



Safe Patient/Resident Handling Guide

Resources and information for developing
Patient handling programs in health care

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S-877

last updated

October 2010

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This publication provides practical loss control and safety information to assist you in making your workplace safer. It is not legal advice. SAIF Corporation has made every effort to bring significant Oregon Occupational Safety and Health Administration (OR-OSHA) regulations to your attention. Nonetheless, compliance with OR-OSHA remains your responsibility. You should read and understand all relevant OR-OSHA regulations that apply to your job site(s). You may want to consult with your own attorney regarding aspects of OR-OSHA that may affect you.

Note: The information in this publication is time sensitive. Do not rely upon this document if its publication date is more than three years old. Please check the Employer Guide "Safety" section of our web site at www.saif.com/employer for a more recent, printable copy. You'll also find a variety of other valuable safety information designed to help your business prevent injuries and control costs.

Introduction

Caregivers in hospitals and nursing homes risk serious injury every time they manually transfer a patient/resident.

While most of us would not consider the job of caregiver dangerous, the 2008 Bureau of Labor Statistics reports the case rate with days away from work, job transfer, or restriction (DART) for nursing care facilities was 5.7 and 3.0 for hospitals. Compare this rate to a DART rate of 2.1 for all industries combined. The DART rate for nursing care facilities exceeds that of even some of the traditionally more hazardous occupations such as construction (2.5) and agriculture (2.9).

The overwhelming majority of these injuries are sprains and strains involving patient transfers.

Traditionally, the response to injuries related to patient transfer was to provide training to the caregivers on body mechanics, proper lifting techniques and identifying those patients that required a "two person" transfer. None of these approaches have been found to reduce the number of injuries to caregivers.

It is estimated by the National Institute for Occupational Safety and Health (NIOSH) that the average person can safely lift 51 lbs under ideal conditions. Because of the complex forces involved, NIOSH has established 35 lbs as the limit for safe patient handling tasks. Although proper body mechanics and lifting technique are important elements in reducing back stress, no amount of training can make safe a task that is inherently unsafe. Research on patient transferring has found little difference in the physical stresses on the body when using a two-person transfer as opposed to a single transfer¹.

Injury rates are increasing concurrently with staffing shortages and an industry push to reduce costs. Indirect costs such as replacing an injured worker, lost productivity, administrative time, retraining and sick time can be up to four times the direct costs of workers compensation and medical bills.

Safe Patient Handling is an approach found to significantly reduce injuries to caregivers.

Although a Safe Patient Handling program will require a commitment of time, money and resources, the return on investment in both direct and indirect costs is rapid. Studies completed by NIOSH² found that implementing a Safe Patient Handling program yielded an average 30 percent decrease in patient transfer injuries. Safe Patient Handling programs were also found to produce other benefits such as improving patient quality of care, improving patient comfort and safety during transfer, reducing risk of falls, of being dropped, and of suffering skin tears

¹ Patient transfers and low back disorders, Marras, W.S., Davis, K., Kirking, B., and Bertsche, P., Ergonomics.

² NIOSH and University of Wisconsin: Long-Term Effectiveness of "Zero-Lift Program", In Seven Nursing Homes and One Hospital.

or bruises. These programs improve job satisfaction and reduce physical stress, allowing caregivers to stay in their jobs longer, further reducing indirect costs.

Purpose of the Guide

This guide will assist you in building a Safe Patient Handling program. The goal is to reduce the likelihood of a care provider being injured in your workplace. The Safe Patient Handling program is an ergonomic³ approach to patient/resident care.

The Safe Patient Handling process can be integrated into the ever-changing business environment for the life of your business. SAIF Corporation Safety Management Consultants are available to assist you in gaining necessary knowledge to apply ergonomics principles in your workplace.

This guide is intended to help you to address patient care ergonomics in an effective and efficient way to reduce injuries and costs. It supplements materials already available in the public domain. The United States Department of Veterans Affairs VISN8 Patient Safety Center of Inquiry has developed and published a host of evidence-based templates and tools to assist in program development and implementation. These materials are available at www.visn8.va.gov/patientsafetycenter/safePTHandling/.

What Is Safe Patient Handling?

Safe Patient Handling is an ergonomic approach that emphasizes engineering and administrative controls in patient/resident handling activities. A Safe Patient Handling program will involve changing the traditional way resident/patient handling is performed. The purpose of a Safe Patient Handling program is to reduce and eliminate injuries to caregivers during patient/resident transfer activities.

Engineering Controls

Engineering controls are a major component of the Safe Patient Handling program. Engineering controls prevent injuries by reducing the amount of weight being lifted or reducing risk factors for injury. Engineering controls such as fast electric beds, full body lifts, sit-to-stand lifts, and friction-reducing transfer devices can eliminate or reduce the risk of many patient/resident handling tasks.

Significant improvements have been made in patient handling equipment. The awkward, difficult-to-use, chain-style lift of the past is no more. New lifts are more stable, easier to use, and battery operated. Whereas portable lifts can be cumbersome, ceiling lift systems are also available that can typically be retrofitted regardless of ceiling infrastructure.

The quantity and type of equipment needed is based on the characteristics of the patient/resident population and their mobility needs. Clinical managers will need to

³ See Definitions section

work with staff to assess the mobility needs of the patients/residents requiring assistance, the building design, and future growth and accessibility when determining the number and type of lifts, beds, and other equipment necessary.

