

**NSTRUCTIONS:** This sample checklist highlights many of the important components of a safe client handling program or policy, including development, management and staff involvement, needs assessments, equipment, education and training, and evaluation. You can use the checklist to help identify those components of your safe client handling program or policy that are well developed, as well as those that need further development. The checklist can be customized by adding or deleting components specific to your operations. It is recommended that the checklist be completed at frequent intervals to ensure ongoing program evaluation.

COMPANY NAME:			
AREA ASSESSED (if applicable):			
ASSESSMENTS TO BE CONDUCTED: (check one)	☐ Monthly ☐ Semi-annually	Bi-monthly Annually	Quarterly
DATE OF ASSESSMENT:			
CONDUCTED BY:			

I. Policy Development	In Place	Not Done	Will Adopt
A. A safe client handling policy that eliminates manual lifting to the extent feasible is in place and communicated to all staff.			
It is important to have a policy in place that is understood by all staff and reviewed on a regular basis. Systematic clarification of the roles and responsibilities of staff in the form of a written safe lifting policy helps maintain program sustainability.	Notes (timelines, r	esponsibilities, etc.)	
B. Clients are made aware of the safe client handling policy.			
Making clients aware of the safe client handling policy will help clients understand how using client handling equipment will benefit both them and their caregivers.	Notes		
C. Management reinforces the safe client handling policy.			
Having management at all levels consistently reinforce the policy is critical.	Notes		
II. Management and Staff Involvement	In Place	Not Done	Will Adopt
A. Management fosters safe client handling and a culture of safety.			
Successful programs embrace a culture of safety that includes safe client handling, as employees appreciate knowing that senior managers care about their well-being.	Notes (timelines, r	esponsibilities, etc.)	
B. A safe client handling committee represents all levels.			
Care providers should form committees that include a range of staff from all affected departments, including members representing administrators and frontline staff.	Notes		
C. Staff is involved during every step.			
Involve staff during every step of safe client handling program implementation (e.g., hazard assessment, technology procurement, education and training, program evaluation).	Notes		
D. Super users, safety coaches, or champions exist in each care giver organization.			
Safety coaches, "champions," or "super users" continually remind and educate their peers about the program, answer questions, troubleshoot issues, and promote the culture of safety.	Notes		

III. Needs Assessment	In Place	Not Done	Will Adopt
A. Mobility assessment criteria are established and applied to each client.			
Every client has unique characteristics and mobility capabilities that need to be assessed on a regular basis.	Notes (timelines, r	esponsibilities, etc.)	
B. A client handling plan is communicated for each client.			
Once each client's level of mobility and need for assistance is assessed, that information needs to be communicated to all relevant caregivers.	Notes		
IV. Equipment	In Place	Not Done	Will Adopt
A. Frontline staff is involved in selecting equipment.			
The workers who actually move and transfer clients are a valuable resource when determining the most effective equipment.	Notes (timelines, responsibilities, etc.)		
B. Equipment is convenient, available, and accessible.			
Having appropriate and easy-to-use safe client handling equipment conveniently located encourages routine use.	Notes		
C. Equipment cleaning and maintenance systems are in place.			
Equipment needs to be maintained properly and charged at all times. Responsibility for cleaning equipment should be clearly designated.	Notes		
D. Partnership with vendor(s) is considered.			
Vendors can help to develop safe client handling specifications, troubleshoot issues, answer questions, and maintain equipment.	Notes		

E. Construction and remodeling projects take safe client handling considerations into account.			
When undertaking construction and remodeling at a hospital, it is more effective to design with safe client handling in mind than to retrofit afterward.	Notes		
V. Education and Training	In Place	Not Done	Will Adopt
A. All relevant staff is trained on using equipment.  If the caregiver uses the equipment correctly and efficiently, clients will feel more comfortable.	Notes (timelines, r	esponsibilities, etc.)	
B. All staff is educated on the importance of safe client handling.			
By educating all staff on the safe client handling program, caregiver organizations can reduce instances of colleagues attempting to move clients manually.	Notes		
C. Staff is trained on equipment annually.			
Including safe client handling in annual competency reviews helps promote the program and equipment proficiency.	Notes		
D. Clients/families are educated on policy/equipment.			
Educating clients and their family members about your organization's policy and use of equipment will engage them in the safe client handling process.	Notes		
VI. Program Evaluation	In Place	Not Done	Will Adopt
A. Metrics are tracked to evaluate program success.			
You can track the success of your program by examining the number and type of staff injuries, specific activities that led to these injuries, number of lost work or modified duty days, and the effectiveness of the safe client handling policy. Consulting your OSHA 300 logs and your supplemental 301 or workers' compensation forms can be an excellent way to gather this information.	Notes (timelines, r	esponsibilities, etc.)	
B. Improvements to the safe client handling program are considered.			
Every program needs adjustment after being put into practice. Even small changes can improve safe client handling tremendously.	Notes		

