

ONTARIO PERSONAL SUPPORT WORKER (PSW)

# Best Practice Guidelines for Safer Client Mobilization in Community Care

## DISCLAIMER

Please note that all information provided in this document is general in nature and may not be appropriate for all situations or circumstances. The toolkit is not intended to provide legal advice or replace the Occupational Health and Safety Act (OHSA), its regulations or other relevant legislation that may apply to your work setting. Under no circumstances shall Ontario Personal Support Worker Association (OPSWA) or Nucleus Independent Living (Nucleus) be responsible for any damage or other losses resulting from reliance upon the information given to you, and all such liabilities are specifically disclaimed to the full extent permitted by law.

## COPYRIGHT

### Intellectual Property and Usage

This Best Practice Guideline, including all text, figures, and concepts, is the proprietary intellectual property of Canadian Support Workers Association and its provincial chapters, and Nucleus Independent Living. Certain **specified portions** of this document contain material that is the copyrighted property of others and cannot be reproduced without their express permission. These sections are clearly cited and marked within the document.

### Permitted Reproduction

You are hereby granted permission to reproduce and distribute this document in its entirety, if **all of the following conditions are strictly met:**

1. The document is reproduced **without any modification, alteration, or amendment** whatsoever.
2. The reproduction includes this entire **Copyright Statement** section.
3. The reproduction is not sold or used for direct or indirect commercial gain.

### Required Permission for Modification

Any desire to **modify, adapt, translate, extract portions from, or create derivative works** based on this Guideline must be preceded by a formal request.

To seek permission for any form of modification or adaptation, please contact OPSWA.

## LAND ACKNOWLEDGEMENT

As an important part of our commitment to reconciliation, OPSWA and Nucleus Independent Living recognize the traditional territories on which we live and work every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca. Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

Canada's Truth and Reconciliation Commission's (TRC) report draws attention to the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada.

OPSWA and its members will contribute to reduce these health disparities by working to promote care that is culturally sensitive and acceptable to Indigenous Peoples. (*Adapted from the Ontario Society of Occupational Therapists Land Acknowledgement*).

## MESSAGE FROM THE CEO – MIRANDA ROMANOWICZ

The Ontario Personal Support Workers Association (OPSWA), in proud partnership with Nucleus Independent Living, is honoured to present the first edition of our *Clinical Best Practice Guidelines for Community Personal Support Workers*.

Personal Support Workers form the frontline of home and community care across Ontario — delivering compassionate, skilled, and person-centered support that enables individuals to safely remain in their homes, maintain independence, and enhance their overall quality of life. As the needs of our communities evolve, so must the standards that guide professional care.

This best practice framework is built upon evidence-based principles and informed by the lived expertise of PSWs working in diverse homecare environments. It promotes:

- **Consistency in high-quality care delivery**
- **Increased safety and risk-mitigation for clients and PSWs**
- **Clear guidance for decision-making in the community setting**
- **Professional accountability rooted in ethical and respectful care**
- **Recognition of the vital role that PSWs hold within healthcare**

OPSWA PSWs are committed healthcare professionals who demonstrate excellence and integrity every day. By integrating best practices grounded in research, real-world experience, and healthcare standards, we reinforce that commitment — ensuring that all Ontarians receiving home and community support have access to safe, reliable, and dignified care.

This publication represents a significant milestone in elevating the profession, strengthening interprofessional collaboration, and promoting a shared vision for excellence in community care. Together, we are advancing the future of the PSW profession and supporting the individuals and families who depend on it.

*Excellence in care is not just our goal — it is our standard.*

**Miranda Romanowicz, CEO**

**Ontario PSW Association**

**Canadian Support Workers Association**

## MESSAGE FROM THE CEO – LAURA SALISBURY

With a **rich history over the last 12 years** in the Mississauga Halton region, the **Regional Learning Centre's** vision continues to grow and thrive. That vision is to **build community knowledge and practice** through accessible education and training for care providers. Importantly, this work **adapts to the evolving desires of clients** to age with **dignity, independence, and grace** in their own homes and communities.

The Regional Learning Centre created this **best practice guideline** in collaboration with Nucleus and OPSWA to explicitly support and promote the **health and safety** of both **community-based personal support staff and their clients**.

