

Safe Patient Handling and Mobility Toolkit – Tool 6a

To learn more about developing an SPHM education and training plan refer to Section 6 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 Education and Training Plan

The following tool provides an example of an SPHM Program Education and Training Plan. Suggested content for SPHM education and training is listed and when training should be conducted for individual stakeholder groups as identified in the SPHM Communication Plan (**Tool 4d**).

The advantages and disadvantages of various training delivery methods are discussed in **Section 6**. The information provided should be adapted to meet your SPHM program education and training needs and any relevant state regulations.

Consult your SPHM Communications Plan as you develop your education and training strategy and incorporate insights from your training needs assessment (**Refer to Section 6**), as well as equipment-specific requirements provided by SPHM technology vendors. Once completed, information in this plan can be used to determine your SPHM training budget (**Refer to Tool 6b**).

Appendix A offers an example of Safe Patient Handling & Mobility (SPHM) Education & Training Objectives for caregivers who will use SPHM technology.

Appendix B lists a selection of freely available training resources that may offer guidance or generate ideas when developing SPHM training content within a facility.

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
Caregivers who will use SPHM Technology				
Unit/Dept. RNs and CNAs including Float Pool Nursing Staff; Rehab – Physical & Occupational Therapists & Aides; Respiratory Therapists; Other caregivers who may transfer/move patients during procedures e.g., Imaging and Surgical Technicians; Medical Assistants in outpatient clinics etc.	<ul style="list-style-type: none"> Initial program implementation Upon hire (ASAP after hire e.g., within 1 month if sufficient & effective SPHM training is not possible at new hire orientation) Transfer to unit and has not received SPHM training specific to unit/dept. SPHM equipment & protocols 	4 hours Length varies based on the number of SPHM technology types, including slings to be reviewed	10-15 May depend on number of trainers teaching a class	<p><u>Content</u></p> <p>Training includes:</p> <ul style="list-style-type: none"> SPHM Theory & Program Information - Why manual patient handling is dangerous, the scope of the issue & costs to patients, caregivers, and healthcare organizations; what is SPHM; the benefits and evidence base for a comprehensive SPHM program; relevant regulations/standards; and the facility's SPHM program and policy <p>How will the program be meaningful to them and what is their role and responsibility etc?</p> <p>How to get assistance (e.g., unit champions/SPHM clinical expert) and access to SPHM information and resources</p> <ul style="list-style-type: none"> Practical Skills – SPHM patient mobility assessment, how to safely use SPHM technology that is available including contraindications for use and best ergonomics work practices <p><i>Refer to Appendix A for more information</i></p> <p><u>Delivery</u></p> <ul style="list-style-type: none"> SPHM fundamentals, program information, policy and basic SPHM processes could be provided via interactive computer-based training (CBT) SPHM skills taught via competency-based training that includes demonstration of SPHM equipment and ergonomics practices by a trainer followed by repeated hands-on return demonstration by trainees This is conducted in a simulation-based setting that reflects the patient care area's layout, equipment, and SPHM technology used in the employee's actual unit or department Follow-up by unit-based SPHM champion at point-of-care to review skills, processes and answer questions

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
	<ul style="list-style-type: none"> Periodic refresher training e.g., annually 	1-2 hours Length varies based on the number of SPHM technology types, to be reviewed	10-15 May depend on number of trainers teaching a class	<p><u>Content</u></p> <p>Training includes:</p> <ul style="list-style-type: none"> Brief review of evidence base for SPHM and facility program; new SPHM-related evidence/practices; general program updates/outcomes Discuss barriers to equipment use etc. and successes Have staff complete return demonstration of essential tasks and equipment use, including review of specific SPHM techniques and troubleshooting for patients with clinical conditions or treatments that pose mobility challenges, as requested by trainees Demonstration of new SPHM techniques (as applicable) with return demonstration <p><u>Delivery</u></p> <p>SPHM skills review via competency-based training as described above. Review of foundational information and program updates etc via CBT or during in-person hands-on training class.</p>
	<ul style="list-style-type: none"> When program; processes; SPHM technology; building design and/or patient population and SPHM needs change 	Depends on content to be reviewed	See above if training is in-person	<ul style="list-style-type: none"> Training is specific to program/processes changes identified etc. This could be provided by unit-based champions at worksite; via computer-based training, during refresher training etc
	<ul style="list-style-type: none"> Informal periodic training at worksite 	Depends on content to be reviewed	Depends on space available for training at worksite location	<ul style="list-style-type: none"> More frequent refresher training could be provided by unit-based SPHM champions with individual caregivers while performing patient handling tasks or in small groups to review specific SPHM challenges/tasks, or as part of safety huddles/after action review following a patient handling related incident etc.

