Guidebook, <http://vaww.hefp.va.gov/guidebooks/safe-patient-handling-and-mobility-guidebook>,



dated April 2017. **NOTE:** *This is an internal VA Web site that is not available to the public.*

b. VHA Center for Engineering and Occupational Safety and Health (CEOSH), [Bariatric Safe Patient Handling and Mobility Guidebook](http://vaww.hefp.va.gov/guidebooks/bariatric-safe-patient-handling-and-mobility-guidebook), <http://vaww.hefp.va.gov/guidebooks/bariatric-safe-patient-handling-and-mobility-guidebook>, dated July 2015. **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. [VHA Installation and Relocation Checklist for Ceiling Mounted Patient Lifts](https://www.publichealth.va.gov/docs/employeehealth/InstallationRelocation.pdf), <https://www.publichealth.va.gov/docs/employeehealth/InstallationRelocation.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. [VHA Corrective and Preventive Maintenance Checklist for Ceiling Mounted Patient Lifts](https://www.publichealth.va.gov/docs/employeehealth/PreventiveMaintenance.pdf), <https://www.publichealth.va.gov/docs/employeehealth/PreventiveMaintenance.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

e. Alamgir H, Drebit S, Li HG, Kidd C, Tam H, Fast, C. Peer Coaching and Mentoring: A New Model of Educational Intervention for Safe Patient Handling in Health Care. *American Journal of Industrial Medicine* 2011; 54:609–617.

f. American Nurses Association (2013). *Safe Patient Handling and Mobility: Interprofessional National Standards*. Silver Spring, Maryland: American Nurses Association.

g. Matz MW, Celona JD, McKoskey K, Nelson GS, et al. (November 2019) *Patient Handling and Movement Assessments: A White Paper*. Facility Guidelines Institute. Retrieved from <https://fgiguideelines.org/resource/patient-handling-and-movement-assessments/>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

h. Collins JW, Wolf L, Bell J, Evanoff B. An evaluation of a best practices musculoskeletal injury prevention program in nursing homes. *Injury Prevention* August 2004; 10:206-211.

i. Evanoff B, Wolf L., Aton E, Canos J, Collins J. Reduction in injury rates in nursing personnel through introduction of mechanical lifts in the workplace. *American Journal of Industrial Medicine* November 2003; 44: 451-457.

j. Facility Guidelines Institute (2014). *Guidelines for Design and Constructions of Hospitals and Outpatient Facilities*.

k. Facility Guidelines Institute (2014). *Guidelines for Design and Constructions of Residential Health, Care, and Support Facilities*.

l. Gallegher S, Marras WS. Tolerance of the lumbar spine to shear: A review and recommended exposure limits. *Clinical Biomechanics* December 2012; 27:973–978.

- m. Hodgson M, Matz M, Nelson A. Patient handling in the Veterans Health Administration: facilitating change in the health care industry. *Journal of Occupational and Environmental Medicine* October 2013; 55(10):1230-1237.
- n. Knoblauch M, Bethel S. Safe patient-handling program UPLIFTs nurse retention. *Nursing* February 2010; 40(2): 67-68.
- o. Marras WS, Davis KG, Kirking BC, Bertsche PK. A comprehensive analysis of low-back disorder risk and spinal loading during the transferring and repositioning of patients using different techniques. *Ergonomics* 1999; 42(7):904 -926.
- p. Marras WS, Knapik GG, Ferguson S. Lumbar spine forces during maneuvering of ceiling-based and floor-based patient transfer devices. *Ergonomics* March 2009; 52(3): 384-397.
- q. Nelson A, Collins J, Siddharthan K, Matz M, Waters T. Link between safe patient handling and patient outcomes in long-term care. *Rehabilitation Nursing* January-February 2008; 33(1):33-43.
- r. Nelson A, Collins J, Siddharthan K, Matz M, Waters T. Link Between Safe Patient Handling and Patient Outcomes in Long-Term Care. *Rehabilitation Nursing* January-February 2008; 33(1):33-43.
- s. Nelson A, Matz M, Chen F, Siddharthan K, Lloyd J, Fragala G. Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks. *International Journal of Nursing Studies* August 2006 43(6):717-
- t. Nelson AL, Baptiste A. Evidence-Based Practices for Safe Patient Handling and Movement. *Online Journal of Issues in Nursing* September 2004; 9(3), Manuscript 3.
- u. Powell-Cope G, Haun J, Rugs D. Description of a Social Marketing Framework for Implementing an Evidence-Based Safe Patient Handling Program. *American Journal of Safe Patient Handling and Mobility* June 2013; 3(1):69-76.
- v. Powell-Cope G, Toyinbo P, Patel N, Rugs D, Elnitsky C, Hahm B et al. Effects of a National Safe Patient Handling Program on Nursing Injury Incidence Rates. *Journal of Nursing Administration* October 2004; 44(10):525-534.
- w. Restrepo TE, Schmid FA, Gucer PW, Shuford HL, Shyong CJ, McDiarmid MA. Safe Lifting Programs at Long-Term Care Facilities and Their Impact on Workers' Compensation Costs. *Journal of Occupational and Environmental Medicine* January 2013; 51(1):27-35.
- x. Siddharthan K, Nelson A, Tiesman H, Chen F. (2005). Cost Effectiveness of a Multifaceted Program for Safe Patient Handling in Henriksen K, Battles JB, Marks ES, et al (eds) *Advances in Patient Safety: From Research to Implementation* (Vol. 3). Rockville MD: Agency for Healthcare Research and Quality.

