

**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF DEVELOPMENTAL DISABILITIES**

**EFFECTIVE DATE:** November 30, 2009

**DATE ISSUED:** November 30, 2009

**I. TITLE: INDIVIDUAL MOVEMENT AND TRANSFER SAFETY**

**II. PURPOSE:** To establish policies and procedures for the development and implementation of an individual movement and transfer safety protocol in compliance with the Safe Patient Handling Act, N.J.S.A. 26:2H-14.8, et seq. Safe individual movement and transfer techniques and protocols may minimize the risk of injury to patients and health care workers at New Jersey Developmental Centers when lifting, transferring, repositioning, transporting and moving semi-dependent and dependent individuals.

**III. SCOPE:** This circular applies to all Division of Developmental Disabilities (DDD) Developmental Centers.

**IV. POLICIES:**

- A. The Developmental Centers shall ensure that individuals are cared for safely, while maintaining a safe work environment for employees. To accomplish this, each center shall assess all individuals who require assistance to determine the safest way to move them.
- B. Mechanical lifts, assistive devices and appropriate techniques and aids shall be used when possible and necessary.
- C. The individual has a right to refuse the use of mechanical lifts, assistive devices and techniques. The reason for refusal must be appropriately documented and addressed by the Interdisciplinary Team.

**V. GENERAL STANDARDS:**

- A. **Definitions:** For the purpose of this circular, the following terms shall have the meaning stated herein:

“Utilization of assisted devices/techniques” means use of mechanical devices including, but not limited to, electric beds, portable base and ceiling track-mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids; patient handling aids including, but not limited to, gait belts with handles, sliding boards and surface friction-reducing devices.

“Health care worker” means a person who is employed by a Developmental Center whose job duties include care of individuals and utilization of assistive techniques and devices.

“Interdisciplinary Team” means a group that consists of the individual receiving services, the Habilitation Plan Coordinator (HPC), the legal guardian, the parents or family member (if the adult desires that the parent or family member be present); those individuals who work directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual’s needs and the design and evaluation of programs to meet them. The individual may identify additional persons who shall be invited to attend and participate.

“Individual Movement and Transfer Safety Committee” means an interdisciplinary committee under the direction of a designee with rehabilitation credentials who is appointed by the Chief Executive Officer (CEO) of the developmental center, that is responsible for the development, implementation, evaluation and revision of the Developmental Center’s Individual Movement and Transfer Safety Program, including the evaluation and selection of equipment.

“Individual Movement and Transfer Safety Program” means the program established by a pursuant to N.J.S.A. 26:2H-14.8 et seq. and N.J.A.C. 8:43E-12.4.

“Movement” means the act of changing the position of the body or its parts from one place/position to another

“Transfer” means the act of moving an individual with limited function from one location to another with or without the assistance of that individual.

“Unassisted movement and transfer” means using a health care worker’s body strength without the use of mechanical equipment or assistive devices and techniques.

## **VI. PROCEDURES:**

### **A. Individual Movement and Transfer Safety Committee:**

1. All Developmental Centers shall form an Individual Movement and Transfer Safety Committee. The CEO of the Developmental Center shall choose the Committee members. The minimum number of Committee members shall be seven, six members and one Chairperson.
  - a. Fifty percent of the committee members shall consist of health care workers from different disciplines, including, but not limited to, direct care staff, cottage supervisors, physical and occupational therapist(s), nursing staff, and a medical doctor.
  - b. The remaining committee members shall also include, but are not limited to program development staff, habilitation plan coordinator(s), a QA coordinator, employee training supervisor, a representative from the business office, social worker(s), and/or an individual resident or a designated representative of the Developmental Center.
  - c. The Chairperson of this committee shall be a designee with rehabilitation credentials, appointed by the Chief Executive Officer (CEO) of the Developmental Center, and shall be responsible for overseeing all aspects of the Individual Movement and Transfer Safety Program.
  - d. Management staff of the Developmental Center shall consult with the collective bargaining agent(s) regarding the selection of health care worker committee members.
2. The Committee shall meet as needed, but no less than quarterly. The minutes of the meeting shall be documented and maintained by the Chairperson.
3. Committee members shall be responsible for the development, implementation, evaluation and revision of the center's Individual Transfer and Movement Safety Program, including the evaluation and selection of the equipment.
  - a. The Individual Movement and Transfer Safety Program shall be evaluated annually based on an analysis of injury data as referred in Section VI. G., and shall be revised if deemed necessary.
  - b. A three year capital purchasing plan shall be designed at each and supported by DDD administration. The clinical staff shall make recommendations to the Committee

regarding the type of equipment needed. The Committee shall prioritize the purchases based on the Individual Movement and Transfer Safety Program needs. The plan shall include strategies for the purchase of clinically recommended equipment and addressing budget, vendor, and local municipal or county government restrictions, ie. permits, zoning laws, etc.