Creating safer client mobilization in community care involves **multi-faceted complexity**. Nucleus is **honoured**, along with the **Ontario PSW Association**, to support the work of personal support staff in a **meaningful and impactful manner**.

**Laura Salisbury**

**Chief Executive Officer**

Nucleus Independent Living

# Table of Contents

Disclaimer .....	2
Copyright.....	2
Land Acknowledgement.....	3
Message from the CEO – Miranda Romanowicz.....	4
Message from the CEO – Laura Salisbury .....	5
What is “Best Practice”? .....	7
What are Guidelines?.....	7
How to Use This Information.....	8
Why This Matters .....	8
Why is it Dangerous to Manually Lift a Client? .....	9
Recommendations Summary .....	11
Practice Recommendations for Community PSWs .....	12
1. Know your Rights .....	12
2. Know Your Workplace Policies .....	13
3. Do a Mobility Review BEFORE care .....	14
4. Know and Avoid High Risk Moves .....	15
5. Attend Training .....	16
6. Know Your Boundaries.....	16
Boundary Challenges a PSW May Encounter. ....	17
Want More Information?.....	19
Resources for Employers .....	20
Safe Client handling Program Checklist .....	20
References .....	21

## WHAT IS “BEST PRACTICE”?

A "best practice" is a way of doing things that is proven to work well and get good results. It's the method that experts agree is the safest way to give care.

### **Best practice means thinking about:**

- The client's needs, values and expectations
- Your skill and experience
- The most reliable and proven information available

Essentially, best practice is where three things meet: **proven evidence**, a PSW's **skill and experience**, and the **client's own values and goals**. To do the best job, you need to consider and combine all three.<sup>i</sup>

## WHAT ARE GUIDELINES?

Guidelines are statements that can help professionals make decisions. Guidelines are not strict rules, but they are strong suggestions. They show you the best and safest way to do your job.

Where possible these guidelines have referenced evidence that has been specifically researched with PSWs working in community care.

This guideline on safer client mobilization aligns with Technical Competencies related to providing person-centred care and support, and safe care environments set out by the National Occupational Standard for Personal Care Providers.<sup>ii</sup>

The making of these guidelines was driven by the goal of creating a resource specific to community care that can be used by PSWs across Ontario. There are guidelines on safe patient handling and mobility, but many of them are for long-term care or hospital settings.

The process started with the identification of knowledge and skill gaps, and selection of topics that would be relevant to PSWs and those providing personal care. The perspectives and voices of PSWs informed decisions made about this document.

## HOW TO USE THIS INFORMATION

These guidelines were made to be a useful resource for PSWs and those who supervise them when planning and providing high-quality care in a community-based setting. They can also be used by Joint Health and Safety Committee (JHSC) members who want to learn more about current practices in safer mobilization with clients.

Home and community care services in Canada help people receive care at home or in a retirement home and does not refer to care provided in hospital or long-term care facilities.<sup>iii</sup> Home and community care work is the focus of these guidelines.

## WHY THIS MATTERS

**A PSW is visiting a client at home. During the visit, the client needs assistance to reposition in bed. The client is tall and weighs around 240 pounds. When asked, the client says they are “feeling weak today and cannot assist with the move.”**

**The care plan says to use the mechanical lift. The staff goes to get the lift, but a family member tells the PSW “the lift takes too long – let’s use the soaker pad to boost them up.”**

### Does this sound familiar?

Every day, PSWs who work in the community face choices that could be unsafe.

Research clearly shows that **manually lifting or repositioning a client** is one of the most common healthcare situations in which work-related musculoskeletal injuries can occur.<sup>iv</sup>

These injuries often affect your muscles, bones, and joints. For the client, being handled the wrong way can cause fear, pain, and injury.

It takes skill to professionally balance the care needs of clients, while respecting their dignity **and** the safety needs of the support worker.



## Why is it Dangerous to Manually Lift a Person?

**All it takes is one bad lift.**  
**Injuries are often caused by manually lifting clients,**  
**and PSWs are at risk every day.**

Tasks such as manually (using your own strength) repositioning and lifting can lead to lower back pain.<sup>v</sup> The risk goes up when the client is heavier and cannot assist with the movement.

To keep safe, PSWs and supervisors need to know and understand the difference between a transfer and a manual lift.

