

Certified
Safe Patient
Handling
Professionals



Certification Candidate Handbook

CSPHP and CSPHA

Certification Program

Association of Safe Patient Handling Professionals

www.asphp.org/certification

“Professionalism and Certification” an article written by Kent Wilson, CIE, CSPHP, for the ASPHP November 2012 Newsletter

I was recently asked why the ASPHP used the term Professionals in its name and what it meant to be certified. This person was curious about a certificate they could obtain for attending a class and wanted to know the difference between a certificate and being certified. It is helpful to start with the first question about being a Professional.

Some time ago when the idea of forming the Association was still in its infancy, I came across a “Position Paper” from the Foundation for Professional Ergonomics written in June 2006. The title of the paper was; *“What does it mean to be a “professional” ... and what does it mean to be an ergonomics professional?”* I think the same points apply to us as Safe Patient Handling professionals. In this paper, the authors reviewed multiple articles and statements on the subject from a myriad of sources and came to the following conclusion:

“Based on the publications reviewed, we observe the following criteria to be commonly recognized as basic elements for “what it means to be a professional”.

A professional is a person who:

1. Has mastery of a complex body of knowledge and skills used in the service of others (a person who has achieved and is maintaining competence in that body of knowledge and set of skills).
2. Demonstrates accountability to the public at-large and profession in common, and satisfies performance measures established by the profession [i.e., meaningful continuing learning; minimum standards of competence and ethics (in this regard, the state may implement the obligation of a profession to guarantee competence by designating a group of its members to conduct professional examinations and to issue public licenses to those who pass them successfully, or it may leave professional bodies free to issue their own credentials); a profession must guarantee to the public the trustworthiness of its practitioners].
3. Is governed by a code of ethics.
4. Expresses and demonstrates commitment to competence, integrity, and morality (i.e., a commitment to maintain the integrity of the moral and collegial nature of the profession and to be accountable for one’s conduct to the profession), exhibits altruism (the unselfish regard for, or devotion to, the welfare of others; placing the needs of the public good before one’s self-interest), and promotes the public good within their domain.
5. Demonstrates autonomy in practice and judgment, and accepts the responsibility associated with the privilege of self-regulation (commonly joins with others to form a professional organization to protect the autonomy of the profession through certification, licensure, and accreditation).
6. Exhibits a professional spirit which results from associating together people that adhere to a common ideal which puts service above gain, excellence above quantity, self-expression above pecuniary motives and loyalty above individual advantage (professionals contribute to the advancement of the professional group).”

General Information

Since we are all volunteers and desire to give something back to the industry, we think these points, especially number six (6), capture the true essence of what our Association is all about and why the word “Professionals” is part of our name.

Re: point number five (5) above, we reference the guidelines from the Accreditation body that the Association is using for its direction on this issue. The organization is the Institute for Credentialing Excellence (ICE), a non-profit, 501(c)(3) organization dedicated to providing advocacy resources for the credentialing community. ICE’s accrediting body, the National Commission for Certifying Agencies (NCCA), evaluates certification organizations for compliance with the NCCA Standards for the Accreditation of Certification Programs. According to ICE, the differences between a Professional Certification and an Assessment-based (test included) certificate are the following:

“Professional or personnel certification is a voluntary process by which individuals are evaluated against predetermined standards for knowledge, skills, or competencies. Participants who demonstrate that they meet the standards by successfully completing the assessment process are granted the certification.

An assessment-based certificate program is a non-degree granting program that:

- (a) Provides instruction and training to aid participants in acquiring specific knowledge, skills, and/or competencies associated with intended learning outcomes;
- (b) Evaluates participants’ achievement of the intended learning outcomes; and
- (c) Awards a certificate only to those participants who meet the performance, proficiency or passing standard for the assessment(s).

An assessment-based certificate is NOT a certificate of attendance or participation, which is provided to individuals (participants) who have attended or participated in classes, courses, or other education/training programs or events but did not have to demonstrate accomplishment of the intended learning outcomes.

Whereas the focus of an assessment-based certificate program is on education/training, the focus of professional/personnel certification is on the assessment of participants. Moreover, the certification assessment is independent of a specific class, course or other education/training program and also independent of any provider of classes, courses, or programs.”

ICE further defines the differences by listing a side by side comparison at their website:

www.credentialingexcellence.org/p/cm/ld/fid=4

Highlighted below are just a few of the points to demonstrate the difference. See the full document at the ICE website. The table below is a modified and abbreviated version to fit this purpose.

