#  PATIENT-HANDLING SAFETY OBSERVATION CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SAFE** | **UNSAFE** | **N/A** |
| 1. Performed egress test prior to mobilizing patient. | [ ] | [ ] | [ ] |
| 2. Check to see what equipment the label (if any) specifies. | [ ] | [ ] | [ ] |
| 3. Pathways clear of trip hazards. | [ ] | [ ] | [ ] |
| 4. Minimum of 3-4 staff for CLOF 1, 2, or 3, repositioning and/or lateral transfers. | [ ] | [ ] | [ ] |
| 5. Proper lift equipment or HoverMatt used. | [ ] | [ ] | [ ] |
| 6. Working in the “strike zone.” | [ ] | [ ] | [ ] |
| 7. Rails dropped when tending to patient. | [ ] | [ ] | [ ] |
| 8. Encourage patient participation. | [ ] | [ ] | [ ] |

## DISCUSSION AND TIME

### Location: Patient’s CLOF:

Print name: Date:

Developed by the San Diego 2 North/South Medical-Surgical UBT and Workplace Safety department 

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