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
	<ul style="list-style-type: none"> Following a patient handling related injury (as deemed appropriate) e.g., after a lost time or restricted duty injury once cleared to return to work 	Length varies based on the number of SPHM technology types, including slings to be reviewed	Depends on content to be reviewed	<ul style="list-style-type: none"> Competency-based training that includes hands-on return demonstration specific to the SPHM equipment and processes related to the injury event and other equipment used on the employee's dept./unit as deemed necessary Could attend periodic refresher training class with F/U from SPHM unit champion or SPHM clinical expert.
Temporary/ Contract Staff e.g., RNs, CNAs etc.	<ul style="list-style-type: none"> Upon start of work 	Depends on content to be reviewed		<ul style="list-style-type: none"> As for new hire employee above or modified depending on length of contract and scope of work to be performed.
Unit-based SPHM Champions/ Coaches/Lift Teams (if applicable) SPHM Trainers	<ul style="list-style-type: none"> Initial program implementation When starting role as a unit-based champion 	Min. 8 hours. Length varies based on the number of SPHM technology types, including slings, to be reviewed. Ideally, training should be scheduled sequentially to provide opportunities for ongoing	8-10	<ul style="list-style-type: none"> Prerequisite class for this group would be completion of SPHM foundational training for Unit/Dept. RNs and CNAs and other caregivers (see above). Champions could also be required to complete caregiver SPHM practical skills training before attending specific champion training. <p><u>Additional Training Content</u></p> <ul style="list-style-type: none"> How will the program be meaningful to them and what is their role and responsibility etc? The unit-based SPHM champion program, purpose, objectives, roles & responsibilities, etc. Techniques for teaching and coaching adults How to get assistance and access to SPHM information and resources <p><u>Delivery</u></p> <ul style="list-style-type: none"> SPHM fundamentals, program information, policy and basic SPHM processes could be provided via interactive computer-based training (CBT)

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
		skill reinforcement and development throughout each session.		<ul style="list-style-type: none"> SPHM skills taught via competency-based training that includes demonstration of SPHM equipment and ergonomics practices by a trainer followed by repeated hands-on return demonstration by champions This is conducted in a simulation-based setting that reflects the patient care area's layout, equipment, and SPHM technology used in the employee's actual unit or department After completing training, unit-based champions can help teach a caregiver SPHM class with an experienced trainer to be signed off as competent. The SPHM program coordinator or manager meets regularly with individual champions at the point of care to review skills, processes, and address questions.
	<ul style="list-style-type: none"> Formal periodic refresher training e.g., annually 	Min 4 hours	10-15	<p><u>Content</u></p> <p>Training includes:</p> <ul style="list-style-type: none"> Brief review of evidence base for SPHM and facility program; new SPHM-related evidence/practices; general program updates/outcomes and updates related to champion program Discuss barriers to equipment use etc. and successes Have champions complete return demonstration of essential tasks and equipment use, including review of specific SPHM techniques and troubleshooting for patients with clinical conditions or treatments that pose mobility challenges, as requested by trainees Demonstration of new SPHM techniques (as applicable) with return demonstration <p><u>Delivery</u></p> <p>SPHM skills review via competency-based training as described above. Review of foundational information and program updates etc via CBT or during in-person hands-on training class.</p>

