**Implementing & Sustaining**

**the Transferring Lifting Repositioning (TLR®) program©**

**Introduction**

The TLR program is one part of an employer’s comprehensive program to eliminate or manage musculoskeletal injuries associated with the moving task. The goal of TLR is to provide a practical and thorough risk assessment process for the moving task to assist in the selection of the safest moving technique for the task being performed.

Current Saskatchewan occupational health and safety (OH&S) legislation requires the minimization of manual lifting for all types of loads. The TLR program assists employers with meeting the minimum requirements of this legislated responsibility.

Successful implementation of the TLR program includes an evaluation of that implementation. An evaluation should be completed on a regular basis, such as annually, to ensure areas that are successfully implementing the TLR program are sustaining that success. An evaluation will also help to identify areas requiring improvements, and will help with developing an action plan for necessary improvement. The following pages provide a template for program evaluation.

|  |  |
| --- | --- |
| Employer Name, Logo | Evaluation of the TLR program implementation will be completed annually |
|  | Guidelines:* enhance to suit the department/area specifics
* Keys will explain use of Verification and Status (use of colored icons is optional)
* Reference section is to note TLR program, *Saskatchewan Employment Act*, *Occupational Health and Safety Regulations 1996*, policies, procedures, etc.
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | Site: |  | Department: |  | Manager: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Evaluated by: | Name:: |  | Title: |  | Phone #: |  |
|  | Name: |  | Title: |  | Phone #: |  |

Keys:

for Verification: D=documentation O=observation I=interview/informal chat with employee