Feature	Certification	Assessment Based Certificate
Primary Focus of the Program	Independent assessment of the knowledge, skills, and/or competencies required for competent performance of an occupational or professional role or specific work-related tasks and responsibilities. Participants have demonstrated the requisite, work-related knowledge, skills, or competencies and met other requirements established by the certification program provider. Recertification or renewal requirements.	The main purpose of the program is to provide education and training which supports the accomplishment of the intended learning outcomes. The certificate states that the participants have completed the required education/training and demonstrated accomplishment of the intended learning outcomes.
Oversight	A governing body with representation from relevant stakeholders. Administratively autonomous and maintains control over all essential decisions related to certification activities.	NOT required.
Maintenance	Will expire at the end of a predetermined time period if recertification/renewal requirements are not met). Certificants are subject to disciplinary policy.	Not generally required to engage in subsequent activities to maintain the certificate; however, in some cases, providers may require additional education, training, and/or assessments for this purpose.
Identification	Certificants are awarded an acronym or letters for use after their names to signify that they have obtained and maintained the credential.	Certificate holders are NOT awarded an acronym or letters for use after their names upon completion of the certificate program.

Assessment based certificates are useful and serve a purpose in identifying learning outcomes and can be used as part of the educational requirements to obtain certification. However, they should not be confused with Professional Certifications.

Dr. William E. Wickenden wrote a pamphlet titled “The Second Mile: A Re-Survey” published in 1944 by the Engineer’s Council for Professional Development. His comments capture why we have a Professional Association and why it promotes and pursues Professional Certification. It states,

What a Profession Must Guarantee:

When a layperson comes face to face with the complex and often terrifying specialization of professional skill and knowledge, that person is likely to be baffled or easily misled. To protect the layperson, the public wisely puts the burden of guaranteeing at least minimum standards of competence and ethics on the profession itself. The state may implement the obligation of a profession to guarantee competence by designating a group of its members to conduct professional examinations and to issue public licenses to those who pass them successfully, or it may leave professional bodies free to issue their own credentials. Both of these practices may exist side by side. In the end, it comes down to the same principle --- a profession must guarantee to the public the trustworthiness of its practitioners.

*****Why Become Certified?*****

The Marketplace:

- **Immediate Credibility.** Those letters by your name provide everyone with specific information about the level of your knowledge and expertise. The Certification Program that will award your certification is made up of the premier professionals in the field. Noteworthy.
- **Marketability.** Certification signifies that you continue to gain expertise and knowledge beyond your degree. Through gaining a CSPHP or CSPHA Certification, you are working to elevate your standing in the field.
- **Hiring.** What better way to quickly demonstrate your skills, abilities and overall knowledge required of the position? When the paper review is being conducted, key words and certifications will be noted and push your application to the top of the pile. Consider that Safe Patient Handling and Mobility is just now emerging as a recognized profession. Your Certification puts you in a very elite group among applicants.
- **Salary.** Certifications command attention. Some organizations provide automatic increases or bonuses with this type of accomplishment.

- **Promotion.** As an internal candidate, you can provide HR with the Certification Guidelines. Point out the capabilities that you have met to achieve the Certification.
- **Provides an Advantage with Potential Clients.** Those who look to consultants to assess or establish safety programs always consider professional certifications.

Personal Growth and Satisfaction:

- **Public Acknowledgement of your Competency.** When you add letters beside your name, everyone knows that you have achieved beyond the norm in your field.
- **Self Esteem.** Achievement. Excellence. Raising the Bar.
- **Increases Knowledge.** The catch phrase, “life-long learner” applies here. The CSPHP or CSPHA certification demonstrates that you are one.
- **Hiring, Salary and Promotion.** A CSPHP or CSPHA certification works to improve the tangible results of your knowledge and experience. Reap the benefits of your accomplishments and devotion to the field.



The Association of Safe Patient Handling Professionals

Code of Ethics

The Association of Safe Patient Handling Professionals (ASPHP) is a nonprofit organization that is dedicated to the advancement of the science and practice of safe patient handling and mobility. The ASPHP espouses ethical professional standards and, therefore, ASPHP Directors, Certificants, and all members are expected to conduct themselves accordingly in the discharge of their professional responsibilities. The ASPHP acts in compliance with and respect for Association bylaws and 501(c)(3) regulations.

The ASPHP has adopted the following ethical principles in order to guide the Directors, Certificants and members in support of the practice of safe patient handling and to promote the health and safety of caregivers and those for whom they care.