**Transfer:** A **transfer** is a shared effort in which the client helps the PSW in the transfer and can bear weight on at least one leg<sup>vi</sup> or both arms.

**Manual Lift:** Any client handling task requiring the caregiver to support or lift a significant part, or all, of a client's body weight.<sup>vii</sup> Manual lifting includes lifting, transferring, repositioning and moving clients or any client-handling task that makes the caregiver support or lift a lot of the client's body weight without lifting equipment.<sup>viii</sup>

**Lift:** A lift involves moving a client who cannot bear weight on at least one leg<sup>ix</sup> or both arms. Lifts should always involve mechanical lifting devices.

The client is sitting in their chair and cannot go from sitting to standing by themselves. The client cannot assist with the move. The PSW grabs the client with the client's pants/belt and hooks an arm under the client's shoulder to lift the client up.

**This is a manual lift. It is dangerous for you and the client.**

Research shows that “the cumulative physical demands of manual lifting of clients who cannot move themselves independently play the most significant role in development of low back pain and injury.

The excessive biomechanical and postural stress required to repeatedly lift and move clients manually creates a significantly elevated risk of injury for health care workers (HCWs). **The loads are too great for body mechanics to make a difference.**<sup>x</sup>

## **What does this mean for PSWs?**

It means that even if you use perfect "body mechanics" and lift with your legs, you can still get hurt. The weight of a person who cannot help is just too much for the human body to lift safely over and over again.

**The best body position in the world can't make an unsafe lift safe.** Some workplaces have a "no manual lifting policy" and this is a good practice.

A no manual lifting policy "recognizes that caregivers should provide minimal assistance only. Minimal assistance includes guiding, cueing, or steadying. Caregivers are prohibited from lifting all or a significant portion of a client's weight against gravity.

When the caregiver provides minimal assistance, the client is highly involved in the activity, whether dressing, turning in bed, transferring, etc. This type of approach is also referred to as a "no lift" approach."<sup>xi</sup>

However, if the workplace does not have access to lifting equipment and safe client handling equipment like hospital beds, slide sheets and ceiling or floor-based lifts, staff may be doing manual lifting.

One example of manual lifting that people forget about is boosting a client up in bed with a soaker pad. Soaker pads are common, and staff are very used to using them for repositioning a client. However, if the client is unable to help the staff, the staff is really "lifting them up the bed" with the soaker pad. One safer option for staff and clients could be to use a slide sheet, combined with a hospital bed. A slide sheet is one or two special sheets which reduce friction and reduces strain on the caregiver's body.

If you are using soaker pads to move clients in bed, and the client cannot help you, this is an example of a high risk move that can lead to injury.

## RECOMMENDATIONS SUMMARY CHECKLIST

1



### Know Your Rights

Learn what protects you under the OHSA — including your right to know, participate, and refuse unsafe work.

2



### Know Your Workplace Policies

Get familiar with your employer's safety rules so you always know what's safe and what's not.

3



### Do a Mobility Review **BEFORE** care

Assess each client's mobility before providing care. Use the CARE approach to reduce risk and tailor support safely.

4



### Know and Avoid High-Risk Moves

Identify risky lifts or transfers and use the right equipment or ask for help.

5



### Attend Training

Keep your skills sharp with hands-on learning about equipment, safety, and client care.

6



### Know Your Boundaries

Trust your gut and say no to unsafe or risky requests — your safety always comes first.

# PRACTICE RECOMMENDATIONS FOR COMMUNITY PSWS

When it comes to safe client mobility practices and keeping staff safe, community care in Ontario faces unique challenges.

Unlike a Long-Term Care home or a hospital, the environment changes from client to client. Safe client handling equipment may only be available if it is approved and paid for by the client or the employer.

Additionally, staff providing personal care in the community often work alone. Some employers may have a “no-manual lifting policy,” but staff may still be manually lifting if they do not have access to the right equipment and training.

## 1. KNOW YOUR RIGHTS

Did you know? There are no specific regulations about client handling in community care in Ontario. In other workplaces like hospitals or long-term care facilities, the [O. Reg. 67/93 Health Care and Residential Facilities](#) regulation applies.

However, **Ontario’s Occupational Health and Safety Act (OHSA)** still protects you. The OHSA gives you rights and responsibilities and applies to all PSWs, regardless of where they work.

