Patient Lifting Quiz

QUESTION

What are the three foundational aspects of lifting program’

ANSWER

1. Avoid a manual patient handling where possible.
2. Plan patient maneuvers.
3. Train and evaluate.

WHY IS IT RIGHT

PATIENT HANDLING

Patient handling is the top cause of injury among care workers. Care workers who move people are at significant risk of sprains and strain injuries. Physically dependent people need to be assessed, taking into account the task being performed and the space in which the work will take place. Controlling the risk involves providing appropriate mechanical equipment, and training workers on safe work procedures and use of equipment.

Appropriate symbols and codes can communicate whether the client is capable of an unassisted transfer, can bear his or her weight on at least one leg during an assisted transfer, or requires a mechanical lift.

The ability of the client to communicate with the caregiver to either identify physical limitations or to aid in the transfer will also determine the need for a mechanical lift.

PATIENT HANDLING ERGONOMICS

Occupational safety and health programs have fostered research to identify injury risk factors and safety interventions to prevent injuries during patient handling. Evidence-based research has shown that safe patient handling interventions can significantly reduce overexertion injuries by replacing manual patient handling with safer methods guided by the principles of **'Ergonomics.' Ergonomics** refers to the design of work tasks to best suit the capabilities of workers. In the case of patient handling, it involves the use of mechanical equipment and safety procedures to lift and move patients so that health care workers can avoid using manual exertions and thereby reduce their risk of injury. At the same time, patient handling ergonomics seeks to maximize the safety and comfort of patients during handling.

It is clear the healthcare industry must rely on technology to make patient handling and movement safe. Patient transfer and lifting devices are key components of an effective program to control the risk of injury to patients and staff associated with lifting, transferring, repositioning or movement of patients.

ERGONOMIC PLAN REDUCES INJURIES

A safe patient handling program will involve the following steps:

- Development of a joint program by management, workers, union (if present), health and safety committee, etc.
- Perform a needs analysis.
- Create and standardize patient assessment criteria.
- Develop decision trees to standardize actions.
- Determine which controls are needed to implement specific tasks or patient needs.
- Institute a "no-lift" policy, where possible.

ESSENTIAL ELEMENTS OF A PLAN

- Management commitment to implement a **safe patient handling ergonomic program**
- Provide workers with appropriate measures to avoid manual handling; worker participation in the assessment and implementation processes evaluation and selection of patient handling devices;
- thorough hazard assessment that addresses high risk units or areas.
- investment in equipment.
- care planning for patient handling and movement
- training for staff; and program review and evaluation processes.

SAFE PATIENT HANDLING ERGONOMIC PROGRAM PURPOSE

The primary goal is to reduce **Overexertion Injuries**

Overexertion injuries among healthcare workers is consistently two to five times greater than the rate of the general workforce. The single greatest cause for these injuries is manual patient handling such as manual lifting, moving and repositioning of hospitalized patients, home-health care patients, and nursing home residents.

Overexertion injuries can cause musculoskeletal injuries such as herniated discs, joint and tendon inflammation and ligament or muscle strains. Many healthcare workers sustain reoccurring, short-term and long-term issues including arthritis and chronic back pain.

Manually handling any heavy item is risky, but humans are often an awkward shape, move independently and can be unpredictable patient's sudden movements can cause even the best planned maneuver to go wrong, resulting in staff and patient injury.

WHY IS EVERYTHING ELSE WRONG

Foundation of Lifting Program

The underpinning of a thoughtful lifting program

- avoid an manual patient handling where possible.
- Plan patient maneuvers
- Train and evaluate

MECHANICAL LIFTS

Mechanical lifts should be available in all situations where the patient or resident cannot bear weight on at least one leg.

The adequate number, variety, and placement of mechanical lifts will need to be determined by the committee undertaking an ergonomic analysis of the workplace.

NO-LIFT POLICY

A no-lift policy should state that all manual handling tasks are to be avoided where ever possible. No-lift policies successfully reduce the risk only if the organization has the infrastructure in place (e.g., technical solutions, lifts, equipment) to support the initiative. Training is also necessary for caregivers to recognize the risk in activities, and how to follow appropriate steps to move or transfer a patient safely.