Responsibilities of ASPHP Directors

- 1) Interact with fellow Directors and ASPHP members with integrity and honesty, maintaining the pursuit of the Association's mission as the priority goal of Association efforts.
- 2) Provide accurate and truthful statements at all times for all professional purposes. Assure that representations to the public in advertising, professional statements to legislative bodies, in authorship of professional papers, etc. do not mislead or misstate the truth.
- 3) Publically represent the ASPHP with appropriate professional behavior.

Responsibilities of ASPHP Certificants

- 1) Professional (CSPHP) & Associate (CSPHA) certificants shall conduct themselves in a fair, honest and impartial manner. They shall always act with responsibility, integrity and observe the highest standards of ethical conduct in their professional capacity as they interact with employers, employees, clients, colleagues and the public. They shall avoid all conduct or practice which is likely to discredit the safe patient handling and mobility profession.
- 2) All certificants shall consistently use recognized scientific principles and practices when applying their craft. They shall always act in the best interest of the public and the people they serve.
- 3) All certificants shall not misrepresent or act in a misleading manner in respect to their credentials, professional qualifications, current or past responsibilities or accomplishments, or facts concerning employment or employers.
- 4) All certificants shall conduct their professional relations by the highest standards and avoid any compromise of their professional judgment by conflicts of interest.
- 5) All certificants shall keep and respect all information of a confidential nature, either business or personal, that might be acquired during the conduct of services and act in accordance with HIPAA and all relative laws.

-
- 6) All certificants shall be responsible for enhancing their professional development by obtaining and maintaining proficiency through continuing education, experience and professional training.
 - 7) All certificants shall assume work assignments only when qualified through education, experience and professional training.
 - 8) All certificants shall seek opportunities to share their knowledge and skills and promote the science and practice of SPHM in their various communities and professional interactions.

Responsibilities of ASPHP Members

- 1) Behave with professional conduct so as to support and advance the Association's mission.
- 2) Work cooperatively to avoid patient handling injuries to caregivers and care recipients.
- 3) Cooperate with colleagues to institute and maintain safe patient handling practices in the workplace.
- 4) Abide by the Code of Ethics and standards of professional associations to which you belong.
- 5) Be familiar with and uphold the Patient Bill of Rights. Respect and maintain patient/client confidentiality at all times to the extent possible.

TAKING THE CSPHP EXAM – CONFIDENTIALITY IS ESSENTIAL!

When you take the CSPHP certification exam, you agree not to disclose information about the questions and the answers. As a Candidate for this exam, the ASPHP expects that you will keep all information about the exam questions and answers confidential – that includes discussing test items with your colleagues, educators, supervisors, etc.

We want our Exam to be of value – please consider the consequences of divulging this type of information.

CSPHA Application

Becoming a Certified Safe Patient Handling Associate (CSPHA):

Application

CSPHA candidates must submit an application that demonstrates they meet the guidelines set out by the Certification Program:

Anticipated Capabilities	Successfully use and instruct other in the correct use of SPHM protocols and equipment.
Education and Professional Experience	A combination of post-secondary education and experience in related field, totaling 3 years.
SPHM Specific Work Experience	1 year of experience in an organization with a SPH program where your duties included responsibilities associated with that program.
Contact Hours	10 contact hours over the last two years relating to your responsibilities in SPHM. This may include training in the use of equipment, on skills for training others, or other topics that would improve your skills in promoting SPHM.
Letters of Recommendation	1 from a Certified CSPHP or 2 letters from <i>colleagues or supervisors familiar with your work and are involved with SPHM.</i>

The application form and instructions for its completion are found on the website at www.asphp.org/certification. Only fully completed applications are accepted for evaluation upon submission of the appropriate fees. Application fees include the processing of the application. Remit payment for the application by sending a check with the submitted application to ASPHP Certification Program, #317 3140 W. Tilghman Street, Allentown, PA 18104.

After you have accessed the application on-line, read all the instructions and have completed it thoroughly, convert all of the information you are submitting to a disc and mail to the ASPHP at the aforementioned address.

- ❖ When you send in your completed application package, make certain that you enclose a check for the proper amount. (Find in the Membership and Certification Fee Schedule)
- ❖ In your application did you include all of the necessary documents to support your assertions/answers? Documentation is required. Please be very sure of including proof of contact hours.

CSPHP Application and Exam

Becoming a Certified Safe Patient Handling Professional (CSPHP) is a two-step process:

Step #1: Submit an application to demonstrate that you meet CSPHP guidelines.

Step #2: Following application approval, take and pass the CSPHP Exam.

