

## Safe Patient Handling and Mobility Toolkit – Tool 3f

To learn more about using this tool refer to the Section 3 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: <https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/>

### Safe Patient Handling and Mobility (SPHM) Program Site Visit Assessment Checklist

Refer to Section 3 for information on preparing and conducting a Site Visit of Priority Units/Departments.

Safe Patient Handling and Mobility Program Site-Visit Assessment		ABC Hospital
Unit/Department: _____	Date of Visit: _____	
Manager: _____	Contact #: _____	
Person(s) Conducting Visit: Name: _____	Title: _____	
Name: _____	Title: _____	
Name: _____	Title: _____	
Name: _____	Title: _____	

Attach information gathered from the Manager Survey of Unit/Department Characteristics (Tool 3d) below. Complete missing information during the visit for the items below as needed:

Unit/Department Characteristics & Manager Information
Patient Population
Notes
Staffing
Notes
Bed & Room Configuration/Space/Maintenance/Storage/Future changes
Notes
SPHM Equipment/Maintenance
Notes
Training
Notes

## Safe Patient Handling and Mobility Toolkit – Tool 3f

### Facilities Design Checklist

Indicate factors that may hinder use of SPHM technology and note potential solutions (if any).

Sketch room/area layout including measurements such as clearances relevant to SPHM equipment use.

Factor	Location	Notes
<b>Storage Areas</b>		
Inadequate storage space		
Lack of electrical charging outlets in equipment storage areas		
Storage areas inconvenient to access/too far from unit/department		
Storage space cluttered / unorganized		
Storage shelves – too high/low/awkward to reach heavier items/placed on top and bottom shelves		
<b>Patient Rooms/Treatment Areas</b>		
Overall - small and/or cluttered rooms, bathrooms, treatment workspaces		
Minimal storage in a patient room		
Entrance to patient rooms is not wide enough to allow wide or expanded beds to pass through and/or easily move a stretcher in and out of a patient room/align the stretcher with the bed etc.		
Insufficient space to perform tasks and maneuver equipment around beds/exam tables		
Insufficient clearance for floor-based lift equipment e.g. under bed clearance		
Narrow entrance into bathroom		
No grab rails by toilets, in bathtubs or showers		
Toilet seats too low; wall-mounted		
Furniture is non-adjustable e.g. fixed height chairs/ non removable chair arms,		
Adjustable features on beds/chairs etc., are require physical effort (forceful exertion) to use		
Furniture is in disrepair old, worn, missing parts, etc.		

## Safe Patient Handling and Mobility Toolkit – Tool 3f

Factor	Location	Notes
Use of full bed traction, beds with fall protection canopies etc that can impede use of overhead/floor-based lifts		
Protruding objects / sharp edges for patient / staff contact with movement.		
Potential ceiling barriers for overhead lift installation.		
Beds do not lower to accommodate egress for shorter patient. Note lowest bed height.		
Poor lighting		
<b>Hallways</b>		
Steep ramps or inclines (greater than 10 degrees)		
Are walkways clear and free of clutter?		
<b>General</b>		
Thresholds or obstructions in entry ways of bathrooms, showers, hallways that prevent access for assistive equipment		
Door handles catch on beds, gurneys, wheelchairs or other assistive equipment		
Poor floor conditions: slippery, uneven, poor repair, raised thresholds etc.		
<b>Communication Tools</b>		
Patient room information at primary nurses/staff workstation - rooms with overhead lifts could be added		
A patient's SPHM needs could be noted on existing communication tools in patient rooms e.g., white boards or there is a location for posting SPHM info. Safety alerts used e.g. fall risk; risk of violence labels on doors – feasibility to add SPHM mobility related signage		
Signs with safety and procedural related SPHM information can be posted in staff work areas, storage areas etc.		
<b>Other</b>		

### SPHM Technology Inventory

Use the SPHM Technology Inventory Survey (Tool 3e) to complete assessment of existing SPHM equipment, slings and other mobility assistive devices.

