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Safe Patient Handling

One major source of injury to healthcare workers is musculoskeletal disorders (MSDs). In 2010, nursing aides, orderlies, and attendants had the highest rates of MSDs. There were 27,020 cases, which equates to an incidence rate (IR) of 249 per 10,000 workers, more than seven times the average for all industries. This compares to the all-worker days-away from work rate of 34 per 10,000 workers. The rate for construction laborers was 85.0, and for laborers and freight, stock and material movers the IR was 154.9, still far lower than that of nursing aides and orderlies. In 2010, the average incidence rate for musculoskeletal disorder (MSD) cases with days away from work increased 4 percent, while the MSD incidence rate for nursing aides, orderlies, and attendants increased 10 percent.

These injuries are due in large part to overexertion related to repeated manual patient handling activities, often involving heavy manual lifting associated with transferring, and repositioning patients and working in extremely awkward postures. Some examples of patient handling tasks that may be identified as high-risk include: transferring from toilet to chair, transferring from chair to bed, transferring from bathtub to chair, repositioning from side to side in bed, lifting a patient in bed, repositioning a patient in chair, or making a bed with a patient in it.

Sprains and strains are the most often reported nature of injuries, and the shoulders and low back are the most affected body parts. The problem of lifting patients is compounded by the increasing weight of patients to be lifted due to the obesity epidemic in the United States and the rapidly increasing number of older people who require assistance with the activities of daily living.

The consequences of work-related musculoskeletal injuries among nurses are substantial. Along with higher employer costs due to medical expenses, disability compensation, and litigation, nurse injuries also are costly in terms of chronic pain and functional disability, absenteeism, and turnover. As many as 20% of nurses who leave direct patient care positions do so because of risks associated with the work. Direct and indirect costs associated with only back injuries in the healthcare industry are estimated to be \$20 billion annually. In addition, healthcare employees, who experience pain and fatigue, may be less productive, less attentive, more susceptible to further injury, and may be more likely to affect the health and safety of others.

Industries where patient handling tasks are performed include:

- ✓ Long-Term Care (includes facilities that provide skilled or non-skilled nursing care);
- ✓ Acute Care – (includes hospitals, out-patient surgical centers, and clinics);
- ✓ Home Healthcare workers; and
- ✓ Others – such as physical therapists, radiologists, sonographers, etc.

Some examples of areas of a facility that may be identified as high-risk include: bathing rooms, extended care wings, and diagnostic units (e.g., radiology, emergency department, spinal unit, orthopedics department).



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Given the increasingly hazardous biomechanical demands on caregivers today, 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. Essential elements of such a program include management commitment to implement a safe patient handling program and to provide workers with appropriate measures to avoid manual handling; worker participation in the assessment and implementation processes and the evaluation and selection of patient handling devices; a 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. 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.

Ohio. House Bill 67 was signed into law on March 21, 2006, Section 4121.48.

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