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
	<ul style="list-style-type: none"> Informal periodic training at worksite e.g., as requested by a unit-based champion(s) 	Depends on content to be reviewed	Depends on space available for training at worksite location.	<ul style="list-style-type: none"> More frequent refresher training could be provided at point of care, that focus on problem solving specific SPHM challenges/tasks e.g., patient recovery following a fall in a confined space such as a bathroom; mobilizing a patient of size with a large pannus, or a patient with moderate dementia who may become combative. Training may be conducted with a group or with an individual champion.
	<ul style="list-style-type: none"> When program processes; SPHM technology; building design and/or patient population changes 	Depends on content to be reviewed	See above if training is in-person	<ul style="list-style-type: none"> Specific to program/processes changes identified etc.
All Other Stakeholders Refer to SPHM Communications Plan (Tool 4d) to review information that should be included in SPHM Education for these groups				
SPHM Project Coordinator/Manager	<ul style="list-style-type: none"> Upon hire Ongoing related to new SPHM technology/evidence base solutions etc 	As for unit-based champions		<ul style="list-style-type: none"> Education and training content - <i>As for unit-based SPHM champions.</i> Additional training needs may include the basics of SPHM program management. Review journals; books; white papers; information provided by SPHM manufacturers Periodic update related to new SPHM processes, evidence-based trends and new SPHM technology, etc. Attending SPHM related conferences, webinars etc.
SPHM Committee or Team	<ul style="list-style-type: none"> When formed Changes in SPHM policy/new 	Depends on content to be reviewed		<p><u>Content</u></p> <ul style="list-style-type: none"> SPHM theory - see <i>RN, CNA, caregiver training</i> How will the program be meaningful to them?

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
	<p>processes/technology etc.</p> <ul style="list-style-type: none"> For new committee members As needed/requested 			<ul style="list-style-type: none"> Their roles and responsibilities in the program Basics of SPHM program management <p><u>Delivery</u></p> <ul style="list-style-type: none"> Computer based training; in-person instruction during meetings Review journals; white papers; this SPHM toolkit Periodic update related to new SPHM processes, evidence-based trends and new SPHM technology, etc. Attending SPHM related conferences, webinars etc.
Committee or group the SPHM committee reports to (if applicable) e.g., Environment or Care or Employee Safety Committee	<ul style="list-style-type: none"> Presenting initial program plan Ongoing/periodic updates as directed by the committee For new committee members 	30 mins -1 hr.		<p><u>Content</u></p> <p><i>Refer to SPHM committee</i></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <p><u>Delivery</u></p> <ul style="list-style-type: none"> Computer based training; in-person instruction during meetings
Occupational Health/Employee Health/Safety Professionals/ Ergonomists Human Resources/Workers Compensation Carrier/Third Party Administrator	<ul style="list-style-type: none"> Program implementation/new processes As needed/requested Upon hire/start in job role 	30 mins -1 hr.		<i>Refer to Committee or group the SPHM committee reports to.</i>

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
CEO and Administration/ Senior Leadership	<ul style="list-style-type: none"> Presenting initial program plan Ongoing/ periodic updates as scheduled by leadership Changes in SPHM policy/new. processes/ technology etc. Upon hire 	20-30'	N/A	<p><u>Content</u></p> <ul style="list-style-type: none"> Overview of the issue of patient handling in health care, evidence-based SPHM solutions, and the scope of the issue at their facility How will the program be meaningful to them? What's the plan? (Business case and threat) Their roles and responsibilities in the program Periodic updates program outcomes Budget requests (initial and ongoing) Recommended program policy/procedures <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <p><u>Delivery</u></p> <ul style="list-style-type: none"> PowerPoint with discussion A summary about the risks of manual patient handling, cost to caregivers, patients and healthcare organizations and the facility's basic patient handling related injury statistics and workers compensation costs could be provided ahead of the initial SPHM program planning meeting Computer-based SPHM education could be used to provide foundational information about SPHM for new leadership personnel upon hire Offer an open invitation to attend caregiver skills training
Directors and Unit Managers/ House Supervisors	<ul style="list-style-type: none"> Presenting initial program plan Ongoing/ periodic updates Upon hire/start of position/ transfer to a new unit/dept. 	1 hr.	No limit	<p><u>Content</u></p> <p><i>Refer to CEO above and to the Communications Plan (Tool 4d)</i></p> <p><i>Additional content</i></p> <ul style="list-style-type: none"> Support for staff to facility equipment use and a culture of SPHM SPHM policy and procedures specific to their patient population/service line including SPHM mobility assessment protocols, staff role and responsibilities; injury/incident reporting; response, follow up, support for staff etc.