### SPHM Procedures

Talk to caregivers and support services staff including charges nurses, specialty/clinical practice leaders and clinical educators, rehabilitation therapists, diagnostic imaging technologists, respiratory therapists, transporters etc., to gain their perspectives on patient handling needs, processes, unit culture, education, and training processes etc.

Confirm/clarify information from previous hazard assessment activities such as gap analysis, employee surveys and interviews etc., related to processes that will impact use of SPHM technology such as mobility assessment protocols, environmental service cleaning protocols, linen handling etc., and patient handling tasks you are not able to observe during the site visit such as fall recovery.

### Notes

## Patient Handling Task Observation

Complete the following for each patient handling task observed. Refer to Section 3 for more information.

Use the data collected through staff surveys to determine unit/dep't. specific tasks that should be observed.

- Determine the root cause of physical risk factors and poor work practices observed.
- Determine if caregivers follow any existing SPHM equipment instructions/protocols. If protocols are not followed find out and record, why.
- Note if further formal ergonomics evaluation is needed.
- Discuss potential solutions and barriers to solutions with caregivers.

Room #/Location:  Patient Handling Task Observed:	Relevant patient demographics (non-identifiable/HIPPA compliant) such as weight; clinical conditions etc:	# Caregivers observed and job title (CNA, RN, PT/OT etc.):
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Factor	Observations/Root Cause	Potential Solutions
<b>Physical Risk Factors</b>		
Forceful exertion associated with lifting, pushing & pulling, carrying, and gripping		
Awkward postures -e.g., reaching, bending, twisting, kneeling, squatting etc.* Note part of body affected		
Sustained or static postures		
Unstable or unbalanced postures		
Repetitive movement		
Exposure to environmental factors such as vibration, extreme heat or cold		
Other		
<b>Work Practices</b>		
Use of pre-task mobility assessment or check, or information about the patient's mobility status to determine how the task is to be performed.		
Enough staff to perform the task & other caregivers available if needed		

## Safe Patient Handling and Mobility Toolkit – Tool 3f

Factor	Observations/Root Cause	Potential Solutions
Preparation of workspace to reduce hazards; gathers supplies needed		
Communication between the patient and caregiver(s)		
Communication between caregivers and how well the task was coordinated		
Encouraged patient to assist as much as possible		
Use of SPHM technology (if available); if appropriate for task and used correctly		
Caregiver clothing appropriate to allow ease of motion; footwear with poor traction		
Caregiver (s) lacks knowledge or training		
<b>The Patient</b>		
Ability to assist during task & reasons for any limitations e.g., Clinical condition/diagnosis and physical limitations <ul style="list-style-type: none"> <li>• Cognitive issues such as confusion and dementia</li> <li>• Language and cultural differences</li> <li>• Client anxiety and fear of moving</li> <li>• Pain</li> <li>• Medical attachments to client</li> </ul>		
The patient's experience during the task. If feasible, ask the patient if they felt safe and comfortable during the task		
Other		

## Safe Patient Handling and Mobility Toolkit – Tool 3f

Factor	Observations/Root Cause	Potential Solutions
<b>The Physical Environment – <i>Also refer to Facilities Design Checklist</i></b>		
Physical layout of the room or work area e.g., <ul style="list-style-type: none"> <li>Access to three sides of a patient's bed, and/or chair and toilet; other space limitations e.g., equipment, clutter, etc.</li> <li>Access and clearance to patient surfaces if lift equipment is being used</li> <li>Slip, trip, and fall hazards such as wires and wet floors</li> <li>Poor lighting</li> </ul>		
Other		

\*Refer to Appendix A, Section 1 and Tool 1a for information about awkward postures and other risk factors associated with manual patient handling tasks and Section 10 for information about ergonomics and risk factors for musculoskeletal disorders.

