

ONLY RECORD WHAT YOU ACTUALLY OBSERVE

TYPE OF PATIENT/RESIDENT TRANSFER:

- Bed to/from chair
- Bed to/from wheelchair
- Bed to/from toilet
- Bed to/from stretcher/gurney
- Chair or wheelchair to/from toilet
- Chair or wheelchair to/from bathtub
- Reposition in bed
- Reposition in chair/wheelchair
- Floor to bed/chair

Hazard (What the employee was exposed to):

Unsafe Behavior (What the employee was doing):

Why (Reason employee was behaving this way):

AGREEMENT: YES OR NO (circle one)

Solution:

COMMITMENT: YES OR NO (circle one)

Comments:

OBSERVATION CRITIQUE

DID THE OBSERVER:

1. *Notify you before performing an observation?*
YES or NO
2. *Point out the good things you were doing first?*
YES or NO
3. *Review any unsafe behaviors with you?*
YES or NO

The purpose of this program is to improve work conditions, and is not designed as a tool for disciplinary action. As a result, names of observed employees are not recorded or disclosed.

This material is for informational purposes only and is not intended to provide specific solutions for any potentially unsafe conditions. Amerisure assumes no duty or obligation to any party in providing this information.



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AMERISURE™



**AMERISURE'S
OBSERVATIONAL
SAFETY PROGRAM**

HEALTHCARE

**PATIENT / RESIDENT
HANDLING**

OBSERVATIONAL CHECKLIST
FOCUSED HEALTHCARE PATIENT / RESIDENT HANDLING

Directions: Observe only 1-2 employees at a time. Mark both observed and unobserved behaviors or conditions with Yes, No, or Not Applicable. If No, choose the most applicable Hazard # that corresponds with the observed condition or behavior. Common hazards that exist in these unsafe conditions have been noted below each item.

POTENTIAL HAZARDS RESULTING FROM BEHAVIORS AND/OR CONDITIONS CREATED AND/OR ALLOWED BY EMPLOYEE/EQUIPMENT:

1. Strain- knowledge of resident
2. Strain – patient/resident behavior or action
3. Strain – improper lift strategy
4. Strain – lack of lifting aids
5. Strain – improper use of lifting aid or equipment
6. Strain – positioning of bed, chair and commode
7. Struck by – patient/resident behavior or action
8. Struck by – equipment
9. Slip/Fall – inappropriate equipment
10. Slip/Fall – liquid on the floor
11. Slip/fall – patient/resident behavior or action
12. Slip/Fall – employee distraction

OBSERVED CONDITIONS AT THE TIME OF THE LIFT				
	Y	N	N/A	HAZARD #
Patient/resident's records up to date/available (1,2,7,11)				
Patient/resident's physical ability and weight assessed prior to lift/transfer (1,2,7,11)				
Lifting/transfer aids were available (3,4,5)				
Employee was previously trained on proper equipment use (4,5,9)				
Equipment height was adjusted and secured from movement (4,5,9)				
Condition of the equipment was satisfactory for the type of lift/transfer (4,5,9)				
The appropriate sling was available for the patient/resident (1,3,4,5,9)				
Gait belt or other transfer aid was properly utilized (1,3,4,5,9)				
Flooring conditions were acceptable for the lift/transfer (3,10)				

OBSERVED BEHAVIORS AT THE TIME OF THE LIFT				
	Y	N	N/A	HAZARD #
Patient/resident's records were checked prior to lift/transfer (1,2,6,11)				
The patient/resident's mental and physical capacity was assessed prior to the lift/transfer (1,2,7,11)				
The designated lift strategy (one person/two person/independent) was used for transfer (1,2,3,7)				
Appropriate transfer aids or lift equipment was used during the lift/transfer (1,3,4,6,9)				
The employee provided clear and concise instructions to the patient/resident prior to the lift/transfer (1,2,7,11,12)				
The patient/resident sling was positioned and secured properly (1,3,4,5,8)				
The Gait belt/transfer device was positioned correctly (1,3,4,5,8)				
The patient/resident's limbs were properly positioned for the transfer (1,2,6,7,11)				
The bed/chair/commode was positioned properly to facilitate the lift/transfer (1,2,3,6,7,9)				
Proper body mechanics – Load was close to the body (2,4,5,6,7,12)				
Proper body mechanics – Used legs and proper stance-feet apart (2,4,5,6,7,11,12)				
The lift/transfer distance was as short as possible (2,4,5,6,7,12)				

IF MORE THAN TWO UNSAFE CONDITIONS AND/OR BEHAVIORS ARE OBSERVED:

1. Stop the Observation
2. Remove/Correct Hazards
3. Note in Comment Area

OBSERVATION DATA SHEET

Company Name: _____

Location of Observation: _____

Date of Observation: _____

Name of Observer: _____

Number of Individuals Observed: _____