Under the OHSA, your employer has a legal duty to "take every precaution reasonable in the circumstances for the protection of a worker." This includes protecting you from injuries related to client handling.<sup>xii</sup>

### **You have three important rights:**

- **The Right to Know:** You have the right to be informed about any hazards in your work, including the risks of lifting and repositioning clients.
- **The Right to Participate:** You have the right to be part of the process of keeping your workplace safe. This means you can ask questions and report safety concerns without fear of being disciplined.
- **The Right to Refuse Unsafe Work:** If you believe a task is likely to hurt you, you have the right to refuse it. This could include refusing to perform a manual lift that feels unsafe.

### **Your employer must also:**

- Keep any equipment and protective devices they provide (like mechanical lifts or slide sheets) in good working condition.

- Provide you with information, teaching, and supervision on how to work safely. This includes training on how to use proper client handling techniques and mechanical lifts.
- Communicate any known hazards to you.

## 2. KNOW YOUR WORKPLACE POLICIES

**“The other day a client asked me to vacuum the stairs in her house, so I did. The vacuum was heavy, so I reported it to the supervisor who told me that our workplace policy says we don’t vacuum stairs. I didn’t know that.”**

To work safely, you must know your employer's policies. If you have more than one job, you need to know the policies for each place you work. Do you know how to find your workplace policies? If you do not know then you should speak with your supervisor for help finding them.

### **Make sure you can find and understand your employer's policies on:**

- Safe client handling (for example, a "no manual lifting" policy).
- What tasks are you allowed to do.
- How to report an injury or safety concern.
- Procedures for when a client’s condition changes.

If you aren't sure, ask your supervisor for a copy of the policy.

Some workplaces may not have a safe client handling policy. In this case it is best to speak with a supervisor. Following workplace health and safety policies is a key part of preventing workplace injuries.<sup>xiii</sup>

Keep in mind that if you work for yourself and provide private care, your client may be considered your employer, and there may not be any formal health and safety policies in place. In this situation, it is even more important to talk about safety before you begin working. Additionally, it is recommended that those carrying out these duties possess \$2 million dollars in professional liability insurance. Professional liability insurance can provide protection in the event of a lawsuit related to the care provided and is helpful for all PSWs regardless of where they work.

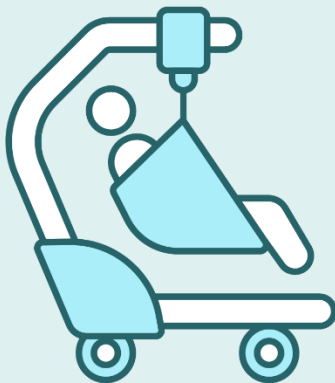
### 3. DO A MOBILITY REVIEW BEFORE CARE

Before you help a client move, always check how much the client can do on their own and how much help they need from you. This is a tool for care partners to make sure they are providing the safest care possible. A mobility review can be used by all PSWs anywhere.

A client's condition and behaviours can change from the last time you saw them. A mobility review helps to look at the situation as it is now.

One tool you can use is the [Client Mobility Review](#) created by Public Services Health and Safety Association. It uses the acronym CARE to help you remember the 4 areas to check before moving a client.

## CLIENT MOBILITY REVIEW



### BEFORE MOVING A CLIENT, CHECK:

## C **ommunication**

- eye contact?
- able to follow simple commands?

## A **bility**

- change in physical ability or energy level?
- can client move arms, legs?
- is client drowsy? (medication, illness, fatigue)

## R **esistance**

- client refusing to participate?
- signs of escalating behaviour?
- client agitated or uncooperative?

## E **quipment / Environment**









- any obstacles along the travel path?
- equipment functioning & positioned properly?
- correct sling type/size & correct position of bed, equipment, chair, track?

## 4. KNOW AND AVOID HIGH RISK MOVES

Certain ways of moving a client are **very risky** and have led to countless injuries for PSWs. These high-risk techniques all involve manual lifting and often put too much strain on your back, shoulders, and arms. Always check how much the client can help you. If they cannot help you, it is manual lifting and is likely unsafe.