Types of lifts include:

- wheeled hoist/portable floor lift,
- stationary hoist/fixed lift,
- ceiling track complete with motor,
- sit/stand lifting aid, and
- bath lifts.

Hospitals, long term care facilities and private homes use **mechanical lifting systems** to move or reposition patients/clients with mobility issues. Client lifting poses an injury risk to the attendant, however because the task cannot be eliminated, engineering solutions were created in the form

of mechanical lifts.

Mechanical lifting systems have been the source of injury, and even deaths, to clients and attendants, mainly related to the malfunction, failure, or misuse of patient lifts. This hazard alert focuses on the hazards to attendants (workers).

TRAINING

Training needs should also be assessed by the committee. Are new employees receiving proper training and orientation regarding safe transfer techniques, patient or resident assessment, and the proper use of mechanical lifts. Are current staff receiving on-going in-service training and refresher training’

The **education and training** of healthcare employees should be geared towards assessment of hazards in the healthcare work setting, selection and use of the appropriate patient lifting equipment and devices, and review of research-based practices of safe patient handling.

The use of assistive patient handling equipment and devices is beneficial not only for healthcare staff, but also for patients.

Explaining planned lifting procedures to patients prior to lifting and enlisting their cooperation and engagement can increase patient safety and comfort, and enhance their sense of dignity.

RISK REDUCTION IN DESIGN AND LAYOUT OF FACILITIES

- The space and design of the patient or resident’s room (including the bathroom) must allow for the free movement of the caregiver, resident, lifting devices, walkers, and wheelchairs.
- The layout and space must also enable the caregiver to use proper body mechanics and transfer techniques.

- Furniture should be of sufficient height to safely effect transfers. Furniture and equipment, in particular beds, should be **adjustable** to best insure safe client handling.
- Arms and legs on wheelchairs should be adjustable and removable. Cushions on wheelchairs should be secured so they cannot slip.
- Grab bars should be sufficient in number and placement to aid transfers in the bathroom.
- Commode chairs should have removable arms and leg and foot rests. A well-designed chair should be stable with a lap belt for clients.
- Geriatric chairs should, as well, have removable arm and foot rests to effect transfers.
- Bed rails should be light to allow operation by the caregiver with only one hand to reduce physical exertion.
- Lighting should be adequate to accomplish necessary tasks. Lighting that is too bright however can cause optical strain and stress.
- Colours and black and white contrast that aide the visual perception of the elderly can reduce the chance of accidents during transfers or if the client is ambulatory.
- Wet, highly polished, or otherwise slippery floors can contribute to slip and fall hazards.
- The Proper Approach to the Patient Transfer or Lift
- In addition to the physical layout of the workplace, equipment, staffing, and workload, the approach to the transfer or lift is a key element to reducing caregiver injuries.
- Proper documentation and communication should inform the caregiver of the client’s abilities, transfer needs, physical stability, and tendency if any, towards aggressive acts.
- The caregiver should anticipate what actions would be necessary if the client loses balance or falls.

- The procedure for the transfer should be clearly communicated and understood by any other staff assisting and the patient or resident.
- The caregiver should assess the client, even briefly, before every transfer.
- The client should be transported the shortest possible distance by the lifting device. The mechanical lifting device should not be used to transport the patient or resident outside the room.
- In transfers, tighten your abdominal muscles, keep your back straight, and use your leg muscles to avoid injury.
- Do not rotate or twist the spine. Move your entire body in the direction of the transfer.
- Never grab the client under his or her armpits as this could injure the client.
- Position yourself close to the client and assure footing is stable.
- Try to maintain eye contact with the client and communicate while the transfer is in progress.
- Never allow the client to grasp you around the neck as this could result in injury.
- Agree on the timing of the transfer with the client and other caregiver(s) and count together.
- Assure that the path of the transfer or lift is clear from obstructions and that furniture and aids that the client is being transferred to are properly placed and secure.