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
	within the SPHM program			<ul style="list-style-type: none"> Program progress and outcomes including injury/incident data; staff surveys; safety audit; patient safety and survey data Injury investigations & use of safety huddles, corrective action following injuries, incidents and near miss reports Training and education schedules; participation needed in surveys, audits etc. <p><u>Delivery</u></p> <ul style="list-style-type: none"> PowerPoint with discussion at meetings and/or computer-based SPHM education Written materials Email On units/depts. <p>It is advisable that these stakeholders attend caregiver SPHM training even if they will not use equipment to mobilize a patient. This informs managers how SPHM supports clinical goals, prevents harm, and encourages collaboration and problem solving.</p>
Physicians and other Medical Providers e.g., NPs, PAs etc.	<ul style="list-style-type: none"> Program implementation/ new processes Updates PRN Upon hire/start of contract 	15-20' <i>Length depends on responsibilities/SPHM processes to be reviewed</i>	No limit (meetings only)	<p><u>Content</u></p> <ul style="list-style-type: none"> SPHM theory - see RN, CNA, caregiver training How will the program be meaningful to them? Their roles and responsibilities in the program <p><u>Delivery</u></p> <ul style="list-style-type: none"> Staff meetings Written materials Email On units/depts. Members of this stakeholder group need SPHM skills training if they will or assist nursing staff to use SPHM equipment e.g., using ceiling lifts or other SPHM equipment to turn patients to/from supine to prone. Refer to Unit/Dept. RNs and CNAs etc.

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
Patient Care Program Coordinators, i.e., infection control, fall prevention, bariatrics, wound care, bed control/ admitting Risk/Quality/ Environment of Care Clinical Education/ Professional Development	<ul style="list-style-type: none"> Program implementation/ new processes Updates PRN Upon hire/start of position 	Length depends on responsibilities/SPHM processes to be reviewed	No limit (meetings only)	<p><u>Content</u></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <ul style="list-style-type: none"> SPHM theory - see RN, CNA, caregiver training How will the program be meaningful to them? Their roles and responsibilities in the program <p><u>Delivery</u></p> <ul style="list-style-type: none"> PowerPoint with discussion at meetings and/or computer-based SPHM education Written materials Email On units/depts. It is advisable that some members of this stakeholder group (e.g., wound care, bariatric care, etc.) attend caregiver SPHM training even if they will not use equipment to mobilize a patient. This informs stakeholders how SPHM supports clinical goals (specific to their practice specialty) prevents harm and encourages collaboration and problem solving.
Support Service Staff (not directly involved with patient handling) materials management/ logistics, environmental svcs, maintenance, clinical technology/ biomed, laundry svcs, information technology etc.	<ul style="list-style-type: none"> Program implementation/ new processes Updates PRN Upon hire/start of contract 	Approx. 30 ' Length depends on responsibilities/ processes to be taught	No limit On-unit training may limit group size	<p><u>Content</u></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <ul style="list-style-type: none"> Training on why the facility is implementing a SPHM program and the specific SPHM processes relevant to their role and responsibilities <p><u>Delivery</u></p> <ul style="list-style-type: none"> At specific staff meetings (with mobile SPHM equipment as needed, to teach specific processes) Written materials Email On units/depts. if access to specific SPHM equipment is needed)