### Additional Observations/Notes

## Safe Patient Handling and Mobility Toolkit – Tool 3f

### Closing Conference Notes

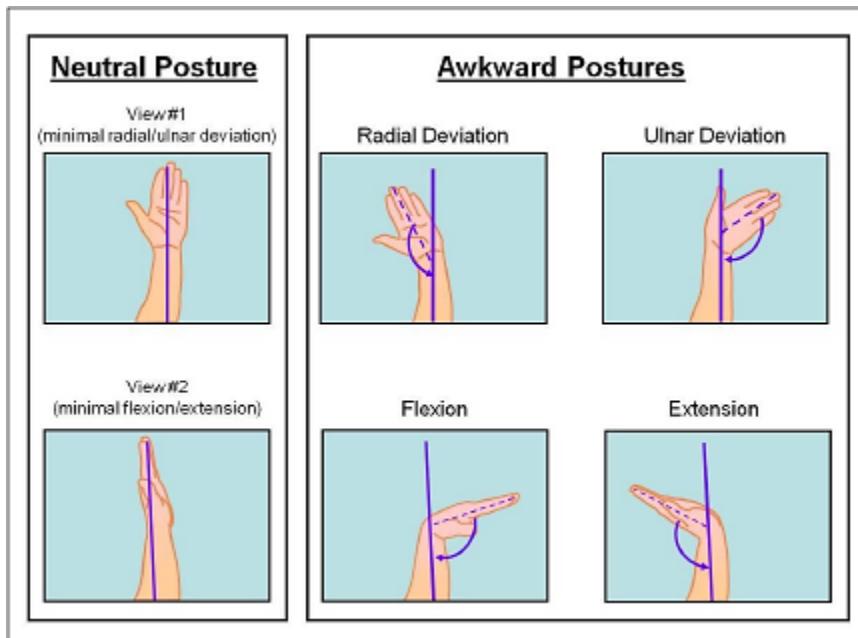
Document and discuss any safety related hazards or issues that need to be addressed immediately with the unit/department manager (and/or shift charge nurse or supervisor as needed). Follow your facility protocol for reporting and addressing urgent safety hazards.

Note if a follow-up visit to the unit/dept. is needed to gain more information etc.