### High Risk Manual Patient Handling Tasks - as Supported by Research<sup>xiv</sup>

L. Enos, HumanFit, LLC. Reproduced with permission

<ul style="list-style-type: none"><li>• <b>Repositioning in bed</b> e.g., turning and boosting a patient; raising a patient from lying to sitting in bed or at edge of bed; positioning or removing a bedpan</li></ul>		<ul style="list-style-type: none"><li>• <b>Standing transfers</b> e.g., to/from bed to commode/chair/exam table</li></ul>	
<ul style="list-style-type: none"><li>• <b>Seated transfers</b> e.g., to/from bed to chair, commode, wheelchair; chair to chair; wheelchair to exam table or vehicle</li></ul>		<ul style="list-style-type: none"><li>• <b>Repositioning in wheelchair, chair</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Supine transfers</b> e.g., to/from bed, stretcher, or procedure table</li></ul>		<ul style="list-style-type: none"><li>• <b>Positioning an individual of size to access the abdominal or perineal area</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Lifting and holding of extremities</b></li></ul>		<ul style="list-style-type: none"><li>• <b>Toileting</b></li><li>• <b>Showering and bathing</b></li><li>• <b>Ambulation</b></li><li>• <b>Floor/fall recovery</b></li><li>• <b>Transporting a patient in a bed, stretcher, or wheelchair</b></li></ul>	

You may have learned some of these risky moves in the past. Practice has changed and now research shows that even with perfect "body mechanics," manually lifting a client who cannot help is unsafe. The safest way is to use the right equipment.<sup>xv</sup>



## 5. ATTEND TRAINING

Your employer must provide training on safe client handling, but it is also your job to be an active learner.

Training should be:

- **Hands-on:** You should get the chance to practice using mechanical lifts, slide sheets, and other equipment in a safe setting. You should also get to practice tasks such as sit to stand and assisting someone with mobility.
- **Client-focused:** Training should teach you how to observe and understand a client's ability to help and how to communicate clearly with them during a move.
- **Safety focused:** Training should provide you with a review of safety concerns that you need to be alert for such as hazards in the environment, or unsafe equipment.

When you are in training, ask questions. If you don't feel sure about using a piece of equipment or a technique, ask for more information.

Sometimes you may learn a new, safer technique in training, but you or your client does not have access to the equipment. It is important to tell your supervisor about this gap, and push for equipment that will keep you safer at work.

Training is only one part of keeping PSWs safer on the job – they also need the right equipment. Sometimes clients do not want the equipment or cannot afford it. This can lead to boundary challenges.

## 6. KNOW YOUR BOUNDARIES

PSWs regularly are in situations where their boundaries are challenged, and many staff struggle with how to respond.<sup>xvi</sup>

### Knowing your boundaries means:

- **Trusting your gut:** If a care situation feels unsafe, it probably is. You have the right to pause and find a safer way.
- **Knowing what is unsafe AND saying "no" to unsafe requests:** It is okay to say no to a task that puts you or the client at risk. This is part of **your right to refuse unsafe work under the OSHA**. This includes requests that go against your workplace policy or the client's care plan.
- **Know what your values (also called principles) are, and how you use your values to make decisions.**



## BOUNDARY CHALLENGES A PSW MAY ENCOUNTER.<sup>xvii</sup>

Scenario	Examples
1. Unsafe care/work environment	<ul style="list-style-type: none"> <li>• Lack of equipment needed for safe care (e.g., mechanical lift for client transfers)</li> <li>• Unsafe space for care delivery (e.g., where a client is hoarding; unsecured pets present)</li> <li>• Unsafe behaviors by client or family (e.g., abusive language; clients smoking on oxygen)</li> </ul>
2. Client/family asking too much of the PSW	<ul style="list-style-type: none"> <li>• Time-related challenges (e.g., caregiver returning late regularly for respite visits; assigning “make work” tasks to justify keeping a PSW longer)</li> <li>• Relying on a PSW to provide extensive emotional support</li> </ul>
3. Client requires extra services	<ul style="list-style-type: none"> <li>• Requesting out-of-scope activities to address an unmet need (e.g., completing grocery shopping; driving clients to appointments; assisting with financial paperwork)</li> </ul>
4. Something happens, we need the backup plan	<ul style="list-style-type: none"> <li>• Unexpected circumstances prevent a visit (e.g., bad weather; worker illness)</li> <li>• Only 1 member of a 2-person care team is present</li> </ul>
5. PSW working in pain	<ul style="list-style-type: none"> <li>• PSW providing care inappropriate for current physical abilities (e.g., ignoring injuries)</li> <li>• Providing care in an ergonomically hazardous manner (e.g., client transfers in a too low bed)</li> </ul>


Above are some examples of boundary challenges that a PSW working in community care may face. On the next page you will find an example of several principles or values that you can use to help you think about how to deal with boundary challenges.