Step #1 – Application

CSPHP candidates must first submit an application that demonstrates they meet the guidelines set out by the Certification Program:

Anticipated Capabilities	Establish and manage all aspects of a SPH program.
Education and Professional Experience	1)RN plus 5 years’ experience OR 2)Bachelor’s Degree (in related field) plus 4 years of experience OR 3)Graduate Degree (in related field) plus 3 years of experience
SPHM Specific Work Experience	Equivalent of 2 years dedicated full time to SPHM, i.e. 4 years w/ 50% of time dedicated to SPHM = 2 full time years.
Contact Hours	36 contact hours over the last 3 years relating to your responsibilities in SPHM. Examples of related topics include achieving culture change, ergonomic risk evaluation and control and safety management. For other topics, include a brief explanation of how this content enhanced your ability to manage a SPHM program.
Letters of Recommendation	3 letters required. Must include 1 letter from current supervisor or client that describes your work; 2 from persons familiar with your work and who are involved with SPHM.
Evidence	2 submissions of work that is <u>unique to you</u> that provide formal evidence of competence in the area of SPHM. May include reports, assessments, publications, policies & procedures, written evaluations or materials from training that you developed.

The application form and instructions for its completion are found on the website at www.asphp.org/certification. Only fully completed applications are accepted for evaluation upon submission of the appropriate fees. Application fees include the processing of the application AND the exam that is required for certification. Remit payment for the application by sending a check with the submitted application to ASPHP Certification Program, #317 3140 W. Tilghman Street, Allentown, PA 18104.

After you have accessed the application on-line, have read all the instructions, and completed it thoroughly; convert all of the information you are submitting to a disc and mail to the ASPHP at the aforementioned address.

- ❖ When you send in your completed application package, make certain that you enclose a check for the proper amount. (Find in the Membership and Certification Fee Schedule)
- ❖ In your application did you include all of the necessary documents to support your assertions/answers? Documentation is required. Please be very sure of including proof of contact hours.
- ❖ You can begin preparing for the Exam. The Inventory of References is included herein and found on the site.

When the application is received, it is sent to the Evaluation Team for review. The team includes three persons – all independent reviewers. If additional information is required of you, the team will issue a Request for Additional Information (RAI). This does not indicate an approval status. It is generally a request for documentation or clarification.

Unless an RAI is issued, the Evaluation process will take 30-45 days. The RAI process will extend that time period.

When the Evaluation Team is in agreement regarding approval, you will receive notification that you have met all certification guidelines.

Only those applicants who are approved following this portfolio evaluation are invited to take the exam. For those who are not approved and, therefore, not invited to take the exam, a small fee reimbursement is given. For refund information visit our website at: www.asphp.org/certification

Step #2 – Take CSPHP Exam

When you are invited to take the Exam upon approval of your application portfolio, you will receive an email from the Program that includes a link to the exam and your personal password and necessary other instructions. You will have one month from that date to take the exam. Please note that when you click on the link, you will first see Introduction and Instruction tabs. Please open and thoroughly read these before you click on the exam tab. It is a timed test and once you access the actual test/first question, you must continue to completion. **There is no pause or time out available.** Because it is an electronic test, it is available to you 24/7.

Shortly after you have completed the exam and submitted your answers, you will receive an email with your results.

If you have achieved a passing score, you will receive your Certification in the mail with our Congratulations. If you have not passed the Exam, you have options to take a Retest.

Retaking the Exam

CSPHP applicants who do not pass the exam may retake the exam after a 45-day waiting period from the initial test date. If necessary, a second re-take is available following another 45-day waiting period. There is a fee required for each re-take. (See Membership and Certification Fee Schedule).

If you do not pass the exam after completing two re-takes, you may submit an entirely new application one year after your initial application was submitted.



CSPHP Exam Configuration

The CSPHP exam is based upon the Program’s Nine Core Competencies. Questions found in this exam are distributed in the following manner:

