

NY Safe Patient Handling & Mobility Checklist

SECTION	REQUIREMENT(S)	COMPLIANT		COMMENTS
		YES	NO	
1.	The committee includes individuals with expertise or experience that is relevant to safe patient handling.			
1.	Where there are employee representatives, at least one shall be appointed on behalf of nurses and at least one shall be appointed on behalf of direct care workers. (Enter "N/A" in comments if non-union).			
1.	One half of the members of the committee shall be frontline non-managerial employees who provide direct care to patients.			
1.	At least one non-managerial nurse and one non-managerial direct care worker shall be on the safe patient handling committee.			
1.	Where a resident council is established, and where feasible, at least one member of the committee shall be a representative from the resident council.			
1.	The committee has two co-chairs with one from management and one frontline non-managerial nurse or direct care worker.			
2a.	Implement a policy using best practice identified by the NYS workgroup.			
2b.	Conduct a patient handling hazard assessment including tasks, types of nursing units, patient populations and the physical environment of patient care areas.			
2c.	Develop a process to identify appropriate use of the SPH policy. Policy shall include a means to address circumstances when it would be contraindicated based on a patient's physical, medical, weight-bearing, cognitive and/or rehab status to use lifting or transfer aids or assistive devices.			
2d.	Provide initial training and education for new hires and current employees.			
2d.	Provide ongoing annual training and education for employees.			
2d.	Establish procedures to ensure that retraining for those found to be deficient is provided.			
2e.	Utilize incident investigation and post-investigation review which may include a plan of correction and implementation of controls.			
2f.	Conduct an annual performance evaluation of the program to determine effectiveness.			
	Evaluation: Evaluate the extent that the Program has resulted in a reduction of the following caused by patient handling. (Review data such as falls, HR A&I tracker, OSHA 300/a, DART and others. Note trends and evaluate effectiveness of program.) -- the risk of injury to patients -- musculoskeletal disorder claims -- days of lost work			
2f.	Report results to committee and develop recommendations.			
2g.	When developing architectural plans for constructing or remodeling, consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.			
2h.	Develop a process by which employees may refuse to perform or be involved in patient handling or movement that the employee reasonably believes in good faith will expose a patient or health care facility employee to an unacceptable risk of injury.			

Requirements taken from: Title 1-A of Article 29-D, added to the Public Health Law by Chapter 60 of the Laws of 2014, Part A, § 20: 2997-k. Safe patient handling committees; programs. This is a template. Client is to verify all references for applicability and ensure they are up to date along with modifying content to ensure this checklist meets accreditation, regulatory and organizational requirements.