## Principles a PSW May Use to Decide on Their Response to a Boundary Challenge<sup>xviii</sup>

Principle	Example Quotes
1. Be mindful of the purpose of personal support	<p>"We're here to assist you, but we're not here to take away your independence" (P2, W2)</p> <p>"I'm not here to be your servant or your slave, but I'm here to assist...." (P2, W1)</p>
2. Stay safe	<p>"It needs to be on the care plan for us to be doing it. First of all, if we're vacuuming and we trip over the cord and we break our leg, [the worker's compensation board] is going to look at that care plan and say, why were you vacuuming? Sorry for your luck" (P2, W2)</p> <p>"You take care of yourself because you can't take care of them if you're not" (P2, W1)</p>
3. Consider the root cause	<p>"I have a client that can hardly write, and she'll have me write out the check and she'll take 15 minutes to sign her name.... It's not on the care plan. But it's something that they need done. It's that little extra that we can do for them.... She's perfectly 100% with it.... She just can't write" (P2, W2)</p>
4. Consider the impact on colleagues	<p>"The other thing too, is sometimes one PSW would do something and then it..." (P3, W2)/"It becomes a habit for every time." (S1, W2)/"But my other PSW will do that for me" (P2, W2)</p>
5. Make the choice you can live with	<p>"... [you may] have that little extra time to just sit for emotional support.... [You] have to make sure that their wellbeing is taken care of because that's the whole point of home care...." (P4, W1)</p>

**Setting boundaries is not about refusing to provide care.** It is about ensuring that the care you provide is safe, professional, and sustainable for your entire career. Knowing what principles guide the care that you provide is an important part of making care safer for everyone.

## WANT MORE INFORMATION?



Français 

[Home](#) > [Jobs and employment](#) > [Workplace health and safety](#) > [Occupational health and safety compliance](#)**On this page**


1. Overview
2. Legal requirements
3. Actions for workplace parties
4. Contact us

#### Overview

Client handling is the lifting, transferring and repositioning of a client, patient or resident. This task is a common activity performed by health care workers and can lead to [musculoskeletal disorders](#) (MSDs) due to:

**Related**

- [Ergonomics in the workplace](#)
- [Health and safety laws related to ergonomics](#)



Jump to

### CENTRE OF RESEARCH EXPERTISE FOR THE PREVENTION OF MUSCULOSKELETAL DISORDERS (CRE-MSD)

[About CRE-MSD](#) > [Research](#) > [Resources](#) > [MSD Prevention Guideline](#) > [Communities of Practice](#) > [News](#) > [Events](#) > [Ontario Biomechanics Conference 2023](#)

## Best practices and guides for safe manual handling of patients

This page has been prepared as a resource for those interested in approaches to the manual handling of patients and prevention of injury. It is not intended to be exhaustive but should still serve as a starting point for more detailed investigations.


#### Canada - governmental/legislation

##### Alberta - Work Safe

- Work Safe Alberta is a government-led initiative in consultation with industry and labour to help prevent work-related injuries, illnesses and fatalities. Occupational Health and Safety Council enforces the Occupational Health and Safety Act, Regulation and Code.  
[Work Safe Alberta](#)
- No unsafe lift - Alberta Occupational Health and Safety requires assessment and control of workplace hazards.  
[No Unsafe Lift \(PDF\)](#)

##### British Columbia - Work Safe

- Enforces the [British Columbia Occupational Health and Safety \(OHS\) Regulation](#)
- [Patient Handling in Small Facilities \(PDF\)](#)



What's New

Understanding MSD

MSD Prevention Guidelines

About this Guide

Search

I perform work

I supervise workers

I represent workers

I manage workers

I evaluate and/or design work

I support and/or care for workers

Resource Library

Home / [Resource Library](#) / [Patient Handling For Healthcare Workers](#)

## Patient Handling for Healthcare Workers

**Developed by:** OHCOW (Occupational Health Clinics for Ontario Workers)

**Description:** A 10-page document describing risks associated with patient transfer tasks performed by healthcare workers. The resource covers general lifting considerations, patient transfer techniques, an assessment checklist, and prevention options tailored to healthcare settings.