<p>Planning A Program – overall 36%</p> <ul style="list-style-type: none"> • Finance <ul style="list-style-type: none"> ○ Cost justification ○ Budgeting ○ Vendor negotiation (if necessary) • Team Leadership <ul style="list-style-type: none"> ○ Inclusion of cross-disciplinary team ○ Collaboration across wide ranges within the organization • Policy and Procedure Deployment <ul style="list-style-type: none"> ○ Develop written SPHM policies and procedures ○ Obtain management and staff acceptance 	<p>Implementing a Program – overall 40%</p> <ul style="list-style-type: none"> • Training Deployment <ul style="list-style-type: none"> ○ Develop training programs ○ Modification, facility customization of training materials ○ Present training programs ○ Conduct skills validation • Clinical Knowledge and Experience <ul style="list-style-type: none"> ○ Working knowledge of the interaction of patient condition, treatment, patient handling requirements, and limitations ○ Ability to effectively communicate with staff, including nurses and administrators, the benefits that SPHM has for the patient • Risk Analysis and Control <ul style="list-style-type: none"> ○ Understands and relates the principles of ergonomics and biomechanics to patient handling risks and ergonomic control measures/risk interventions ○ Identification of appropriate countermeasures including product selection ○ Incident/accident/near miss investigation ○ Track/trend injury data ○ Conducts root cause analyses
<p>Sustaining a Program – overall 24%</p> <ul style="list-style-type: none"> • Program Promotion <ul style="list-style-type: none"> ○ Internal promotion activities ○ External promotion activities • Program Audit <ul style="list-style-type: none"> ○ Establish and track performance metrics ○ Conduct review of program elements ○ Implement program enhancements based on program review data • Unit Specific Customization <ul style="list-style-type: none"> ○ Conducts clinical unit/area-based ergonomic evaluations to determine appropriate patient handling technology recommendations ○ Integrating SPHM equipment and procedures into care pathways ○ Develops unit-specific changes in policy and procedures (e.g., those related to program implementation, bariatric patient care, maintenance/repair procedures, storage, and other issues impacting the use of patient handling equipment) 	

Journals

- Alamgir, H., Li, O., Gorman, E., Fast, C., Yu, S., Kidd, C. (2009). Evaluation of ceiling lifts in health care settings: Patient outcomes and perceptions. *AAOHN Journal*, 57(9), 374-380.
- Baptiste, A., McCleerey, M., Matz, M., & Evitt, C. (2008). Proper sling selection and application while using patient lifts. *Rehabilitation Nursing*, 33(1), 22-32.
- Brigham, C. (2010). Safe handling of residents in home health care. *Ergonomics in Design* 18(1), 26-28. doi: 10.1518/106480410X12676454887224
- Campo, M., Shiyko, M., Margulis, H., & Darragh, A. (2013). Effect of a safe patient handling program on rehabilitation outcomes. *Arch Phys Med Rehabilitation*, 94, 17-22.
- Charney, W. (2007). Nursing injury rates and negative patient outcomes: Connecting the dots. *AAOHN Journal*, 55(11), 470-475.
- Collins, J., Bell, J., & Grönqvist, R. (2010). Developing evidence-Based interventions to address the leading causes of workers' compensation among healthcare workers, *Rehabilitation Nursing*, 35(6), 225-235.
- Fragala, G. (1996). *Ergonomics: How to contain on-the-job injury*. Chicago, IL: Joint Commission on Accreditation of Healthcare Organizations.
- Gonzalez C., Howe C., Waters T., & Nelson A. (2009). Recommendations for turning patients with orthopaedic impairments. *Orthopaedic Nursing*, 28(2)(Suppl S). S9-S12.
- Hinton, M. (2010). Establishing a safe patient handling/minimal lift program. *Orthopedic Nursing*, 29(5), 325-330.
- Knoblauch, M., & Bethel, S. (2010). Safe patient-handling program "UPLIFTS" nurse retention. *Nursing2010*, 67-68.
- Koppelarr, E., Knibbe, J., Mideman, H., & Burdorf, A. (2009). Determinants of implementation of primary preventive interventions on patient handling in healthcare: A systematic review. *Occupational Environmental Medicine*, 66, 353-360.
- Leigh, J. (2011). Economic burden of occupational injury and illness in the United States. *Milbank Quarterly*, 89(4), 728-772.
- Marras, W. S., Knapik, G. G., & Ferguson, S. (2009). Lumbar spine forces during manoeuvring of ceiling-based and floor-based patient transfer devices. *Ergonomics*, 52(3), 384-397.
- Monaghan, H. (2011). The challenge of change: why are staff resistant to using safe patient handling equipment? *American Journal of Safe Patient Handling and Movement*, 1(2), 19-24.
- Muir, M., & Archer-Heese, G. (2009). Essentials of a bariatric patient handling program. *OJIN: The Online Journal of Issues in Nursing* 14(1). doi: 10.3912/OJIN.Vol14No1Man05
- Nelson, A., Matz, M., Chen, F., Siddharthan, K., Lloyd, J., and Fragala, G. (2006). Development of a multifaceted ergonomics program to prevent injury associated with patient handling tasks. *International Journal of Nursing Studies*, 43, 717-733.
- Timmons, L. (2009). Creating a no-lift, no-transfer environment in the OR. *AORN Journal*, 89(4), 733-736.
- Waters, T. (2007). When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53-58