**B. Individual Movement and Transfer Safety Program/ Training:**

1. The Department of Rehabilitation Services or the designated trainer at each Developmental Center shall be responsible to provide Individual Movement and Transfer Safety training to all new and existing health care workers.
  - a. Competency Based Training shall include proper body mechanics for the health care workers and proper lifting, transferring, transporting, positioning and movement of the individuals.
  - b. Training shall provide written instructions to health care workers in all individual movement and transfer safety techniques utilized in the center.
  - c. The physical therapy and/or occupational therapy staff or designated trainer shall assess the health care worker's performance of the techniques and practices of individual movement and transfer, and recommend additional training as necessary.
2. New health care workers shall be provided training in individual movement and transfer safety at orientation before they are assigned to provide care to the individuals in the living unit.
3. Individual Movement and Transfer Safety training shall be provided by physical therapy and/or occupational therapy staff or the designated trainer.
4. All health care workers shall be retrained annually on individual movement and transfer safety techniques by the Rehabilitation Services Department or the designated trainer.

**C. The Developmental Center Individual Movement and Transfer Safety Program:**

1. The written policy and procedure for the Individual Movement and Transfer Safety Program established by the developmental center, including proper body mechanics, lifting, transferring, positioning and movement, shall be submitted to the Division of Developmental Disabilities.
2. The Individual Movement and Transfer Safety Policy shall be posted in a location easily visible to staff, individuals, and visitors.
3. Each Developmental Center shall provide information to family members and/or guardians of the individuals regarding the Developmental Center's Individual Movement and Transfer Safety Program.

**D. Individual Movement and Transfer Safety Programs**

1. The physical therapy and/or occupational therapy staff shall provide the updated information to the Habilitation Plan Coordinator (HPC) on individual movement and transfer safety for each individual.
2. At the annual Individual Habilitation Plan (IHP) meeting, the Interdisciplinary Team shall discuss individual movement and transfer safety and document the individual's needs in the Individual Habilitation Plan (IHP) profile.
3. A list describing lifting and transfer techniques for each individual, developed by the physical therapy and/or occupational therapy staff and the Interdisciplinary Team, shall be available to the health care workers of the individual's living unit. As the information is updated, the staff of the individual's living unit shall be informed.

**E. Equipment Acquisition and Maintenance**

1. Individual movement and transfer assistive devices shall be maintained in working condition and stored in compliance with the manufacturer's recommended directions.
  - a. Health care workers shall notify their supervisor if a piece of equipment is in need of repair, and the equipment shall be tagged to indicate that it is out of service.
  - b. The supervisor shall contact the appropriate rehabilitation designee for the repair of the device or removal.

- c. The rehabilitation designee shall be responsible to contact a service technician for repair work, if necessary.
  - d. If the device is not usable and not repairable, it shall be removed and replaced according to the schedule for replacement and based on available funding.
2. The Developmental Center shall secure backup equipment to prevent the interruption of services to individuals.

**F. Responsibilities of Health care workers:**

1. Health care workers shall comply with all parameters of “The New Jersey Safe Patient Handling Act” and this policy.
2. Completion of the education and training of proper techniques, use of mechanical lift equipment/aids used in individual movement, and transfer safety is mandatory.
3. If a health care worker is injured while using individual movement and safety techniques, he or she will report the injury to his/her supervisor, in accordance with Section G,1. reporting requirements. When medical clearance of the injured health care worker is obtained, the injured health care worker shall be referred by the designated supervisor to the Department of Rehabilitation or designated trainer to be re-trained in the Individual Movement and Transfer Safety Program.
4. A health care worker who refuses to perform an Individual Movement and Transfer Safety task due to a physical limitation will present to the supervisor documentation from the health care worker’s doctor outlining the health care worker’s limitations or documentation describing any other reasonable concern about worker or individual safety to a supervisor.
5. No retaliatory actions shall be taken against a health care worker for refusal to perform an individual movement and transfer safety task due to a reasonable concern about worker or individual safety or the lack of appropriate and available individual movement and transfer equipment.

**G. Individual Movement and Transfer Safety Project**

1. Health care workers shall report injuries related to individual movement and transfer safety as consistent with Division Circular

#14 "Unusual Incident Reporting" and the human resource policies of the Developmental Center regarding work-related injuries. An investigation will be conducted to try to determine the nature and cause of the injury, and what, if any, part of the process of moving an individual caused the injury.

2. Each Developmental Center shall implement an Individual Movement and Transfer Safety Data Collection and Analysis Program to evaluate injuries/incidents resulting from individual movement and transfer, and shall refer such Data Collection and Analysis Program to the committee for consideration.
3. Statistics of injuries shall be maintained by designated Developmental Center staff and shall be reported to the Chief Executive Officer (CEO) of the Developmental Center, and to the Division of Developmental Disabilities.



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Assistant Commissioner  
Division of Developmental Disabilities

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