**Keywords:** transfer, lift, patient, nurse, healthcare, technique, assessment, prevention

Do you want to visit this resource?

# Safe Client Handling Program Checklist

**INSTRUCTIONS:** 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 organization. It is recommended that the checklist be completed at frequent intervals to ensure ongoing program evaluation.

This has been adapted from the OSHA Safe Patient Handling Program Checklist.

*This checklist is advisory in nature and informational in content. It is not a standard or regulation.*

I. Policy Development		In Place	Not Done	Will Adopt
<b>A. A safe client handling policy that eliminates manual lifting to the extent feasible is in place and communicated to all staff.</b>  <i>It is important for an organization to have a policy in place that is understood by all staff and reviewed on a regular basis.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes (timelines, responsibilities, etc.)		
<b>B. Clients are made aware of the safe client handling policy.</b>  <i>Making clients aware of the safe client handling policy will help clients understand how using handling equipment will benefit both them and their caregivers.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		
<b>C. Staff can access the policy, and it is written in easy-to-understand language / plain language.</b>  <i>Staff need to be able to locate the policy and to understand it.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		
II. Management and Staff Involvement		In Place	Not Done	Will Adopt
<b>A. Management fosters safe client handling and a culture of safety.</b>  <i>Managers understand and demonstrate the importance of safer handling practices.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes (timelines, responsibilities, etc.)		
<b>B. Staff know who they should bring their safety concerns to, and the process of flagging safety concerns.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		

III. Needs Assessment	In Place	Not Done	Will Adopt
<b>A. Mobility assessment criteria are established and applied to each client.</b>  <i>Every client has unique characteristics and mobility capabilities that need to be assessed on a regular basis.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes (timelines, responsibilities, etc.)			
<b>B. A client handling plan is communicated for each client.</b>  <i>Once each client's level of mobility and need for assistance is assessed, that information needs to be communicated to all relevant caregivers.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes			
IV. Equipment	In Place	Not Done	Will Adopt
<b>A. Frontline staff is involved in selecting equipment.</b>  <i>The workers who move and transfer clients are a valuable resource when determining the most effective equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes (timelines, responsibilities, etc.)			
<b>B. Responsibility to Provide Equipment is clearly explained</b>  <i>Clients and the employer have determined whose responsibility it is to provide safe client handling equipment such as slide sheets and mechanical lifts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes			
<b>C. Equipment, cleaning and maintenance systems are in place.</b>  <i>Responsibility for maintaining and cleaning equipment should be clearly designated.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes			
<b>D. Partnership with vendor(s) is considered.</b>  <i>Vendors can help to develop safe client handling specifications, troubleshoot issues, answer questions, and maintain equipment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes			

V. Education and Training		In Place	Not Done	Will Adopt
<b>A. All relevant staff is trained in using equipment.</b>  <i>If the caregiver uses the equipment correctly and efficiently, clients will feel more comfortable.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes (timelines, responsibilities, etc.)		
<b>B. All staff is educated on the importance of safe client handling.</b>  <i>By educating all staff about the safe client handling program, organizations can reduce instances of another staff member asking—or expecting—colleagues to move clients manually.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		
<b>C. Staff is trained on equipment annually.</b>  <i>Including safe client handling in annual competency reviews helps promote the program and equipment proficiency.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		
<b>D. Clients/families are educated on policy/equipment.</b>  <i>Educating clients and their family members about your organization's policy and use of equipment will engage them in the safe handling process.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes		
VI. Program Evaluation		In Place	Not Done	Will Adopt
<b>A. Metrics are tracked to evaluate program success.</b>  <i>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.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Notes (timelines, responsibilities, etc.)		

For more information on safe client handling, visit [www.osha.gov/dsg/hospitals](http://www.osha.gov/dsg/hospitals).