Websites

- Alden, L. (2005). *Opportunity cost: A primer*. Retrieved from <http://www.econoclass.com/opportunitycost.html>
- American Nurses Association. (2013). *Safe patient handling and mobility*. Retrieved from <http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/SafePatient/ANA-Resources/SPHM-Trifold-Brochure.pdf>
- Canadian Centre for Occupational Health and Safety. (2009). Hazard and risk: OSH answers. Retrieved from http://www.ccohs.ca/oshanswers/hsprograms/hazard_risk.html

Inventory of References

Collins, J., Nelson, A., & Sublet, V. (2006). Safe lifting and movement of nursing home residents. Retrieved from <http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf>

Diffen LLC. (2013). *Capex vs Opex*. Retrieved from http://www.diffen.com/difference/Capex_vs_Opex

Monaghan H. (2011). Safe patient handling equipment challenges in inpatient psychiatric units: Design recommendations and potential solutions. Retrieved from www.visn8.va.gov/VISN8/PatientSafetyCenter/fallstam/psychiatry_EquipmentRedesign.pdf

Myers Reynolds. (2005). Safety programs and the impact to the bottom line. Retrieved from <http://www.meversreynolds.com/bulletinSafetyPrograms.php>

Occupational Safety and Health Administration (OSHA). (2003). *Safety pays*. Retrieved from http://www.osha.gov/Region7/fallprotection/safety_pays.html

Occupational Safety and Health Administration (OSHA). (2009). *Guidelines for nursing homes: Ergonomics for the prevention of musculoskeletal disorders*. Retrieved from http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html

Siddharthan, K., Nelson, A., Tiesman, H., & Chen, F. (2005). Cost effectiveness of a multifaceted program for safe patient handling. In K. Henriksen, J.B. Battles, E.S. Marks, et al., (Eds.), *Advances in patient safety: From research to implementation* (Vol. 3). Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK20565/>

Skotte, J. & Fallentin, N. (2008). Low back injury risk during repositioning of patients in bed: The influence of handling technique, patient weight and disability. *Ergonomics*, 51(7), <http://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>

VISN 8 Patient Safety Center of Inquiry. (2005, Aug 31). Patient care ergonomics resource guide: Safe patient handling. Retrieved from <http://www.visn8.va.gov/VISN8/PatientSafetyCenter/resguide/ErgoGuidePtOne.pdf>

Waters, T., Putz-Anderson, V., & Garg, A. (1994, January). Applications manual for the revised NIOSH lifting equation. Retrieved from <http://www.cdc.gov/niosh/docs/94-110/pdfs/94-110.pdf>

Work and Health Research Centre. (2007). *Manual handling training: Investigation of current practices and development of guidelines*. Retrieved from <http://www.hse.gov.uk/research/rrpdf/rr583.pdf>

Menzel, N., Nelson, A., Water, T., Hughes, N., Hagan, P., Powell-Cope, G., & Thompson, V. (2007). Effectiveness of an evidence-based curriculum module in nursing schools: Targeting safe patient handling and movement. Faculty Publications (N). Paper 115. Retrieved from: <http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi>

Publications

American Nurses Association. (2013). *Safe patient handling and mobility: Interprofessional national standards*. Silver Springs, MD: American Nurses Association.

Gallagher, S. (2013). *Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards*. Silver Springs, MD

Cohen, M., Nelson, G., Green, D., Leib, R., Matz, M., & Thomas, P. (2010). *Patient handling and movement assessments: A white paper* (ed. C. Borden). Retrieved from http://www.fgiguide.org/pdfs/FGI_PHAMA_whitpaper_042810

Menzel, N., Nelson, A., Water, T., Hughes, N., Hagan, P., Powell-Cope, G., & Thompson, V. (2007). Effectiveness of an evidence-based curriculum module in nursing schools: Targeting safe patient handling and movement. Faculty Publications (N). Paper 115. Retrieved from http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1114&context=nursing_fac_articles&sei-redir=1&referer=http%3A%2F%2Fwww.google.com%2Furl%3Fsa%3Dt%26rct%3Dj%26q%3DEffectiveness%2Bof%2Bn%2Bevidence-based%2Bcurriculum%2Bmodule%2Bin%2Bnursing%2Bschools%253A%2Btargeting%2Bsafe%2Bpatient%2Bhandling%2Band%2Bmovement.%2B%2BFaculty%2BPublications%2B

