

Safe Handling and Mobility

Program Development Guide



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Overview

Employee injuries associated with patient and resident handling have been a healthcare concern for years. While developing and implementing a Safe Handling and Mobility Program (SHM) program has been a best practice for quite a while, many employers are just now financially investing in program development. This is due in part to an increase in governmental interest and intervention.



Leadership Commitment and Responsibility

Leadership should be committed to providing a safe work environment for its employees, visitors and patients/residents in all areas where these parties might be injured while in the facility. With regard to the implementation of a Safe Handling and Mobility program, leadership should:

- Support the implementation of the policy and program components, along with overall support of a “culture of safety”
- Provide sufficient funding for purchase of technology and employee training
- Provide staffing levels sufficient to support safe handling and mobility

Key Program Components

- Leadership Commitment and Responsibility
- Accountability
- Safe Handling and Mobility Policy
- Patient/Resident Assessment, Algorithms and Care Plans
- Departmental Ergonomic Assessments
- Technology
- Team Lift Practices
- Caregiver Training
- Incident/Injury Reporting and Investigation
- Stretching and Flexing

Appendix A provides General Definitions for reference in regards to these Safe Patient Handling and Mobility Program components.

Accountability

Departmental Managers and Supervisors

- Support the program as well as a “culture of safety”
- Enforce the use of technology, team lifts and proper body mechanics
- Ensure employees are trained and competent in technology use and manual mobility
- Fully implement and document all training
- Ensure there is adequate space for equipment storage and that equipment is accessible, well-maintained and repaired in a timely manner
- Assist in timely accident reporting and investigation

Direct Caregivers

- Practice a “culture of safety” by complying with all applicable program elements
- Take reasonable care of their own health and safety, as well as the safety of their co-workers and their patients/residents during handling and mobility activities
- Complete all safety training pertaining to this program
- Use proper technology and techniques during performance of high-risk HCR tasks

- Notify their supervisor of any injury sustained while performing patients/residents tasks
- Use appropriate procedures for reporting equipment/devices/aids in need of repair or replacement
- Notify their supervisor of a need for re-training in use of any equipment/device/aid and for any questions about program elements

Facilities Management (Maintenance)

- Ensure sufficient storage space for equipment that will allow easy access
- Consult with equipment manufacturers in order to ensure safe equipment installation/maintenance
- Develop and implement a preventative maintenance schedule for mobility equipment
- Promptly repair or replace equipment
- Keep an inventory of available equipment and its assigned area or department location
- Provide guidance, assistance and support to the Safe Patient/Resident Handling and Mobility Team

Safe Patient/Resident Handling and Mobility Team

- Include staff members from clinical, facilities, infection control, safety and leadership
- Be responsible for assisting in implementation and monitoring of the program
- Meet at least quarterly to evaluate the program’s effectiveness

Unit Leaders/Champions

- Provide expertise in safe handling and mobility
- Assist in program monitoring and evaluation
- Train co-workers in program elements as needed
- Act as staff resources, coaches and team leaders by sharing knowledge and expertise

Safe Handling and Mobility Policy

Policies should be:

- Written
- Part of the overall safety program
- Specific to the facility
- Readily available for reference
- Reviewed at least annually for any needed revisions or updates

See Appendix B for a sample policy.

Patient/Resident Assessment, Algorithms and Care Plan

Selecting the appropriate method or equipment to patients/residents is essential for the safety of the patient/resident and employee. This may be accomplished by assessing the limitations, evaluating these limitations by using available algorithms that outline the appropriate method or technology, and then noting the mobility needs as part of the medical care plan.

See Appendix C for samples of an assessment and an algorithm.



Departmental/ Unit Ergonomic Assessments

Ergonomic assessments for safe handling and mobility should focus on the high-risk areas and the handling tasks within these areas.

Appendix D includes a sample Ergonomic Assessment that may be customized for an organization's specialized operations and needs.

Technology

Technology includes equipment, devices and aids used for handling and mobility.

Selection

- A task force consisting of a multidisciplinary group should meet to evaluate the current technology and any additional needs at least annually.
- Technology should be selected after ergonomic assessments of high-risk departments have been performed.
- The technology selection process should follow the organization's purchasing requirements.

Storage

- Technology should be easily accessible at all times.
- When not in use, technology should be returned to its designated storage area.

Maintenance

- Technology used for safe handling and mobility should be inspected and maintained on a preventative basis.
- An inventory system should be utilized that aids in inventory control.
- Technology in need of repair should be tagged and removed from direct care areas promptly.