y. United States Department of Labor, Bureau of Labor Statistics. (2013). *Injuries, illnesses, and fatalities*. Retrieved on May 26, 2015 from <http://www.bls.gov/iif/>.

z. United States Department of Labor, Occupational Safety and Health Administration. (2003). *Ergonomics Guidelines for Nursing Homes*. Retrieved from: <https://www.osha.gov/ergonomics/guidelines/nursinghome/>.

aa. Waters T. When is it safe to manually lift a patient? *The American Journal of Nursing* August 2007; 107(8): 53-58.

bb. United States Department of Labor, Occupational Safety and Health Administration. (June 25, 2015). Inspection Guidance for Inpatient Healthcare Settings. Attachment 2: Inspection Procedures for Focus Hazards and Other Hazards in Inpatient Healthcare Settings. Retrieved from: [https://www.osha.gov/dep/enforcement/inpatient\\_insp\\_06252015.html](https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html)

cc. United States Department of Health and Human Services, Centers of Disease Control, National Institute for Occupational Safety and Health, Applications Manual for the Revised NIOSH Lifting Equation, 1994, Publication Number 94-110. <https://cdc.gov/niosh/docs/94-110/pdfs/94-110.pdf>.

**PERFORMANCE CRITERIA FOR SAFE PATIENT HANDLING AND MOBILITY  
PROGRAMS**

1. The health care system has a written Safe Patient Handling and Mobility (SPHM) policy that specifies local responsibilities and applies to all areas where employees handle, mobilize or assist patients and residents.
2. The Department of Veterans Affairs (VA) medical facility Director has appointed a full time VHA SPHM Facility Program Coordinator or greater based on clinical needs of Veterans served and safety needs of staff. Facilities with an FTE less than 1 have completed an equivalency.
3. The SPHM Facility Coordinator (FC) has training and experience sufficient to manage the program effectively.
4. A medical facility committee, which includes the SPHM FC, an executive sponsor, and major stakeholders, oversees SPHM program activities; tracks staff and patient injuries related to patient handling; and evaluates equipment maintenance, logistics and availability of supplies.
5. Safety Officer or Manager ensures that safety investigations of employee injuries sustained while handling patients are conducted in collaboration with SPHM FC.
6. Patient Safety and Quality collaborates with SPHM FC to report clinical patient outcomes and investigate patient safety incidents related to patient handling and mobility.
7. Unit-based ergonomic assessments have been conducted in all areas where patient handling and mobilization is expected, in order to identify hazards related to patient handling and mobilization and strategies to address hazards.
  - a. Unit-based ergonomic assessments are updated periodically, via methods that may include Comprehensive Environment of Care (CEOC) rounds and/or meeting and discussion with supervisors and Unit Peer Leaders or other staff.
  - b. SPHM technology is available in sufficient quantity and in locations convenient to staff as indicated by unit-based ergonomic assessments.
  - c. High-risk tasks addressed by unit-based ergonomic assessments include lifting and repositioning more than 35 pounds of patient weight in optimal position, working in awkward positions, pushing and pulling patients or equipment, and handling falling patients. Guidance is available in the SPHM Guidebook and in SPHM algorithms from VHA, National Association of Orthopedic Nurses (NAON), and Association of Perioperative Registered Nurses (AORN).

d. Overhead lifts are preferred over floor-based lifts particularly where frequent patient handling tasks are required

8. New construction and remodeling projects in patient care areas include the SPHM FC on the team for the duration of the project, to include planning, design, construction, activation and installation.

9. Patients are screened to determine need for SPHM technology across all settings to support continuum of care including prosthetics and Physical Medicine & Rehabilitation (PM&R).

10. SPHM Program includes Unit/Service Peer Leaders (UPLs) on all shifts in all areas where patient handling occurs who provide training, coaching, and assistance to front line VHA health care workers.

11. SPHM UPL training is offered at least yearly.

12. New employee orientation (NEO) for staff expected to perform any form of direct patient handling includes the importance of using technology for manual patient handling tasks, mobility assessment methods, hands-on training with SPHM technology, and the process for reporting patient and staff injuries.

13. Employees have ongoing training or competency/proficiency evaluation to maintain competence in accordance with their roles and responsibilities.

### EXAMPLES OF SAFE PATIENT HANDLING AND MOBILITY TECHNOLOGY

Safe Patient Handling and Mobility (SPHM) technology may include, but are not limited to:

- a. Overhead full-body lifts (ceiling-mounted, wall mounted, or freestanding gantry);
- b. Floor-based full-body lifts (rolling);
- c. Powered stand assist lifts (sit-to-stand lifts);
- d. Non-powered stand aids;
- e. Air-assisted lateral transfer devices;
- f. Air-assisted lifting devices;
- g. Slings and other reusable or disposable supplies, in styles necessary to complete high-risk tasks;
- h. Transport devices with power drive and/or power rise/repositioning features, including stretchers, chairs, beds, or movers that attach to beds or chairs;
  - i. Hygiene devices with power rise/repositioning features;
  - j. Powered lift devices for toilets;
- k. Beds or chairs with specialized features to support mobility or prevent manual repositioning;
  - l. Friction reducing devices (including slide sheets, slide boards, and roll boards);
- m. High/low powered exam tables and procedure chairs;
- n. Repositioning products that control direction or prevent slipping (including one-way slides);
- o. Self-repositioning aids such as handles, ladders and poles; or
- p. Ambulation and mobility devices and aids.