for Status: C=complete PC=partially complete AR=attention required

|  |
| --- |
| **1: Supervisor Responsibilities**  |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | staff in supervisory capacity are aware of their duties and responsibilities in supervising safe use and compliance of the program (e.g., attended Safety for Supervisors program) |  |  |  |  |  |  |  |  |
| 2 | trained and current in TLR (e.g., client or object moving depending on area of supervision) |  |  |  |  |  |  |  |  |
| 3 | supported by senior leadership in providing a safe work environment |  |  |  |  |  |  |  |  |
| 4 | provide/schedule Safety Talks on a regular basis (e.g., daily) |  |  |  |  |  |  |  |  |
| 5 | coach/mentor/assist workers in applying classroom learning to the work (e.g., have also received TLR in order to coach/mentor/support) |  |  |  |  |  |  |  |  |
| 6 | adjust work schedule/task accordingly to align with resource levels (e.g., staff, equipment) and the assessment of the moving task |  |  |  |  |  |  |  |  |
| 7 | receive workers’ concerns and identify if there is a risk; eliminate or manage/control the risks; ensure communication with workers on resolution |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **2: Training, re-evaluation and on-going education**  |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | TLR User Manual (current version) available and accessible for all workers to access |  |  |  |  |  |  |  |  |
| 2 | TLR Client Moving provided to all client care staff; training is documented |  |  |  |  |  |  |  |  |
| 3. | client care staff are up to date on training; training is documented |  |  |  |  |  |  |  |  |
| 4 | TLR Object Moving provided to all support staff; training is documented |  |  |  |  |  |  |  |  |
| 5 | support staff are up to date on training; training is documented |  |  |  |  |  |  |  |  |
| 6 | specific training on equipment used for client care staff; in accordance with manufacturer guidelines; training is documented |  |  |  |  |  |  |  |  |
| 7 | specific training on equipment used for support staff in accordance with manufacturer guidelines; training is documented |  |  |  |  |  |  |  |  |
| 8 | bariatric clients: staff have been trained on assessment and safe moving techniques/use of bariatric equipment in accordance with manufacturer guidelines; training is documented |  |  |  |  |  |  |  |  |
| 9 | specialized assessment team is in place and the specialized assessment process is utilized when required |  |  |  |  |  |  |  |  |
| 10 | practice: staff trained in TLR and on equipment are provided with time to practice assessment and moving technique |  |  |  |  |  |  |  |  |
| 11 | TLR trainers are up to date on certification |  |  |  |  |  |  |  |  |
| 12 | workers coach and mentor each other on the job |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **3: Equipment** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | staff trained on the process of inspections in accordance with the manufactures guidelines |  |  |  |  |  |  |  |  |
| 2 | checklist for inspections available, utilized and retained |  |  |  |  |  |  |  |  |
| 3 | workers complete visual check of equipment prior to use |  |  |  |  |  |  |  |  |
| 4 | slings, slider sheets, transfer belts inspected prior to use in accordance with the manufactures guidelines |  |  |  |  |  |  |  |  |
| 5 | regular maintenance schedule of equipment is in place based on manufacturer’s requirements |  |  |  |  |  |  |  |  |
| 6 | records are kept on maintenance of equipment |  |  |  |  |  |  |  |  |
| 7 | worker performing maintenance/repairs has received appropriate training |  |  |  |  |  |  |  |  |
| 8 | process in place to remove a piece of equipment from service |  |  |  |  |  |  |  |  |
| 9 | equipment is available in sufficient quality, capacity and quantity |  |  |  |  |  |  |  |  |
| 10 | bariatric clients: bariatric equipment is available in sufficient quality, capacity and quantity |  |  |  |  |  |  |  |  |
| 11 | equipment is tested for load capacity |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **4: Assessment of Self, Environment, Equipment, Object** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | self: workers supported and encouraged to complete self-assessments prior to the moving task (e.g., TLR *In the Moment* assessment) |  |  |  |  |  |  |  |  |
| 2 | environment/equipment: workers supported and encouraged to complete environment/equipment assessments prior to the moving task |  |  |  |  |  |  |  |  |
| 3 | object: workers supported and encouraged to complete object assessments prior to the move |  |  |  |  |  |  |  |  |
| 4 | objects are stored with consideration to accessibility, frequency of use in relation to workers comfort zone |  |  |  |  |  |  |  |  |
| 5 | signage in place for various moving techniques (e.g., decase, decant) and communicated |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **5: Assessment of Clients** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | staff designated and trained in completing client assessments |  |  |  |  |  |  |  |  |
| 2 | form for documentation of client assessment is in place, communicated and staff trained on use/understanding of the form |  |  |  |  |  |  |  |  |
| 3 | Initial client mobility assessment completed, documented and communicated to all staff in circle of care |  |  |  |  |  |  |  |  |
| 4 | logo assigned and located at/near the client |  |  |  |  |  |  |  |  |
| 5 | logo current based on client assessment |  |  |  |  |  |  |  |  |
| 6 | changes in client mobility are documented in the client chart |  |  |  |  |  |  |  |  |
| 7 | after two consecutive and documented changes in client mobility, a re- assessment is completed to determine safe moving technique |  |  |  |  |  |  |  |  |
| 8 | staff supported and encouraged to increase the level of assistance if indicated by assessment of self, environment, equipment or client at the time of the move |  |  |  |  |  |  |  |  |
| 9 | Specialized client mobility assessment completed when required |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **6: The Moving Task** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | risks are identified and eliminated or managed |  |  |  |  |  |  |  |  |
| 2 | high risk tasks are identified and risks are eliminated or managed (e.g., use of a risk matrix score where applicable) |  |  |  |  |  |  |  |  |
| 3 | repetitive work activities are identified and procedures are in place to eliminate or manage risk of injury |  |  |  |  |  |  |  |  |
| 4 | procedures during emergencies (e.g., evacuation) are developed and communicated to staff |  |  |  |  |  |  |  |  |
| 5 | schedules are flexible in the event of limited availability of staff |  |  |  |  |  |  |  |  |
| 6 | strategies such as de-casing, decanting or maximum weight limits in place when manual lifting is required |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **7: TLR Core Committee (if in place)** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 | representatives are from various occupational groups |  |  |  |  |  |  |  |  |
| 2 | regular meetings are scheduled |  |  |  |  |  |  |  |  |
| 3 | discussion and problem-solving of difficult issues related to moving tasks |  |  |  |  |  |  |  |  |
| 4 | recommendations to the OHC/employer for changes that will facilitate safe moving |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **8: (add other topic here if needed)** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |

|  |
| --- |
| **9: (add other topic here if needed)** |
| Action Item | Verification | Reference  | Person(s) responsible | Target/ completion date | Status(C, PC, AR) | Date of follow-up |
| D | O | I |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Additional notes/comments: |