Appendix E provides technology resources material, including an overview of common handling and mobility equipment/devices/aids, a technology selection guide and some best practices suggestions when using available technology.

Team Lift Practices

Team lift programs can be a valuable tool in an organization's Safe Handling and Mobility Program if care is taken in identifying the objectives of the program and responsibilities of the team members. Specially trained team members are most successful when their responsibility is to assist caregivers with challenging mobility activity (e.g., bariatric patients/residents) that cannot be safely performed by the individual caregiver manually or by using technology. The lift team should not be used for all handling and mobility activity.



Caregiver Training

Program Components

- Caregiver ergonomic challenges
- Back and upper body injury causes
- Stretching and warm-up exercises
- Technology use
- Manual handling techniques for the most common movements, involving transferring, transporting, repositioning and lifting
- Hands-on demonstrations of equipment/devices/aids and manual procedures
- Competency assessment
- Opportunity to ask questions

Frequency

- During orientation
- Annually, as part of the competency review
- Post-accident, when indicated by the investigation
- When there is a job change that requires more or additional education
- When a patient/resident has a change in mobility needs
- When new technology is introduced to the workplace
- When there are changes in technology use or procedures
- When the employee has questions or concerns regarding proper, safe use of the technology

Employees should be cautioned to refrain from technology use until initial training has been completed.

When possible, a clear and concise instructional guide should be attached to equipment/devices, so the employee can review safe operational procedures prior to use.





Incident/Injury Reporting and Investigation

Reporting

- Caregivers should promptly report injuries obtained during handling and mobility activity per the organization's incident reporting process.

Investigation

- Incidents/injuries should be promptly investigated by qualified personnel to both assist management in case of any claim and address any actions for future preventability.
- When investigating an incident, it is essential that the investigation get to the root cause and identify what actions are needed to prevent recurrence.

Follow-up Activity

- Any suggestions for improvement developed from the investigation should be promptly implemented and a designated individual should be assigned to ensure the controls have been set in place.
- Findings and recommendations for improvement should be presented as "Lessons Learned" during shift changes, huddles or other employee meetings.

Appendix F includes a sample accident investigation form that may be tailored to meet the organization's needs.

Stretching and Flexing

Use of poor body mechanics, improper use of available equipment, climate and even noise/distractions can lead to musculoskeletal disorders. To minimize some of these risks, numerous leading health experts promote stretching. Being fit for duty is a key component in any job, and can be particularly important for caregivers who may need to lift, transfer, transport or reposition HCRs on a daily basis.



Appendix A – General Definitions

Algorithms for patient/resident handling and mobility consist of flow charts to help the caregiver assess the safest and most appropriate equipment, team or manual lift procedure. The location of numerous sample algorithms is referenced at end of this publication.

Champions/Unit Peer Leaders are clinical or therapy staff with expertise in patients/residents handling and mobility techniques. They act as the handling and mobility unit/area champions and resource persons.

Culture of Safety describes the collective attitude of employees taking shared responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves, co-workers, and patients/residents.

Ergonomics, simply stated, is “study of work” or “fitting the job to the worker.”

Ergonomic Assessments are conducted by trained staff in all clinical areas/units where handling occurs. An assessment includes risk identification and risk analysis, followed by development of equipment, procedures, and policy recommendations for improvement.

High-Risk Handling Tasks are activities that pose a high risk of musculoskeletal injury for staff performing the tasks. These include, but are not limited to, transferring, lifting, repositioning, bathing patients in bed, making occupied beds, ambulating patients, dressing patients/residents, turning patients/residents in bed, tasks with long durations, standing for long periods of time, and assisting bariatric patients/residents.

High-Risk Patient/Resident Care Areas include departments with a high proportion of dependent patients/residents, requiring full assistance with tasks and activities of daily living and who are frequently moved in and out of bed. Analysis of facility injury data and use of a tool for prioritization of high-risk tasks may assist in designation of high-risk areas. These units have the highest incidence and severity of injuries due to handling tasks and are priorities for technology interventions.

Manual Handling and Mobility refers to transferring, repositioning, and moving patients/residents using a caregiver’s body strength without the use of technology that reduces forces on the worker’s musculoskeletal structure.

Musculoskeletal disorders (MSDs) are injuries or pain in the body’s joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back.

Technology refers to equipment, devices and aids used in handling and mobility activity.