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
Central Transportation & Security (if applicable)	<ul style="list-style-type: none"> Program implementation/new processes Periodic refresher training if using SPHM equipment Updates PRN Upon hire/start of contract 	15-20'	No limit	<p><u>Content</u></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <ul style="list-style-type: none"> Training on why the facility is implementing a SPHM program and the specific SPHM processes relevant to their role and responsibilities <p><u>Delivery</u></p> <ul style="list-style-type: none"> If role includes use of SPHM equipment, refer to <i>Unit/Dept. RNs and CNAs etc.</i> Otherwise provide awareness training at staff meetings Written informational materials Email
Procurement/ Purchasing Groups, Architects & Designers, etc.	<ul style="list-style-type: none"> Before program plan is implemented for plan input etc. Equipment needs change/expand Upon hire/start of contract 	30'	No limit	<p><u>Content</u></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p> <ul style="list-style-type: none"> Why is a program needed, program goals and structure – focus on SPHM technology needed; features required to meet the clinical needs of the patient population while reducing caregiver injury risk; and process to select and install technology; inclusion of SPHM in remodel or new construction etc. <p><u>Delivery</u></p> <ul style="list-style-type: none"> PowerPoint with discussion at department and/or specific SPHM planning meetings Written informational materials
Patient Population and Families	On admission	15'	N/A	<p><u>Content</u></p> <ul style="list-style-type: none"> Equipment used for patient handling tasks Where to get more information <p><u>Delivery</u></p> <p><i>Refer to the Communications Plan (Tool 4d)</i></p>

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
Union/Labor Representatives	<ul style="list-style-type: none"> At program implementation When appointed/ elected as a labor rep When implementing new processes etc. 	15-20'	N/A	<i>Refer to the Communications Plan (Tool 4d)</i>
Nursing Students (and/or other student groups) Faculty Preceptors	<ul style="list-style-type: none"> At start of clinical rotation <i>Faculty & Preceptors</i> Program implementation/ new processes Periodic refresher 	30' <i>Faculty & Preceptors depends on training content</i>	No limit	<i>Refer to the Communications Plan (Tool 4d)</i> <u>Content</u> <ul style="list-style-type: none"> SPHM theory and the SPHM technology and processes they may see used during clinical rotation Content is dependent on facility and school policy re the role of students and faculty when patient handling tasks are performed by clinical staff etc. <u>Delivery</u> <ul style="list-style-type: none"> Specific meetings Written informational materials If preceptors are caregivers who work on a unit/dept in the SPHM program they should attend caregiver SPHM training. However, they may need additional training or coaching to ensure correct SPHM practices are used when working with students. Students and faculty may benefit from attending caregiver SPHM training as observers.

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
Emergency Medical Services	<ul style="list-style-type: none"> • Program implementation/ new processes • Updates PRN 	15-20'	No limit	<p><i>Refer to the Communications Plan (Tool 4d)</i></p> <p><u>Content</u></p> <ul style="list-style-type: none"> • Specific SPHM processes relevant to their role and responsibilities such as use of SPHM equipment when transporting and discharging patients to the facility, and policy and procedures to ensure facility owned equipment is not removed by EMS employees. <p><u>Delivery</u></p> <ul style="list-style-type: none"> • Meetings • Written materials • Email
Volunteers	<ul style="list-style-type: none"> • Upon hire • Program implementation/ new processes • Updates PRN 	15-20'	No limit	<p><i>Refer to the Communications Plan (Tool 4d)</i></p> <p><u>Content</u></p> <ul style="list-style-type: none"> • SPHM procedures specific to their role and responsibilities <p><u>Delivery</u></p> <ul style="list-style-type: none"> • Staff meeting • Written materials • Email
External Medical Providers and Facilities in the Community e.g., home health, skilled nursing facilities, nursing homes/assisted living etc.	<ul style="list-style-type: none"> • When implementing new processes etc. • Periodically PRN 			<p><i>Refer to the Communications Plan (Tool 4d)</i></p> <p><u>Content</u></p> <ul style="list-style-type: none"> • What and how will information about patients' mobility needs including SPHM equipment be communicated between community providers to hospital staff involved in patient admission and discharge. <p><u>Delivery</u></p> <ul style="list-style-type: none"> • Staff meeting • Written materials • Email

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Stakeholder Group	When Should Training be Delivered	Length of Training Class	Class Size (for in-person training)	Content/Delivery
SPHM Technology Vendors	<ul style="list-style-type: none">During program planning & implementationWhen vendor reps change - at start of work contract			<i>Refer to the Communications Plan (Tool 4d)</i>

Appendix A

Example of Safe Patient Handling & Mobility (SPHM) Education & Training Objectives for Caregivers who will use SPHM Technology