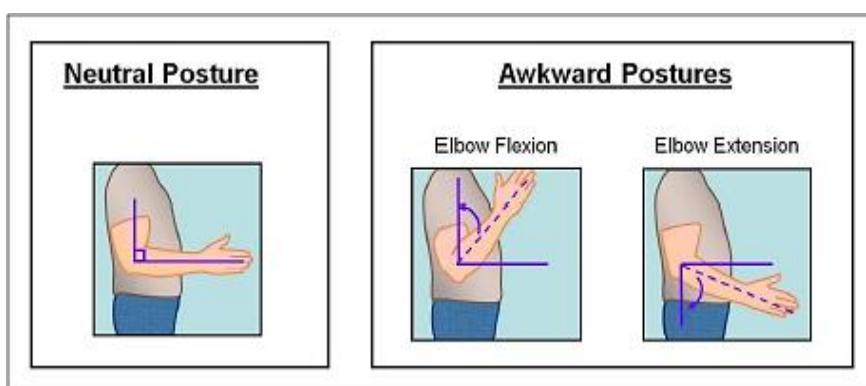
### Notes

## APPENDIX A

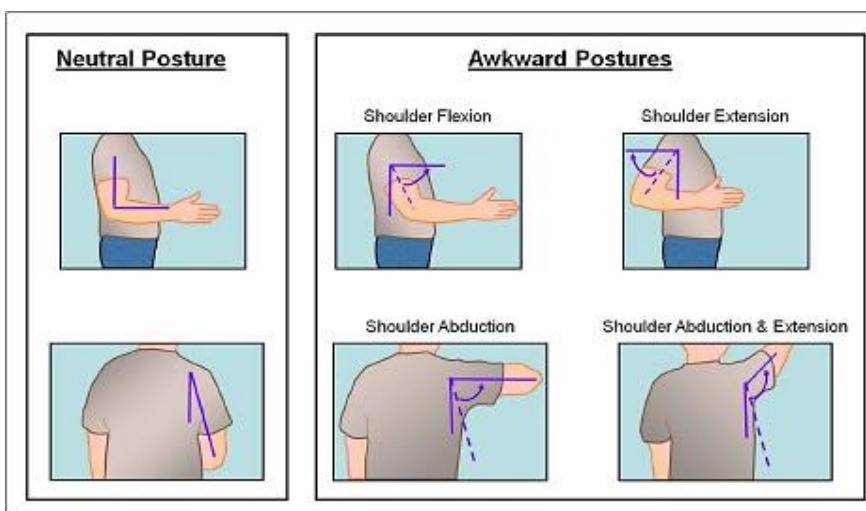
### Examples of Neutral and Awkward Postures



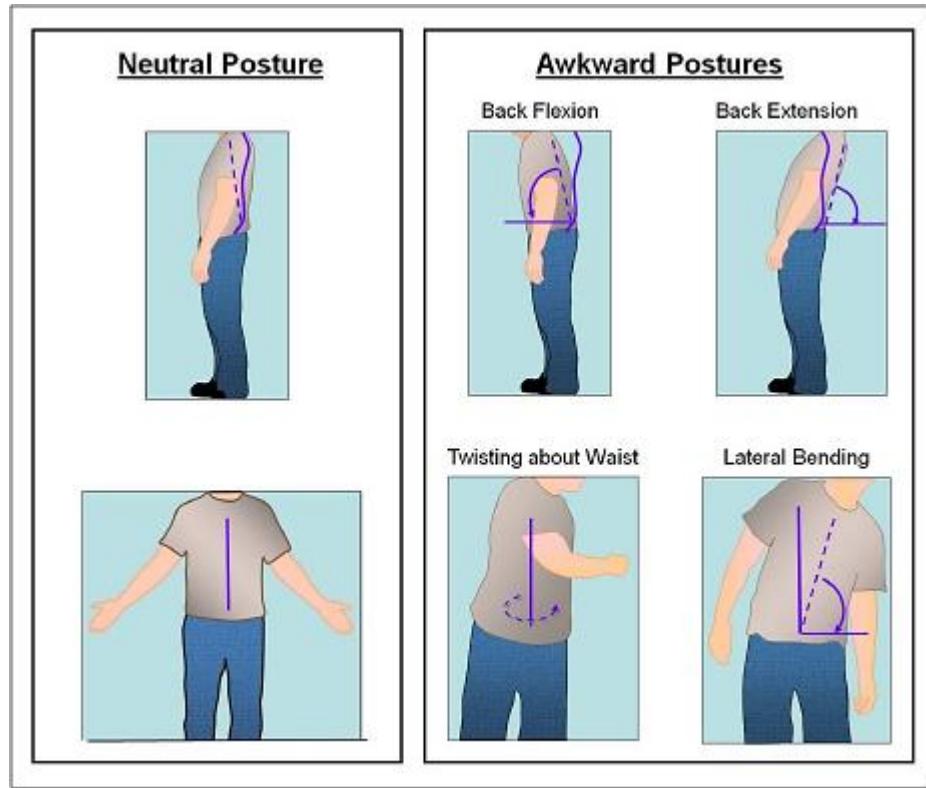
Neutral and awkward wrist postures.



Neutral and awkward elbow postures.



Neutral and awkward shoulder postures



Neutral and awkward back postures.

Not shown – squatting, kneeling, abduction & adduction of legs, and flexion, extension and deviation of ankles/feet.

Source: Moore S., Torma-Krajewski, J., & Steiner, L. (July 2011) Practical Demonstrations of Ergonomic Principles. Report of Investigations 9684. Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. [https://www.cdc.gov/niosh/media/pdfs/2011-191\\_demonstration-of-ergonomic-principles.pdf](https://www.cdc.gov/niosh/media/pdfs/2011-191_demonstration-of-ergonomic-principles.pdf)