

Safe Patient Handling and Movement Training Program



Did You Know?

- ...Nursing is second only to heavy industry, such as coal mining, in injuries to muscles and joints?
- ...12% of nurses leave the profession each year due to chronic/acute back injuries and pain?
- ...Over 52% of nurses complain of chronic back pain lasting more than 14 days within the past 6 months?
- It's time for change, don't you agree?

Why Do Nurses Get Hurt?

- You are always lifting, moving and turning patients. This makes you and your muscles tired. When your muscles are tired, you can hurt yourself.
- Patient can't be lifted like boxes, so safe lifting "rules" don't apply.

Why Do Nurses Get Hurt?

- Patients can't be held close to the body.
- Patients have no handles!
- You can't predict what will happen while you're taking care of a patient.
- You never know if a patient can help you or not.

DO YOU AGREE?

Common Beliefs About
Nursing Injuries
And Lifting Equipment

DO YOU AGREE?



***"Staff in great physical shape
are less likely to be injured."***

**Not so! Nurses ask strong
co-workers to help with patient care
four times as often as other nurses.
Since they're lifting more often,
they have a greater chance of
getting hurt!**

DO YOU AGREE?



“Classes in body mechanics and lifting techniques keep nurses from getting hurt.”

The truth is that training alone won't keep you safe.

DO YOU AGREE?



“Nurses are stronger than warehouse workers.”

No, they're not. So why are nurses expected to lift large patients by themselves, and warehouse workers are given equipment to help them move big boxes?

DO YOU AGREE?



“Lifting equipment slows me down.”

No, it doesn't! New types of lifting equipment help you finish your work on time with less strain on your muscles.

DO YOU AGREE?



“Any lift can be used anywhere.”

No, you must use equipment that matches what the patient needs. Also, the size of a room and what's in the room make a difference, too.

DO YOU AGREE?



“Patients won't like being moved with slings and lifting equipment.”

Actually, research shows that patients feel safer when they are handled and moved with sturdy and strong equipment.

Objectives

At the end of this section, you will be able to:

1. Define ergonomics
2. List risk factors that put you at risk for musculoskeletal (muscle and joint) injury during patient handling and movement
3. Recognize high risk patient care activities
4. Recognize conditions that result in high risk patient care environments

What's Ergonomics?

Ergon

Greek for "work"

Nomos

Greek for "laws"

So, ergonomics is the "laws of work!"

Ergonomics means fitting the job to the worker – not fitting the worker to the job.

Here's What *Patient Care Ergonomics* Can Do for You!

- It doesn't expect you to get into an awkward or uncomfortable position to get your job done. Your job should fit you!
- It matches you to your job by understanding the limits of the size, shape, and performance capabilities of your body.
- It says that when your job demands seem greater than your physical abilities, be careful! You're at a higher risk for injury.

How can *Patient Care Ergonomics* help you?

- It finds risk factors in your **job tasks** that may injure you
- It finds risk factors in your work **environment** that may injure you
- It gives you specific steps to take to reduce your risk of injury

Risks of Job Tasks

What do you need to look for in your **job tasks** that may injure you?

Risks of Job Tasks

- Awkward postures
- Lifting heavy loads
- Pushing/pulling
- Frequent/repeated lifting and moving
- Tasks that last a long time (duration)
- Reaching

Let's show you some examples!

Can You Spot the Risk Factors?



1. Awkward Postures 2. Lifting Heavy Loads



Can You Spot the Risk Factors?



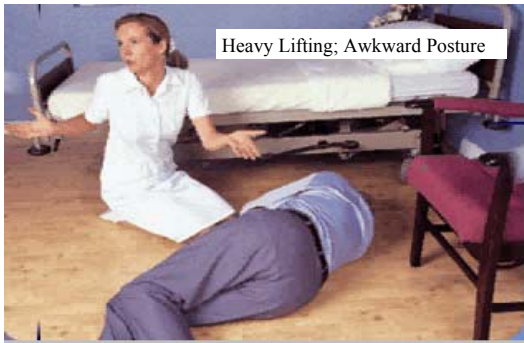
Awkward Posture; Heavy Load



Can You Spot the Risk Factors?



Heavy Lifting; Awkward Posture



Risks of Job Environments

Now, what do you need to look for in your **work environment** that may injure you?



Risks of Job Environments

- Slip, trip, and fall hazards
- Uneven work surfaces (stretchers, beds, chairs, toilets at different heights)
- Space limitations (small rooms, lots of equipment)

Other Risks

- Let's not forget that there are some other factors that affect risk for injury from patient handling and movement
 - Enough help (so you have someone to help you lift)
 - Enough patient handling equipment that's in good condition (so you have something to help you lift)

Why Are *Patient Care Ergonomics* Important?