Adapt this content to your health care organization's SPHM policy, procedures and SPHM equipment

The objectives and content apply to new hire training; training for staff when implementing an SPHM program or as a prerequisite for attendance at SPHM Champion training. They can be adapted for periodic SPHM refresher training

OBJECTIVES	CONTENT (Topics)
1. Introductions and session objectives (<i>adapted for method used to deliver training</i>)	
2. Describe why Safe Patient Handling and Mobility (SPHM) is so important	(a) Musculoskeletal Disorders (MSDs) & Manual Patient Handling – The Scope of the Issue: <ul style="list-style-type: none"> i. Prevalence of patient handling related MSDs ii. The cost of MSDs/manual patient handling to caregivers, patients and health care organizations iii. The scope and cost of patient handling related MSDs at ABC hospital iv. The impact of changes in the patient population (aging, obesity, cognitive decline, higher acuity etc) v. Relevant legislation & standards
3. Describe why manual patient handling is hazardous	(a) Physical (biomechanical) risk factors for MSDs related to patient handling (including the traditional techniques of manually handling patients) (b) Patient characteristics (c) Facility design (d) Work practices (e) Current research and the mechanics of manual patient handling and impact on the spine (f) Other risk factors that contribute to MSDs– psychosocial, organizational, individual
4. Identify an approach to reducing the risk of caregiver and patient injury associated with manual patient handling	(a) Using SPHM technology and ergonomics best practices to reduce risk factors for WMSDs – overview (<i>adapt to reflect SPHM technology that will be available within a facility</i>) (b) Evidence-based benefits of SPHM programs for caregivers, patients and health care organizations. Relationship to early safe mobility, safer care for patients of size etc. (<i>Customize to reflect SPHM program goals related to patient safety/outcomes</i>) (c) Key elements/activities of successful, sustainable SPHM programs
5. Define the elements of the ABC hospital evidence based SPHM program	(a) An overview of the ABC HOSPITAL SPHM program – vision, program management, scope and goals etc.

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OBJECTIVES	CONTENT (Topics)
	(b) SPHM policy (c) Role and responsibilities of caregivers (d) Key elements of the program (e) Injury reporting protocols (f) Resources for assistance e.g., the unit SPHM champions, other SPHM clinical resources and SPHM information on facility intranet. (g) SPHM Success stories at ABC hospital
6. Describe evidence-based solutions and processes that address injury risk to staff and patients from manual patient lifting and mobilization at the ABC hospital <i>These are included in Tool 6c Sample SPHM Competencies and could be reviewed during hands-on competency-based SPHM equipment training</i>	SPHM Program Elements customized for trainee needs from participating units or departments (a) Engineering controls <ul style="list-style-type: none"> • SPHM technology and slings available at the facility, purpose/function, features and controls, weight limit, storage location, ordering cleaning, failure, breakage/damage, contraindications for use, etc. • Use of SPHM technology with specific patient populations as applicable e.g., bariatric, orthopedic, patients at risk of aggression/violence etc. • Equipment and sling inspection prior to use (b) Work practice and administrative controls <ol style="list-style-type: none"> i. Patient Assessment <ul style="list-style-type: none"> • Using evidence-based algorithms to identify SPHM strategies • Determining a patient's SPHM dependency status (SPHM assessment/mobility check) • Identifying the patient handling equipment needed for a patient's dependency/mobility status • Documenting and communicating a patient's SPHM requirements ii. Point of care pre-mobility safety check iii. Basic principles of Ergonomics when performing patient handling and care tasks iv. How to address staff and/or patient, family refusal to use SPHM equipment v. Any other relevant policies & procedures (Refer to Tool 6c)
7. Demonstrate competency re safe use of SPHM equipment and procedures	As defined on competency form Tool 6c
8. Equipment quiz and review of SPHM case studies	
9. Wrap Up and class evaluation	

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OBJECTIVES	CONTENT (Topics)
<i>Examples of Additional Objectives for Unit-based Champion Training</i>	
9. Define the role of a Unit-Based 'Champion' within the ABC Hospital SPHM program	(a) Role and responsibilities (b) Coaching and support available for champions (communications, access to expert help, meetings, on-unit problem solving etc)
10. Identify best practices for teaching staff how to use SPHM equipment and processes	(a) Principles of culture change and change management as related to the SPHM program (b) Training techniques/How to teach and coach adults (c) Training process – competency forms etc. (d) Addressing staff resistance to using equipment (e) Addressing patient refusal to use equipment (f) SPHM education tools available for staff and patients
11. Demonstrate competency to teach caregivers safe use of SPHM equipment and procedures	

Appendix B

SPHM Training Resources

Below is an overview of publicly accessible training resources that may offer guidance or generate ideas when developing SPHM training content within a facility.