Appendix B – Safe Handling and Mobility Sample Policy

Purpose

This policy describes the use of safe handling and mobility equipment, devices and aids in high-risk patient/resident care areas to ensure the safety of our patient/residents and employees.

Policy

(Organization Name) wants to ensure that its patients/residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, direct caregivers working in high-risk patient/resident care areas should assess high-risk patient/resident handling tasks in advance to determine the safest way to accomplish them. Additionally, equipment/devices/aids should be used to aid in the handling and mobility of patients/residents except when absolutely necessary, such as in a medical emergency.

Procedures:

A. Compliance

It is the duty of all employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients/residents during activities by following this policy. Non-compliance will indicate a need for retraining and possible disciplinary action.

B. Training

Training will be provided at hire, annually and as required to promote understanding of safe use of handling and mobility equipment/devices/aids.

C. Equipment/Devices/Aids for Handling and Mobility

Safe handling and mobility equipment/devices/aids will be used by staff, kept in proper working order and stored for easy accessibility.

D. Reporting of Incidents/Injuries

All strain/sprain incidents/injuries resulting from patient/resident handling and mobility will be promptly reported according to the organization's incident reporting policy.

E. Definitions

High-Risk Patient/Resident Handling

Tasks are patient/resident handling activities that have a high risk of musculoskeletal injury for staff performing the tasks. These include, but are not limited to transferring, lifting, repositioning, bathing patients/residents in bed, making occupied beds, dressing patients/residents, turning patients/residents in bed, and tasks with long durations.

High-Risk Patient/Resident Care Areas

are departments or units with a high proportion of dependent patients/residents, requiring full assistance with patient/resident handling tasks and activities of daily living.

Manual Handling includes lifting, transferring, repositioning, and moving patients/residents using a caregiver's body strength without the use of equipment/devices/aids to reduce forces on the worker's musculoskeletal structure.

F. Delegation of Authority and Responsibility

- **Senior Leadership shall:**

- Support the implementation of this policy
- Furnish sufficient equipment/devices/aids to allow staff to use them when needed for safe patient/resident handling and mobility
- Provide staffing levels sufficient to comply with this policy

- **Supervisors shall:**

- Ensure high-risk patient/resident handling tasks are assessed and completed safely, using appropriate safe handling and mobility equipment/devices/aids
- Ensure safe handling and mobility equipment/devices/aids are available, in proper working order, and stored conveniently and safely
- Ensure employees complete initial, annual training, and re-training as needed

- **Direct Caregivers shall:**

- Comply with all parameters of this policy
- Use safe handling and mobility equipment/devices/aids during performance of high-risk patient/resident handling tasks in accordance with instructions and training
- Notify supervisor of any injury sustained while performing patient/resident handling/mobility tasks or need for re-training in use of safe handling and mobility equipment/devices/aids
- Notify supervisor of safe handling and mobility equipment/devices/aids in need of repair
- Supply feedback to Supervisor on Safe Patient Handling and Mobility program components

- **Engineering/Maintenance/Facilities Management shall:**

- Furnish acceptable storage locations for lifting equipment/aids
- Ensure handling and mobility equipment and devices in proper working order

Appendix C – Sample Patient/Resident Assessments and Algorithms

Patient/Resident Assessment Sample

Name: _____ Assessment Date: _____ Reviewer: _____

An assessment should be made prior to each task if the patient /resident has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient/resident cannot assist with the transfer/repositioning.

Level of Assistance

- Independent** – Performs task safely, without staff assistance and/or assistive devices.
- Partial Assist** – Requires no more help than standby, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs of patient's/resident's weight.
- Dependent** – Requires nurse to lift more than 35 lbs of the patient's/resident's weight, or patient/resident is unpredictable in the amount of assistance offered.

Weight-Bearing Capability

- Full
- None
- Partial

Bilateral Upper-Extremity Strength

- Yes
- No

Level of Cooperation

(including ability to comprehend)

- Cooperative** (minimal prompting; able to follow simple command)
- Uncooperative**

Weight: _____ Height: _____ Body Mass Index (BMI) if weight over 300 lbs: _____

(If BMI > 50, use Bariatric Algorithms referenced at the end of this material.)

The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and technique needed to move the patient/resident. Check applicable conditions likely to affect transfer/repositioning techniques.