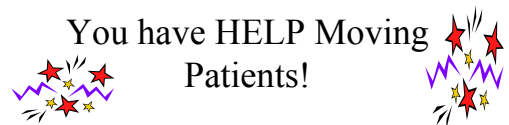
- Once you can identify risky patient handling tasks and environments, you can take steps to protect yourself and your patients!

How Do We Move/Lift Patients?

- **Lateral transfers:** Move patients sideways. For example: from a bed to a stretcher
- **Stand assists:** Move patients with some ability to bear weight from sitting to standing positions.
- **Full assists:** Relocate completely and partially dependent patients with the use of lifts.
- **Reposition:** Move patients up or side-to-side in bed or pull patients up in chairs, etc.

Why Use Equipment?

- Patients weigh too much for you to lift them without mechanical assistance
- Frequent unassisted lifting and movement of heavy loads using awkward postures causes muscle and joint discomfort and damage
- Patient handling equipment saves your back!



You have HELP Moving Patients!

Here are examples of Patient Handling Equipment that can help decrease the risk of musculoskeletal injury while you perform patient handling tasks.

Air Assisted Lateral Sliding Aids

- What do you do?
 - Place under the patient like a transfer board
- What happens next?
 - Air fills the mattress, “floating” the patient
- What are they used for?
 - Lateral transfers, especially for patients with pressure sores



Friction Reducing Lateral Sliding Aids

- What do you do?
 - Position fabric under patient like a draw sheet
- What happens next?
 - You pull the patient across a surface with ease
- What are they used for?
 - Lateral transfers



Mechanical Lateral Transfer Aids



- What do you do?
 - Position the device as directed
- What happens next?
 - Start the motor or turn the crank to slide the patient over to the new surface
- What are they used for?
 - Lateral transfers

Transfer Chairs

- What do you do?
 - Convert the chair into a stretcher
- What happens next?
 - Slide the patient over
- What are they used for?
 - Lateral transfers from bed to stretcher to bed



Powered Full Body Sling Lifts

There are two types:

- **Ceiling Mounted**
(as shown)
- **Portable**
(Ex: ARJO Maxi Move)



Powered Full Body Sling Lifts

- What do you do?
 - Put the lifting sling under the patient and attach it to the lift
- What happens next?
 - Activate the controls to lift and place the patient
- What are they used for?
 - Move patients out of bed or into and out of chairs and for toileting and bathing tasks or any type of lift transfer



Powered Standing Assist and Repositioning Lifts



- What do you do?
 - Place sling around the patient
- What happens next?
 - Activate the motor or turn the crank to raise the patient to a standing position
- What are they used for?
 - Moving patients in and out of bed and for toileting tasks

High Tech Beds

- What do you do?
 - Request a specialty bed for high risk patients (bariatric [obese], dependent, those requiring frequent turning)
- What happens next?
 - Vendor/supplier provides bed and training in use
 - You use the special features of the bed
- What are they used for?
 - Depending on type –
 - Prevent patients from sliding down in bed
 - Turn patients
 - Accommodate the size of bariatric patients
 - Convert into chairs - eliminate transfers
 - More

Specialty Bed



Standing Assist and Repositioning Aids

- What do you do?
 - Stand by if necessary.
- What happens next?
 - Patients grasp the device and reposition themselves.
- What are they used for?
 - Helping patients with some body strength reposition themselves or stand up.



Sliding Boards

- What do you do?
 - Place board as bridge between chair/bed/toilet
- What happens next?
 - Patient slides across the smooth surface with your help
- What are they used for?
 - Seated transfers between chair/bed/toilet for patients with some ability to assist



Gait/Transfer Belt with Handles

- What do you do?
 - Fit the belt around the patient's waist
- What happens next?
 - Use the handles to improve your grasp
- What are they used for?
 - Assisting and transferring partially dependent patients



Every Patient Has Different Handling and Movement Needs



Key Points for Caregivers

- Assess the patient
- Assess the area
- Decide on equipment
- Know how to use equipment
- Plan lift and communicate with staff and patient
- Work with another team member
- Have the right equipment available, in good working order, conveniently located

Assessing the Patient

- ✓ Ability of the patient to:
 - ✓ provide assistance
 - ✓ bear weight
 - ✓ cooperate & follow instructions
- ✓ Upper extremity strength of the patient
 - ✓ How strong?
- ✓ Patient height and weight
 - ✓ How big? How heavy?



Assessing the Patient (cont.)