Refer to **Section 10** for additional resources such as toolkits that offer a wide range of programmatic and instructional tools relevant to all healthcare settings and ergonomics courses.

SPHM Technology vendors will also provide essential instructional resources. Always refer to the manufacturer's instructions for guidance on proper use of their SPHM technology when developing training content.

U Mass – Lowell online training

- Ergonomics in Healthcare: A Continuing Education Program for Nurses, Nursing Assistants, and Healthcare Managers (2018). *Includes SPHM*. <https://www.uml.edu/Research/CPH-NEW/education-training/ergonomics/default.aspx>
- Job Stress: A Continuing Education Program for Today's Nurse <https://www.uml.edu/Research/CPH-NEW/nurse-education/job-stress/>

National Public Radio

- Injured Nurses. The National Public Radio Special Series. 2015. The impact of patient handling injuries to caregivers, how injuries occur and how to mitigate them. <http://www.npr.org/series/385540559/injured-nurses>

National Institute for Occupational Safety and Health (NIOSH)

- Safety Culture in Health Care Settings. WB4450R – NIOSH Pub. No. 2023 – 135 Online training modules <https://www.cdc.gov/niosh/learning/safetyculturehc/healthcare-workers.html>
- Safe Patient Handling Nursing School Curriculum Module. National Institute for Occupational Safety and Health (NIOSH). March 2010. <http://www.cdc.gov/niosh/docs/2009-127/>
- National Institute for Occupational Safety and Health (NIOSH). (2015). Training Curriculum for Homecare Workers. Caring for Yourself While Caring for Others DHHS (NIOSH) Publication Number 2015-102. Includes ergonomics principles to reduce MSD risk. <https://www.cdc.gov/niosh/docs/2015-102/>

American Nurses Association

- Preventing Nurse Injuries <https://www.youtube.com/watch?v=qJH-91w5PHA>
- ANA Presents Safe Patient Handling and Mobility <https://www.youtube.com/watch?v=Bss2VEvrdcw>

Labor & Industries (L&I), Washington State

- Client Transfers: Preventing sprains, strains, and overuse injuries in adult family homes (2021) https://www.youtube.com/watch?v=6d9_6JrP6Gw
- Client transfers: Safely match abilities with needs. Picture Guide (2021). https://lni.wa.gov/safety-health/_docs/TransferClientsSafely.pdf

Safe Patient Handling and Mobility Toolkit – Tool 6a

Veterans Health Administration

- Basic Safe Patient Handling and Mobility Training for Direct Care Providers. Provides foundational information and demonstrates use of SPHM technology used at the VHA.
https://www.sharedfedtraining.org/external_content/COVIDTRNG/34318_SPHM-DCP/default.htm

Resources from Canada

Alberta Health Services

- Ergonomics Training. It's Your Move! Annual Overview – Client Handling
<https://www.albertahealthservices.ca/careers/Page12772.aspx>

Interior Health BC, Canada

- Point of Care Risk Assessment. https://www.interiorhealth.ca/604-point-of-care-risk-assessment/story_html5.html?lms=1

Nova Scotia Health

- Safe Patient Handling and Mobility Training Resources. <https://library.nshealth.ca/InjuryPrevention>

Worksafe BC

- Assess every time. <https://www.worksafebc.com/en/resources/health-safety/videos/assess-every-time?lang=en>
- Point-of-Care Risk Assessments in Long-Term Care. <https://www.worksafebc.com/en/resources/health-safety/videos/point-of-care-risk-assessments-in-long-term-care/full-video?lang=en>