

## Clinical Process Instruction Manual

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### Safe Donor Handling Process Instruction

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#### Policy:

Trillium Gift of Life Network (TGLN) is committed to providing a safe and healthy working environment for all employees to decrease exposed to musculoskeletal disorders and injuries as a result of donor handling-related activities and/or tasks.

TGLN will implement safe work practices aimed at reducing the risks of injury from donor handling wherever possible. Donor handling activities that have the potential to cause injury include but are not limited to: medical examination, washing, repositioning, transferring, and limb lifting of the donor body, as well as tissue retrieval, or carrying equipment and supplies.

TGLN is also committed to ensuring that any worker in need of first aid treatment will receive such treatment promptly and efficiently from a certified first aid responder or medical personnel.

Further legislative requirements as per the *Occupational Health and Safety Act (OHSA)*

This process instruction applies to Tissue Coordinators, Tissue Recovery Coordinators, Multi Tissue Recovery Coordinators, Clinical Specialist – Tissue, and Manager – Tissue Recovery.

#### Process:

##### General:

1. Compliance to the following principles should apply to manual material handling:
  - 1.1. Employees shall participate in regular training as established and provided by TGLN, with consideration to musculoskeletal concerns including, but not limited to transferring, repositioning, and limb lifting of the donor, static standing, lifting supplies and equipment, tissue retrieval, as well as hammering, hand grip and finger grip tasks.
  - 1.2. Employees shall follow donor handling processes as described, however, professional judgement should also be applied to ensure optimal safety.
  - 1.3. Employees shall report any unsafe acts, hazards, potential hazards, near misses, equipment concerns or any other musculoskeletal disorder concern immediately to their Manager, the Manager On-Call (MOC) or Tissue On-Call (TOC) in accordance with. Worker Injury and Exposure Process Instruction, CPI-9-1502.
  - 1.4. Weights exceeding 35 lb/16 kg should not be handled individually without alternative assistance or manual handling aids.

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- 1.5. Employees should recognize personal physical limitations for activity requiring exertion beyond the noted safe limits and notify Manager, MOC, or TOC of required assistance.
- 1.6. Prior to performing manual handling, employees should ensure that the activity is assessed (e.g., size, shape and weight) and the required or appropriate equipment/aides are available.
- 1.7. Employees should ensure that the work area is cleared of potential hazards and that the pathway is clear of debris and equipment (e.g., cords).
- 1.8. When setting up the workspace, ergonomic considerations for optimal positioning, decreasing the weight and force of procedures, as well as limiting required force, awkward posture, repetition and duration of material handling tasks shall occur.
- 1.9. Employees shall follow procedural standards for basic ergonomics and musculoskeletal safety, including correct posture and body mechanics.
- 1.10. Personal Protective Equipment (PPE) should be worn as required. See *Universal Precautions and Personal Protective Equipment Clinical Process Instruction, CPI-9-1504*.
- 1.11. Employees injured during material handling in the course of performance of work duties, should immediately seek first aid from a certified first aid responder, or if unavailable, from another worker until medical attention can be attained, if required. See *Worker Injury and Exposure Process Instruction, CPI-9-1502*.
- 1.12. Employees shall give special consideration and discuss with their Manager, the MOC or TOC when there are no relevant guidelines to consider and they are unsure how to work safely, or there are extraordinary risk factors (e.g., bariatric donor).
- 1.13. Any equipment/aides should be used as per the standard operating procedures noted by the manufacturer or supplier, and procedures provided by TGLN.

### Manual Material Handling

2. For instructions on basic lifting/lowering, carrying, pushing/pulling processes, see *Manual Material Handling Clinical Process Instruction, CPI-9-1507*.

### Identifying Donor Weight

3. The guidelines below should be followed when performing identifying donor weight processes:
  - 3.1. The Tissue Coordinator (TC) shall determine if the donor meets the Tissue Bank size criteria for donor suitability (i.e., height, weight and or body mass index). If the donor is ruled out based on Tissue Bank criteria, no further consideration will be given by TGLN for that tissue.

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- 3.2. The TC shall endeavour to accurately identify the donor weight by enquiring with one or more of the following sources:
- the hospital
  - the donor’s next of kin
  - other reliable information sources, and /or
  - measurement using methods acceptable to TGLN (e.g., weight scale).
- 3.3. The TC shall document the donor weight, the source of the measurement, and if the measurement is an estimate. This information will be provided to the multi-tissue team.
- 3.4. When the donor weight is identified, the following table will be considered regarding staff safety and recovery staff dispatch:

Weight	Recovery Staff Required
350 lbs. or less	Proceed with multi tissue recovery with at least 3 persons to assist
351 lbs. to 450 lbs.	Proceed with multi tissue recovery with at least 4 persons to assist.
450 lbs. or greater	Contact the TOC.