- ✓ Special patient conditions likely to make transfer or repositioning tasks more challenging:
 - ✓ abdominal wounds
 - ✓ contractures
 - ✓ presence of tubes
 - ✓ pregnancy

Assessing the Patient (cont.)

- ✓ Other circumstances affecting patient handling and movement tasks
 - ✓ Physician orders or physical therapy recommendations
 - ✓ Example: When you must maintain a patient's knee or hip flexion during transfers

Completing a Care Plan

- ✓ Consider:
 - ✓ Type of task to be completed; for example, transferring, repositioning, walking, or toileting.
 - ✓ Type of equipment or assistive devices needed.
 - ✓ Number of caregivers needed to complete the task safely.

Safe Patient Handling Algorithms

- Just as there are rules for safe driving or safe administration of medication, there are rules for safe patient handling and lifting.

Lifting and Moving Algorithms

- They give you a step-by-step process that allows you to find out the safest way to accomplish the task you are trying to perform, such as transferring a patient from bed to chair.
- These algorithms help ensure that both you and the patient won't get hurt during the activity.

Who Wrote These Algorithms?

- They were developed by a group of nursing experts
- They were tested with different patient populations in a variety of settings
- The US Department of Labor's Occupational Safety and Health Administration (OSHA) recommends them

When Should I Use Them?

- Use the Algorithms for every patient who needs help moving
- For each of these patients, use the Algorithms to determine the *safest equipment* and *patient handling technique* to use for *each activity/movement* that will be completed
- The Algorithms provide general direction
- Use your *professional judgment* in applying them to help ensure patient/caregiver safety
- After a while, you'll get used to using them.

Where Can I Find the Algorithms?

- You can find copies of these algorithms in OSHA's Guidelines for Nursing Homes, pp. 11 – 16. Available at <http://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>

What Tasks Do the Algorithms Cover?

There are algorithms for the following activities:

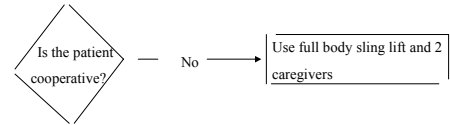
1. Transfer To and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
2. Lateral Transfer To and From: Bed to Stretcher, Trolley
3. Transfer To and From: Chair to Stretcher, Chair to Chair, or Chair to Exam Table

What Tasks Do the Algorithms Cover?

4. Reposition in Bed: Side to Side, Up in Bed
5. Reposition in Chair: Wheelchair or Dependency Chair
6. Transfer a Patient Up from the Floor

What Do They Look Like?

- Take a moment to look over the algorithms.
- Notice that questions are placed in a diamond and actions are in rectangles, like this:



Using the Algorithms

- Look at Algorithm #1: Transferring a Patient from a Bed to a Chair. Let's walk through the steps.

Fred V.'s History

- Fred is an 80 year old resident of a long term care facility. He weighs 156 pounds and is 5' 9" tall. He has dementia and a history of falls. Although some days he is cooperative, on other days he is combative and fearful. When he is cooperative, he can bear weight. Otherwise, he resists standing. He is to be out of bed every day in a wheelchair.

Assessment Fred V.

- I. Level of Assistance
 - Dependent
- II. Can the patient bear weight?
 - No, because the patient is not cooperative
- III. Does the patient have the upper extremity strength needed to support his weight during transfers?
 - No; because the patient is unreliable for using his upper extremity strength

Fred V. Review of Assessment

- IV. Patient's level of cooperation and comprehension
 - No: Unpredictable
- V. Weight: 156 Height: 5' 6"
- VI. Special circumstances?
 - History of Falls
- VII. Transfer To and From Bed to Chair, which calls for "Algorithm #1"

Selecting Equipment

- Select the most appropriate equipment and the number of staff members needed, based on your assessment.

The Answer

- *Use full body sling lift and 2 caregivers.*
- Here's why:
 - Although the patient can sometimes bear weight, he is uncooperative. The “No” answer to the “Is the Patient cooperative?” question in the diamond leads you to the action in the rectangle: “Use full body sling lift and 2 caregivers.”

Assessment and Algorithms

- These two go hand in hand.
- Assess the patient.
- Determine what activity you must perform.
- Follow the algorithm rules to learn what action is recommended.
- Complete your activity

ANA

- The American Nurses Association (ANA) has a campaign (“Handle with Care”) to promote safe lifting and a position paper that calls for the use of equipment to assist you
:(<http://nursingworld.org/handlewithcare>)
- The Florida Nurses Association (FNA) also supports “Handle with Care.”
- It's time for you to act on the evidence: next time let equipment do the heavy lifting for you!