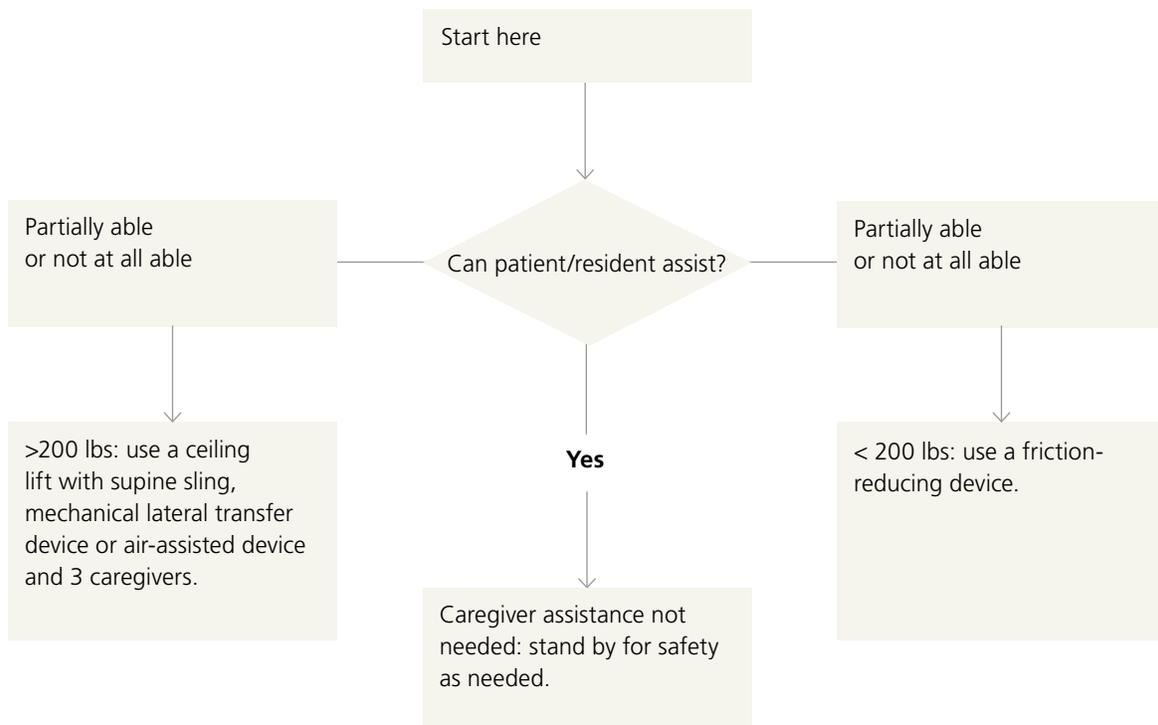
- | | |
|--|---|
| <input type="checkbox"/> Hip/Knee/Shoulder Replacements | <input type="checkbox"/> Respiratory/Cardiac Compromise |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> History of Falls |
| <input type="checkbox"/> Wounds Affecting Transfer/Positioning | <input type="checkbox"/> Splints/Traction |
| <input type="checkbox"/> Paralysis/Paresis | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Severe Osteoporosis | <input type="checkbox"/> Unstable Spine |
| <input type="checkbox"/> Urinary/Fecal Stoma | <input type="checkbox"/> Severe Pain/Discomfort |
| <input type="checkbox"/> Severe Edema | <input type="checkbox"/> Contractures/Spasms |
| <input type="checkbox"/> Postural Hypotension | <input type="checkbox"/> Very Fragile Skin |
| <input type="checkbox"/> Tubes (IV, Chest, etc.) | <input type="checkbox"/> Other _____ |

Appropriate Equipment/Device/Aid Needed:

HCR Algorithm Sample

Free sample handling and mobility algorithms (including the sample below) can be found at http://www.tampavaref.org/safe-patient-handling/SPHFacCoor_Guidebook.pdf.

Lateral Transfer To and From: Bed to Stretcher



- Destination should be 1/2" lower for all lateral HCR moves
- For those patients/residents with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.
- During any transferring task, if any caregiver is required to lift more than 35 lbs of weight, then the patient/resident should be considered to be fully dependent and assistive devices should be used for the transfer. (Waters, Thomas. "When Is It Safe to Manually Lift a Patient?" American Journal of Nursing, Vol. 107, No. 8. August 2007.)

