

CRITICAL ACCESS HOSPITALS

SAFE PATIENT HANDLING					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Do you have an active multidisciplinary committee responsible for implementing and monitoring the safe patient handling and movement program? 19 CSR 30-20.097(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are at least one-half of the members of the committee frontline non-managerial employees who are involved in patient care handling activities? 19 CSR 30-20.097(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a safe patient handling policy for all shifts that will achieve elimination of manual lifting, transferring and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances? 19 CSR 30-20.097(2)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has your organization performed a patient-handling hazard assessment that considers such variables as patient-handling tasks, types of nursing units, patient populations and the physical environment of patient care areas? 19 CSR 30-20.097(2)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a process which assesses patient's needs for safe patient handling and movement? 19 CSR 30-20.097(2)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have educational materials for patients and their families to help orient them to the hospital's safe patient handling program? 19 CSR 30-20.097(2)(D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you completed an annual evaluation of the program utilizing measureable outcomes such as: a. employee and patient injuries? b. lost work days? c. worker's compensation claims? 19 CSR 30-20.097(2)(E)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Can you demonstrate changes made based on the annual program evaluation? 19 CSR 30-20.097(2)(F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are staff involved in the patient care handling activities trained at orientation, annually, and as changes occur and able to demonstrate competence on safe patient handling: a. policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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b. equipment? c. devices? 19 CSR 30-20.097(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- [See Safe Patient Handling Toolkit](#)
- See safe patient handling resources at <http://www.cdc.gov/niosh/topics/safepatient/>

Key Resources and Links

- [19 CSR 30-20.097](#)