- 3.5. If the required number of recovery staff are not available, the TC shall contact the TOC to discuss whether to proceed.

#### Donor Handling:

4. The guidelines below should be considered when performing donor handling processes:
- 4.1. Static postures of the hands, shoulders, neck, and back should be limited. The set-up of the workspace and the process of each procedure should allow for regular postural breaks.
- 4.2. To minimize exposure to/effects of static standing, employees should attempt the following:
- 4.2.1. Wear appropriate footwear.
  - 4.2.2. Alternate propping feet on table rungs/platforms, foot stools, or similar.
  - 4.2.3. Use anti-fatigue mats, where possible.
  - 4.2.4. Use sit/stand stools and/or cycle standing times, where possible.
  - 4.2.5. Take regular postural breaks to encourage movement.

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#### Rolling/Repositioning:

5. The guidelines below should be considered when performing rolling/repositioning processes:
  - 5.1. Assign a Point-Person. The Point-Person is the lead during a donor handling activity and is responsible for communicating steps and direction to any other employees participating in the activity.
  - 5.2. Adjust the height of the gurney/stretcher/table, where possible, so that work can occur at waist to elbow height to facilitate good biomechanical position. If employees are of different height use the waist to elbow height of the shorter employee. The taller employee(s) can then adjust by bending their knees, and widening their stance for good biomechanical position. Employees should attempt to limit awkward or non-neutral body postures during the roll/repositioning.
  - 5.3. Lock the brakes of the gurney or table, if possible.
  - 5.4. Cross the arms of the donor across the donor's chest and bend the donor's knees.
  - 5.5. The Point-Person will count 1-2-3 "move" and employees will simultaneously roll the donor body onto the receiving surface (e.g., gurney, table). A minimum of two (2) employees will push at the donor's shoulders and hips; one (1) or more employees should be on the receiving side to assist with guiding/repositioning the donor body to the receiving surface (e.g., gurney, table).
  - 5.6. To roll the donor body, place your feet in a walk stance with one foot in front of the other, shoulder width apart. Bend your knees slightly and shift your body weight from the back to front leg as rolling the donor body; allowing the use of the whole-body weight while maintaining the natural curve of your spine.

#### Supine to Supine Transfer (Lateral Transfer):

6. The guidelines below should be considered when performing supine to supine transfer (lateral transfer) processes:
  - 6.1. Three or more employees shall complete a lateral transfer.
  - 6.2. Assign a Point-Person. The Point-Person is the lead during a donor handling activity and is responsible for communicating steps and direction to any other employees participating in the activity.
  - 6.3. Prior to performing the transfer, assess and determine which equipment/aides may be utilized (e.g., slider sheet, transfer board). If available, a slider sheet or transfer board should be used in order to complete the transfer.

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- 6.4. Adjust the height of the gurney/stretchers/table, where possible, so that work can occur at waist to elbow height to facilitate good biomechanical position. If employees are of different height use the waist to elbow height of the shorter employee. The taller employee(s) can then adjust by bending their knees, and widening their stance for good biomechanical position. Employees should attempt to limit awkward or non-neutral body postures during the transfer.
- 6.5. Lock the brakes of the gurney or table, if possible.
- 6.6. Cross the arms of the donor across the donor's chest and bend the donor's knees.
- 6.7. If using a roller board place a disposable cover over the roller board prior to beginning the transfer.
- 6.8. If using, place the slider sheet or roller board under the donor:
  - 6.8.1. Place the slider sheet or transfer board in a longitudinal fashion and position it close to the donor body's side.
  - 6.8.2. Keeping proper body position, employees should roll the donor body gently away from them, tuck the slider sheet or roller board under the donor body, and then roll the donor body towards them.
  - 6.8.3. Ensure at least 1/3 of the donor's body weight is positioned on the slider sheet or roller board, and that the slider sheet or roller board is secured positioned under the donor's shoulders and hips.
- 6.9. Position the two surfaces of the transfer side by side. Ideally, the receiving surface should be slightly lower than the starting surface. This will allow gravity to assist during the transfer. The two surfaces can now be positioned side by side. Ideally, the receiving surface should be slightly lower than the starting surface. This will allow gravity to assist during the transfer. Ensure brakes of receiving surface are engaged.
- 6.10. The Point-Person will count 1-2-3 "move" and employees will simultaneously transfer the donor body onto the receiving surface (e.g., gurney, table). A minimum of two (2) employees will push at the donor's shoulders and hips; one (1) or more employees should be on the receiving side to assist with pulling/guiding the donor body to the receiving surface (e.g., gurney, table).
- 6.11. To "push":
  - 6.11.1. Place your feet in a walk stance with one foot in front of the other, shoulder width apart.