Appendix D – Sample Department/Unit Ergonomic Assessment

Department/Unit: _____ Date: _____

Completed by: _____ Title: _____

Part I – Department/Unit Current Conditions

Average daily patient/resident census _____

Average FTEs assigned/budgeted _____

Number of beds and room configuration
(i.e., single, double, triple occupancy) _____

Storage capacity and concerns _____

Overall physical layout concerns _____

Space constraints in rooms,
bathrooms, bathing areas _____

Planned changes to any of the above areas _____

Part II – Patient/Resident Population

Identify typical distribution of patient/residents by physical dependency level according to the definitions below.

Note: This is not the same as patient/resident acuity. The total for the three categories below should equal the average daily census.

- Independent** – Performs task safely, without staff assistance and/or assistive devices.
- Partial Assist** – Requires no more help than standby, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of patient's/resident's weight.
- Dependent** – Requires nurse to lift more than 35 lbs. of the patient's/resident's weight, or patient/resident is unpredictable in the amount of assistance offered.

Part III – Equipment/Devices/Aids Currently Available

Equipment/device/aid	Manufacturer	Quantity	Condition	Frequency of Use	Comments

Part IV – Perceived equipment/devices/aids needs

Equipment/device/aid	Comments	Suggested Quantity

Appendix E – Technology Resources: Highlights

Common Handling and Mobility Equipment/Devices/Aids

The following highlights the current most commonly used types of technology (equipment/devices/aids), with a brief description of each type. When developing a formal program, an organization should spell out all available technology and intended uses/purposes.

Air-assisted lateral transfer mats are mechanical transfer devices using compressors to inflate a mattress or cushion-like device. They are used for repositioning or lateral transfers.

Bathroom equipment is available with numerous options to assist the patient/resident and caregiver in the bath area, including aids for showers, tubs and toilets.

Ceiling and wall supported lifts are used mainly for lifting patients/residents. They attach to a pulley/motorized system, whose track is attached to a ceiling or wall support member.

Equipment movers attach to beds, wheelchairs and medical equipment for ease in movement.

Geri chair is a wheelchair that cannot be self-propelled. It must be pushed by someone else; has a high back, a foot ledge and a removable dining tray.

Motorized beds provide the caregiver and the patient/resident the ability to easily adjust the height of the beds for repositioning, comfort and safety using an electrically operated control system.

Motorized wheelchairs offer the wheelchair occupant the ability to traverse independently via a battery-operated chair with electronic driving controls.

Portable floor-based lifts are mechanical lifting devices used for a variety of handling tasks including lifting, transfers and repositioning.

Roller sheets are tubular sliding sheets aids constructed of special fabrics with low friction inner surfaces that glide over each other used for lateral transfers and repositioning. They may be flat or padded and can be placed under draw sheets or incontinence pads. They may be used to reposition in bed, pivot in bed, facilitate independent positioning in bed, aid exercise, and move patients/residents (e.g., from awkward positions, to the side of the bed, up in bed).

Slide sheets are non-mechanical “sliding” systems that have low-friction properties to aid caregivers while turning, repositioning and laterally moving patients/residents. They may be constructed of low-friction fabrics or gel- filled plastics. These systems allow the HCRs to slide over a surface without being dragged or lifted.

Sliding boards are non-mechanical devices primarily used for lateral transfers. They come in various sizes and shapes. Some are equipped with hand-holds, rollers or pads that aid in the transfer.

Slings may be attached to various lifting devices and are used for lifting or repositioning when the patient/resident can be of little or no assistance. It is important to use the appropriate sling for both the equipment and the job task.

Stand assist aids are portable lift systems that provide the caregiver assistance transferring patients/residents in and out of bed. Some are powered by electricity.

Transfer chairs are chairs with wheels that help with transfers in and out of clinical beds. These devices provide a method of transferring that avoids lifting the total body weight of the patient/resident.

Transfer (gait) belts are placed around the HCRs’ midsections and used by the caregiver to assist in transfers from one position to another, to guide them along transfer boards during seating transfers, or while walking a patient/resident.

Trapeze bars may be attached to the ceiling or stand assist lifting device. They allow the patient/resident to hold the device during lifting or repositioning, typically while he/she is in the bed.

Turning discs consist of two circular discs that rotate against each other. They may be used in conjunction with transfer boards or transfer belts. They are most useful for pivot seating activity, such as when transferring into a vehicle.

Equipment Selection Guide

There are many types of handling and mobility equipment/devices/aids on the market today, offered by numerous healthcare vendors and suppliers. It is important that healthcare organizations evaluate their needs against the product lists before buying expensive tools that may not fix their problems. Here are some questions to answer during this selection process.

