

1. ASSESS THE ENVIRONMENT

- What is the size of the occupied space?
- Is there enough overhead space to accommodate overhead equipment if needed?
- Do travel pathways provide enough space to assist patient safely without having to compromise safe body posture?
- Do you feel that you have adequate space to maneuver patient?
- Do you have safe patient handling equipment in the occupied space? Do you use it? Why or why not?
- Are there any factors in this unit that are unique and may contribute to risk of injury?

2. ASSESS PATIENT COOPERATION

- Is the patient cooperating?
 - If the patient is not cooperating, then you need to STOP and reassess the situation. Do not proceed until patient cooperates; if not then additional caregiver assistance may be needed.
- Engage in conversation to assure that the patient is cooperative.
- Communicate your expectations of the patient.
- What are the patient's expectations of you?
- Are there factors causing the patient to be uncooperative?

3. ASSESS INDIVIDUAL SCALE OF MOBILITY

- **Ambulatory:** These individuals can walk, stand up, sit down, and perform other similar functions with no help from staff.
- **Total weight bearing, minor assist:** These individuals may need minor assistance standing, such as an arm to hold or a handrail to grab. These patients / clients, once standing, should require very little assistance.
- **Total weight bearing, substantial assist:** These individuals will need assistance standing up, sitting up, walking or sitting down. Once standing, these patients will need assistance and they have the potential to fall frequently.
- **Wheelchair, partial weight bearing:** These individuals require assistance standing but can bear weight while being transferred. They need help standing up and would fall if they do not have support during a transfer. They can help with the transfer to some extent.
- **Wheelchair, no weight bearing:** These individuals are not able to assist in the transfer with weight bearing capabilities but may be able to assist with the transfer with some upper body strength. These patients will require full assist when standing. These are always two-person transfers.
- **Mechanical lift always:** These individuals require the assistance of a mechanical lift every time they are moved.

4. ASSESS EQUIPMENT COMPATIBILITY

- What equipment would best fit the patient / client and the task? See a list of compatible equipment here: <https://www.osha.gov/SLTC/etools/hospital/hazards/ergo/ergo.html#WorkplaceAnalysis>
- Research equipment to determine what would be the best fit for the patient and caregiver. After selecting the equipment assess - Is the equipment compatible with:
 - The individual's mobility? (Level F patients require mechanical lifting device)
 - The environment?
 - The path of transport? Will it fit into the bathroom and allow room to assist safely without using compromising postures?

5. ASSESS CAREGIVER COMPATIBILITY

- Qualifications
 - Equipment trained
 - Ergonomics and body mechanics trained
- Confidence level in task
- Fit for duty check
 - Mentally
 - Physically
- Footwear appropriate
- Input – Path of communication
 - Confident in knowing when and where to ask for help when needed
 - Expresses concerns

6. DETERMINE CONTROLS TO PREVENT HAZARDS

- Review the results of steps 1-5
- Note deficiencies or gaps between hazards and existing or previous controls
- Determine what new controls may be effective and practicable
 - Involve the safety committee
 - Involve internal subject matter experts
 - Seek advice from external experts

7. CREATE ACTION PLAN / REPEAT UNTIL SATISFACTORY CONDITIONS & PROCEDURES ARE IN PLACE

Create an action plan from the completed risk assessment, reflecting the new controls that have been determined. Be sure to assign people responsible and target dates, and regularly follow up on the plan.