Inventory of References

[2B%2528N%2529.%2BPaper%2B115.%2B%26source%3Dweb%26cd%3D1%26ved%3DOCCwQFjAA%26url%3Dhttp%253A%252F%252Fdigitalscholarship.unlv.edu%252Fcgj%252Fviewcontent.cgi%253Farticle%253D1114%2526context%253Dnursing_fac_articles%26ei%3DkczlUYuwBgrqyQGuxlBY%26usg%3DAFQjCNGWf_G4nF8Eg8IRJesRlFbBN4HJow#search=22Effectiveness%20an%20evidence-based%20curriculum%20module%20nursing%20schools%3A%20targeting%20safe%20patient%20handling%20movement.%20Faculty%20Publications%20%28N%29.%20Paper%20115.%22](http://www.digitalscholarship.unlv.edu/252Fcgj%252Fviewcontent.cgi%253Farticle%253D1114%2526context%253Dnursing_fac_articles%26ei%3DkczlUYuwBgrqyQGuxlBY%26usg%3DAFQjCNGWf_G4nF8Eg8IRJesRlFbBN4HJow#search=22Effectiveness%20an%20evidence-based%20curriculum%20module%20nursing%20schools%3A%20targeting%20safe%20patient%20handling%20movement.%20Faculty%20Publications%20%28N%29.%20Paper%20115.%22)

Books

Asfahi, C., & Rieske, D. W. (2010). *Industrial safety and health management* (6th ed). Upper Saddle River, NJ: Pearson Education, Inc.

Fragala G. (2012). Creating safer environments for long-term care staff and residents. *Annals of Long-Term Care: Clinical Care and Aging*, 20(2):42-46.

Fochsen, G., Josephson, M., Hagberg, M., Toomingas, A., & Lagerstrom, M. (2006). Predictors of leaving nursing care: A longitudinal study among Swedish nursing personnel. *Occupational Environmental Medicine*, 63, 198-201.

Hunter, B., Branson, M., & Davenport, D. (2010). Saving costs, saving health care providers' backs, and creating a safe patient environment. *Nursing Economic\$, 28*(2), 130-134.

Kahan, B., & Goodstadt, M. (1999). Continuous quality improvement and health promotion: Can CQI lead to better outcomes? *Health Promotion International*, 14 (1), 83–91.

Nelson, A. (2006). Safe patient handling and movement. New York, NY: Springer Publishing Company, Inc. 113-119

Nelson, A., & Baptiste, A. S. (2006). Update on evidence-based practices for safe patient handling and movement. *Orthopaedic Nursing*, 25(6), 367-368.

Nelson, A., Fragala, G., & Menzel, N. (2003). Myths and facts about back injuries in nursing. *American Journal of Nursing*, 103(2), 32-40.

Nelson, A., Motacki, K., & Menzel, N. (2009). *The illustrated guide to safe patient handling and movement*. New York, NY: Springer Publishing Company, Inc.

Spiceland, J. D., Sepe, J. F., & Tomassini, L. A. (2004). *Intermediate accounting*. (Ch. 2). New York: McGraw Hill/Irwin.

Smith, J. (2005). *The guide to the handling of people* (5th ed.). Middlesex: Backcare.

Tweedy, J. (2005). *Healthcare hazard control and safety management*. Boca Raton, FL: CRC Press Taylor & Francis Group, LLC.

Presentations

Barker, R., Gouvin, C. & Wilson, K. (2011, September). *Implementing a Safe Patient Handling Program*. Presentation at the Association of Occupational Health Professionals in Healthcare, Minneapolis, MN.

PLEASE NOTE: The texts listed here were used in development of this certification exam. This list is provided to give you sources to help you prepare for taking the exam, but is not intended to be all-inclusive. If you find any of the hyperlinks to be non-functional, you may have to search for a new link to locate the information.

Maintaining Your Certification

Annual Maintenance – All Certificants

Your certification must be maintained on an annual basis. You will receive automatic notification by email one month prior to the required maintenance date, two weeks prior to the date and one month following the date. Reference Certification Fee Schedule at www.asphp.org/certification for fees. ASPHP membership provides discounted rate.

Renewal Requirements – All Certificants

Your certification must be renewed every third year. Renewal is contingent upon the demonstration of required contact hours earned within the last three years. CSPHAs must submit proof of acquired 15 contact hours and CSPHPs must submit proof of acquired 36 contact hours. These must be submitted using the Tracking Tool (see Tracking Tool below). All certificants will be contacted prior to their renewal date (same as annual maintenance date) regarding submission of proof of required contact hours.

All certificants are required to update their contact and employer information as applicable.

Tracking Tool

Required contact hours **must** be tracked using the tool available at www.asphp.org/certification. Please submit this contact hour ledger with proof of attendance when renewal documents are requested.