## REFERENCES

- <sup>i</sup> Canadian Association of Medical Radiation Technologists. (n.d.). *Best practice guidelines*. Retrieved September 18, 2025, from <https://camrt-bpg.ca/>
- <sup>ii</sup> Skills for Change. (n.d.). *National occupational standard for personal care providers*. [National Occupational Standard for Personal Care Providers](#)
- <sup>iii</sup> Zeytinoglu, I. U., Denton, M., & Brookman, C. (2017). Health and safety matters! Associations between organizational practices and personal support workers' life and work stress in Ontario, Canada. *BMC Health Services Research*, 17(1), 427. <https://doi.org/10.1186/s12913-017-2355-4>
- <sup>iv</sup> Wählin, C., Stigmar, K., & Strid, E. N. (2022). A systematic review of work interventions to promote safe patient handling and movement in the healthcare sector. *International Journal of Occupational Safety and Ergonomics*, 28(4), 2520–2532. <https://doi.org/10.1080/10803548.2021.2007660>
- <sup>v</sup> ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper by The Association of Safe Patient Handling Professionals, Inc. Warrendale, PA. March 2023. [www.ASPHP.org](http://www.ASPHP.org)
- <sup>vi</sup> Canadian Centre for Occupational Health and Safety. (2020). *Patient handling - Basic principles*. CCOHS. [https://www.ccohs.ca/oshanswers/hsprograms/patient\\_handling.html](https://www.ccohs.ca/oshanswers/hsprograms/patient_handling.html)
- <sup>vii</sup> Waters, T. R. (2007). When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53–58.
- <sup>ix</sup> Canadian Centre for Occupational Health and Safety. (2020). *Patient handling - Basic principles*. CCOHS. [https://www.ccohs.ca/oshanswers/hsprograms/patient\\_handling.html](https://www.ccohs.ca/oshanswers/hsprograms/patient_handling.html)
- <sup>x</sup> ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper by The Association of Safe Patient Handling Professionals, Inc. Warrendale, PA. March 2023. [www.ASPHP.org](http://www.ASPHP.org)
- <sup>xi</sup> Saif Corporation. Safe Patient/Resident Handling Guide: Resources and information for developing patient handling programs in health care. S-877. October 2010. Accessed at: [http://www.saif.com/\\_files/SafetyHealthGuides/S-877.pdf](http://www.saif.com/_files/SafetyHealthGuides/S-877.pdf)
- <sup>xii</sup> Government of Ontario. (1990). *Occupational Health and Safety Act, R.S.O. 1990, c. O.1*. <https://www.ontario.ca/laws/statute/90o01>
- <sup>xiii</sup> Canadian Centre for Occupational Health and Safety. (2022). *OHS Programs*. CCOHS. [https://www.ccohs.ca/oshanswers/hsprograms/ohs\\_program.html](https://www.ccohs.ca/oshanswers/hsprograms/ohs_program.html)
- <sup>xiv</sup> ASPHP [2023]. Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum. A White Paper by The Association of Safe Patient Handling Professionals, Inc. Warrendale, PA. March 2023. [www.ASPHP.org](http://www.ASPHP.org)
- <sup>xv</sup> Canadian Centre for Occupational Health and Safety. (2020). *Patient Handling - Basic Principles*. CCOHS. [https://www.ccohs.ca/oshanswers/hsprograms/patient\\_handling.html](https://www.ccohs.ca/oshanswers/hsprograms/patient_handling.html)
- <sup>xvi</sup> Kalles, E. A., King, E. C., & Holyoke, P. (2024). How High-Performing Personal Support Workers Set and Maintain Boundaries When Providing Care: A Case Study in Ontario, Canada. *Journal of Applied Gerontology*, 44(1), 83-94. <https://doi.org/10.1177/07334648241263500> (Original work published 2025)



<sup>xvii</sup> Kalles, E. A., King, E. C., & Holyoke, P. (2024). How High-Performing Personal Support Workers Set and Maintain Boundaries When Providing Care: A Case Study in Ontario, Canada. *Journal of Applied Gerontology*, 44(1), 83-94. <https://doi.org/10.1177/07334648241263500> (Original work published 2025)

<sup>xviii</sup> Kalles, E. A., King, E. C., & Holyoke, P. (2024). How High-Performing Personal Support Workers Set and Maintain Boundaries When Providing Care: A Case Study in Ontario, Canada. *Journal of Applied Gerontology*, 44(1), 83-94. <https://doi.org/10.1177/07334648241263500> (Original work published 2025)