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- 6.11.2. Bend your knees and shift your body weight from the back to front leg, allowing the use of the whole-body weight while maintaining the natural curve of your spine. The goal is to rock the donor's body weight towards the receiving surface to decrease the initial friction.
- 6.11.3. Avoid extending your arms to push the donor across the surfaces.
- 6.12. To "pull":
  - 6.12.1. Place your feet in a walk stance, with one foot in front of the other, shoulder width apart.
  - 6.12.2. Grasp the slider sheet or roller board with a secure grip, palms facing down.
  - 6.12.3. Bend your knees and shift your body weight from the front to back leg, allowing the use of the whole-body weight while maintaining the natural curve of your spine.
  - 6.12.4. Do not pull on the Rollbord.
- 6.13. Pushing/pulling the donor can be completed in two or more stages depending on the size of the body.
- 6.14. Once the donor is centred on the receiving surface, separate both surfaces prior to removing the slider sheet or roller board to minimize reaching/bending postures across the table/gurney.
- 6.15. One employee will remove the slider sheet or roller board starting at the feet of the donor, while the other employees support the donor. Employees may need to roll the donor body gently away from them, remove slider sheet or roller board, and then guide the donor body back to a flat position. Proper body positioning as described above should be maintained.

#### Lifting/Handling of Limbs:

- 7. The guidelines below should be considered when performing lifting/handling of limbs processes:
  - 7.1. Assign a Point-Person. The Point-Person is the lead during a donor handling activity and is responsible for communicating steps and direction to any other employees participating in the activity.
  - 7.2. Prior to performing the limb lift/handling, assess and determine which equipment/aides may be utilized.

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- 7.3. Adjust the height of the gurney/stretcher/table, where possible, so that work can occur at waist to elbow height to facilitate good biomechanical position. If employees are of different height use the waist to elbow height of the shorter employee. The taller employee(s) can then adjust by bending their knees, and widening their stance for good biomechanical position. Employees should attempt to limit awkward or non-neutral body postures.
- 7.4. Stand with the feet apart and slightly staggered, as applicable, for a wide base of support.
- 7.5. Lower your body by bending your knees and pivoting/hinging at the hip while maintaining the natural curve in the spine.
- 7.6. Bend the elbows while keeping your arms close to the body, where possible.
- 7.7. Grasp the limb firmly and keep load as close as safely possible to your body.
- 7.8. Lift the limb in a smooth continuous motion, using the leg muscles and keeping the shoulders over top of hips.
- 7.9. Lower the limb using the same principles outlined above.
- 7.10. Minimize lifting and static holding of donor's limbs.

#### **Tissue Retraction & Retrieval:**

8. The guidelines below should be considered when performing tissue retraction and retrieval processes:
  - 8.1. Take reasonable steps when at the recovery site to measure the donor using a measurement method acceptable to TGLN (i.e., weight scale) if it has not been recently completed by a reasonable source.
  - 8.2. Take regular postural breaks to encourage movement and blood flow; avoid static neck and back postures.
  - 8.3. Minimize static manual hand grip and finger pinch grip postures.

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#### Use of Assistive Devices

9. The guidelines below should be considered prior to using assistive devices:
- 9.1. Ensure assistive devices are only be used by staff with the necessary training to operate this equipment.
  - 9.2. Ensure assistive devices are assessed/tested to prove that it is in proper working order prior to using for a donor handling activity.
  - 9.3. Ensure equipment required for donor handling procedures are used as per the standard operating procedures noted by the manufacturer or supplier and TGLN procedures. Employees shall consider musculoskeletal risk factors, such as force, posture, repetition and duration, when using equipment during procedures.

#### Records:

- No records

#### References:

- *Occupational Health and Safety Act*
- Worker Injury and Exposure Process Instruction, CPI-9-1502
- AORN Journal Guidance Statement: Safe Patient Handling and Movement in the Perioperative Setting Series (2011, Articles 1-7)
- *Universal Precautions and Personal Protective Equipment Process Clinical Process Instruction, CPI-9-1504.*
- *Manual Material Handling Clinical Process Instruction, CPI-9-1507*