Options For Earning Contact Hours

There are numerous options for earning required contact hours. Please visit www.asphp.org/certification for Options For Earning.

Certification Leave

The Certification Program permits certificants to put their certifications on- hold, one-time, after achieving their certified status. The certification may be placed on-hold for up to a five (5) year period of time. While the certification is on hold, the

certificant shall acknowledge their inactive status in all applicable situations. The certificant wishing to put their certification on-hold shall inform the Certification Program by Certified Mail. This correspondence must be dated and signed. The Certification Program will acknowledge the on-hold status, with effective date noted, via Certified Mail.

Each year that the certification is on-hold, the certificant must remit a nominal maintenance fee.

Certification “Retirement”

The Certification Program permits certificants to “retire” their certification status. Retired certificants shall be able to maintain the acknowledgement of their status on the certification roster with “RETIRED” next to their designation. The certificant wishing to retire their certification shall inform the Certification Program by Certified Mail. This correspondence must be dated and signed. The Certification Program will acknowledge the retired status, with effective date noted, via Certified Mail.

Each year the retired certificant must remit a nominal maintenance fee.

Certification Revocation

The ASPHP Certification Program reserves the right to “revoke” and/or temporarily “suspend” a certificant’s Certification status for just cause.

Prior to any decision to “revoke” a certification status, the certificant is entitled to present to the Certification Program Executive Team and/or Review Board complete details and information related to the issue(s) that triggered the possible “revocation” of the certification status. Reasonable accommodations for the certificant to respond to the reason of just cause leading to revocation will be made.

The Certification status may be temporarily “suspended” during the investigation/inquiry regarding revocation just cause. A temporary

Policies and Procedures

suspension may also be imposed for cause related to allotted grace periods regarding certification renewal requirements.

Causes for Revocation of Certification

- Misrepresentation of self on application/ portfolio
- Presenting false documents as part of Certification application and portfolio such as falsified school transcripts, awards, professional achievements or continuing education credits
- Conviction of a felony
- Suspension or revocation of the certificant's professional license to practice in health care or to practice in the related area which qualified the person for certification
- Violation of the ASPHP Code of Ethics
- Other just cause issues at the discretion of the Certification Executive Team

Causes/Periods of Suspension of Certification

- Non-payment of maintenance or renewal fees beyond grace period if termination is not invoked, at discretion of ASPHP Executive Director
- Failure to document number of contact hours required for certification renewal and extension requested. Suspension imposed during extension period.
- During revocation Review Board process, according to severity of offense, at the discretion of the Certification Executive Team.

The certificant will be notified via certified mail that the Certification Program is considering revocation or suspension of their Certification. Causes for the revocation will be outlined. The certificant will be advised that they will have the opportunity to present evidence for the defense of their certification to the Review Board within ten (10) working days of notification. See Policy: Appeals

Refunds

No refunds are issued for the CSPHP application fee which includes the exam. However, if you do not take the exam because your portfolio was not approved, you may receive a small refund. Contact the office for further information.

Nondiscrimination

The Certification Program of the Association of Safe Patient Handling Professionals does not discriminate on the basis of race, color, religion/creed, sex, disability, age, national origin, ancestry, place of birth, sexual orientation, or veteran status regarding acceptance of an application for certification, meeting certification requirements, and/or processing an appeal.

Accommodations will be made for the known physical disabilities of an individual who is invited to take the exam.

Privacy Information

Specific information regarding the Certification status of a current, past or prospective certificant, other than if they have submitted an application, or if they hold an active certification, will not be provided to a third party unless written authorization is provided by the certificant or applicant in question to ASPHP staff. The authorization must be signed and dated. It can be submitted electronically in PDF format, by fax or in the mail.

Confidentiality

The Board of Directors of the Certification Program, those serving on Certification Program committees, and employees of the ASPHP may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Certification Program other than to persons for whom the certification applicant or certificant has given permission to receive such information.

Board members, committee members and employees shall use confidential information solely for the purpose of performing their work and services required of their position and/or voluntary role.

Policies and Procedures

Appeals

Certificants and/or certification applicants have the right to Appeal decisions that are made regarding their certification status including revocations, suspensions, and/or a rejection of application that prevents the applicant from taking the exam.

Certificants or certification applicants shall file an appeal, including supportive information addressed to the Review Board within fifteen (15) days of notification of the issue/decision which they want to appeal. Appeals must be addressed to the Review Board and sent via certified mail to: **Executive Director, RE: Appeals, ASPHP, #317 3140 W. Tilghman St., Allentown, PA 18104**



**BE AMONG THE ELITE
BECOME SPHM CERTIFIED!**

