



## Patient Safety

**All efforts should be taken to ensure the safety of patients while under the care or supervision of the therapy department – including, but not limited to:**

- Ensuring that all treating clinicians are aware of and adhering to all precautions and contraindications for each patient that they are treating.
- Ensuring that all treating clinicians are aware of and adhering to goals and needs of the discharge destination for each resident that they are treating.
- Ensuring that the appropriate level of assistance is provided during transfers, standing, ambulation, and other functional tasks, including the number of staff available to assist/supervise.
- Gait belts should be used whenever a therapy patient is shifting ANY weight from the bed/wheelchair to the lower extremities (ie: not required for bed mobility, positioning, splinting, etc) unless clinically inappropriate to do so because of feeding tube, wound, abdominal/lumbar/thoracic incision, etc.
- Leg rests should be used whenever a patient is transported via wheelchair to avoid entrapment of the lower extremities under the chair.
- Locking mechanisms for bed and wheelchairs should be used whenever patient is transferring to/from the surface or sitting at the edge for activities.
- Employees must complete proper training regarding use of mechanical lifts prior to assisting with operation. Knowing the patient's current level of functional mobility is necessary to ensure safe set up / transfers when using a mechanical lift. Never perform mechanical lift transfers without the assistance of at least 2 individuals.
- Ensuring that all treating clinicians are aware of and adhering to precautions and contraindications of any physical agent modality or treatment techniques
- Patients should always be left within reach of the call-bell, near facility staff/caregiver, or with some other method of notifying others of needs.
- When an incident/accident occurs involving a patient, the CTS incident reporting form will be completed immediately and sent to the Corporate Office/Area Director, in addition to any other forms required of the facility.

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Employee Signature

Date

Printed Name