- Is this equipment/device/aid appropriate for the task?
- Is this equipment/device/aid safe for my employees and my patients/residents?
- Will my patients/residents feel comfortable and secure when using this equipment/device/aid?
- Is there a lot of maintenance required for this equipment/device/aid?
- Is training provided by the vendor on safe use of this equipment/device/aid?
- Will use of this equipment/device/aid help productivity?
- Is this equipment/device/aid easy to use?
- Can the equipment/device/aid be easily stored when not in use?
- Is this equipment/device/aid easily cleaned and does it meet our infection control requirements?
- Can I afford this equipment/device/aid?
- What is the probable life of this equipment/device/aid?
- How does this equipment/device/aid compare with similar products on the market?
- Does the vendor or manufacturer offer any guarantees that this product will decrease my number of injuries and will the vendor demo this product at a technology fair?
- Does the vendor offer a free trial period and are volume discounts available?
- Does this equipment/device/aid meet the special medical needs of my patients/residents?

Key Practices When Using Mobility Equipment/Devices/Aids

- Use equipment/devices/aids only after formal instruction on proper and safe procedures.
- Use of patient/resident mobility equipment/devices/aids according to the manufacturers' instructions and your organization's policies and procedures.
- Inspect each equipment/device/aid before use and remove (and tag) damaged equipment/devices/aids from service.
- Follow equipment/devices/aid safety precaution labeling and signage.
- Explain to patient/resident what you plan to do before using the equipment/devices/aids.
- Insure all safety equipment/devices/aids are set (e.g., brakes on beds, stretchers, wheelchairs) before operation.
- Minimize gaps between surfaces before performing lateral transfers.
- Never use damaged equipment/devices/aids.
- Encourage patients/residents who can safely do so to assist in the move.
- Do not leave a piece of equipment/devices/aids unattended during use unless they have been approved to remain in the chair, bed, or room. Follow the manufacturers' advice with regard to leaving equipment/devices/aids directly under the patient/resident in an unsupervised situation.
- Insure the equipment/devices/aid are designed for the patients/residents size and weight before use.
- Clean according to manufacturers' suggestions and organization's infection control policies.

Appendix F – Sample Accident Investigation

Time/Date of Incident Date: _____ Day of Week: _____
Time: _____ Dept.: _____

Employee Information Employee Name: _____
Job Position: _____
Length of Employment: _____

What handling or mobility activity was taking place? Transfer Transport Walking
 Reposition Lift Other

Brief description: _____

Contributing Factors	Yes	No
Was additional staff needed?	<input type="checkbox"/>	<input type="checkbox"/>
Were equipment/devices/aids available?	<input type="checkbox"/>	<input type="checkbox"/>
Were equipment/devices/aids used?	<input type="checkbox"/>	<input type="checkbox"/>
Were equipment/devices/aids in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
Had employee received recent training on handling/mobility?	<input type="checkbox"/>	<input type="checkbox"/>
Was there a language or communications barrier?	<input type="checkbox"/>	<input type="checkbox"/>
Was there a note in the care plan as to handling and mobility needs?	<input type="checkbox"/>	<input type="checkbox"/>
Other factors: _____		

Patient/resident physical status, emotional state and physical dependency

Height: Short Average Tall

Weight: Under Average Moderately Over Bariatric

Physical Handicap: Yes No

Type: _____

Emotional State: Alert Cooperative
 Frightened Comatose
 Combative Other

Level of Physical Dependency: Independent Partial Assist Full Assist

Prevention recommendations and actions taken

What should have been done to prevent this incident? _____

What is planned or has been done to prevent reoccurrence? _____

References

“Establishing a Stretching Program to Help Reduce Injuries”

Zurich Risk Topic

May, 2016

“Safe Patient Handling and Movement”

United States Department of Veterans Affairs

January 2015

<http://www.visn8.va.gov/patientsafetycenter/safePtHandling/>

American Nurses Association

“Safe Patient Handling and Mobility”

January 2015

<http://nursingworld.org/handlewithcare>

“Musculoskeletal Disorder”

Centers for Disease Control and Prevention;

The National Institute for Occupational Safety and Health

January 2015

<http://www.cdc.gov/niosh/programs/msd>

“Body Mass Index Table”

US Department of Human Resources

National Institutes of Health; National Heart, Lung, and Blood Institute

January 2015.

http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

“Worker Safety in Hospitals”

United States Department of Labor; Occupational Safety and Health Administration

January 2015

<https://www.osha.gov/dsg/hospitals/index.html>

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