Preventive maintenance is an important consideration; maintenance staff should also be included in equipment selection. Routine servicing is critical to the proper functioning of all lift equipment, beds, carts, wheels and brakes.

Other engineering controls that can reduce factors that can lead to injury include:

- Purchasing wheelchairs and shower chairs with removable arms
- Correcting uneven floor surfaces
- Replacing carpet with hard surface flooring

Although engineering controls will require an upfront investment, facility management must look beyond the initial costs of powered lifts, beds and other patient/resident handling devices to consider long term benefits of purchase. In addition to the direct workers' compensation cost savings, indirect costs related to lost productivity, retraining, sick or administrative leave can also be saved. See Appendix C for a cost benefit worksheet.)

Administrative Controls

Administrative controls are as essential as engineering controls to a successful Safe Patient Handling program. Examples of administrative controls include:

- Familiarizing supervisors and employees with patient handling guidelines and enforcing facility rules
- Providing training in proper coaching techniques for supervisors and administrators
- Providing wellness programs
- Reviewing care plans specifically regarding patient/resident mobility needs and communicating plans to staff
- Establishing a footwear policy and recommending shoes with non-skid tread and good arch support
- Establishing a safety accountability system for supervisors and management
- Conducting periodic quality audits by observing patient handling techniques
- Reviewing care plans and implementing procedures that prevent the need to lift or transfer, such as changing the patient/residents clothes prior to administering sleep medications

- Anticipating and training for unpredictable behavior and emergency situations

Risk Factors

In order to eliminate injuries from patient/resident handling, it is necessary to understand the risk factors that are involved.

Risk factors are specific physical activities that pose increased risk of injury to a particular part of the body.

Force

Force is the amount of physical exertion or muscular effort expended during any given task. How much force is exerted and how often are important factors that contribute to injuries. Force can be influenced by the weight of the patient/resident, his or her ability to assist, and the equipment available to assist. Other factors such as the grips available, body posture and repetition can influence the amount of force necessary. Compared to moving objects manually in the industrial setting, moving people is more difficult, more awkward and more unpredictable. Examples of excessive force include:

- Manually lifting or transferring patients
- Unexpected or abrupt forceful motions
- Attempting to stop a patient/resident from falling

Posture

Certain postures⁴ make us more susceptible to injury. Examples of postures that can contribute to injuries include bending, twisting and reaching. Awkward activities that may result in injury include:

- Bending while dressing or undressing patient/resident
- Repositioning or turning patient in bed with the bed rail up
- Crouching to cleanse patient/resident's legs or feet

Frequency

Frequency⁵, sometimes called repetitive motion, means performing the same movement over and over again. Caregivers exposed to frequent manual patient lifting are more likely to report an injury than those who infrequently lift patients.

⁴ See Definitions section

⁵ See Definitions section

Repetitive motions can contribute to fatigue and injuries. Examples of repetitive motion are:

- Numerous manual patient/resident transfers without breaks
- Continuously opening packaging such as pill packs

Risk Factor Analysis Tool

Once you begin to understand the risk factors involved in patient care you can work to eliminate them. A good ergonomics process requires the systematic identification of risk factors. There are various tools available, it is important to find one that is simple to use and meets your business needs. A simple evaluation tool for identifying risk factors can be found in Appendix E.

Getting Started With Safe Patient Handling

In this guide you will find information about how to develop and implement a Safe Patient Handling program in your organization. In addition, Appendix A has a simple checklist to help you through the process, step by step.

A Participatory Approach

Management commitment and employee involvement are essential elements of a sound safety and health program. A participatory approach promotes greater employee motivation, increased acceptance of change, and improved problem-solving opportunities. A key factor in the effectiveness of the Safe Patient Handling program will be the effective communication between management and employees.

Management commitment includes:

- Placing a visible emphasis on reducing or eliminating resident handling hazards
- Identifying a facility champion to take the lead in implementation and sustainment
- Assigning and communicating responsibility for the Safe Patient Handling program to all managers, supervisors and employees
- Establishing accountability mechanisms
- Developing a written Safe Patient Handling policy
- Ensuring adequate organization resources are provided to support the Safe Patient Handling program (i.e. staffing, equipment, training)

Employee Involvement Includes:

- Providing input on the selection of lift equipment and other devices
- Prompt and accurate reporting of injuries
- Participating on a Safe Patient Handling committee
- Participating in training to learn and apply skills necessary to analyze hazards
- Ongoing follow-up and feedback

The Safe Patient Handling Team

Encouraging and promoting worker participation in the Safe Patient Handling program is one of the keys to success. Employee involvement enhances acceptance of the changes the Safe Patient Handling program will require, and adds to the organization's ability to solve problems. The person performing the job knows the hazards of the job better than anyone else.

Who should be part of the Safe Patient Handling Team?

It is important that your Safe Patient Handling team has representatives from management, department staff, and technical areas that will be impacted by the Safe Patient Handling program. Safe Patient Handling team members should include:

- Director of nursing/DNS
- Administrator
- Residential care manager
- Charge nurse(s)
- Patient care staff representatives from the different areas and shifts
- Physiotherapist/physical therapist
- Human resources personnel
- Maintenance
- Purchasing
- Laundry

What will the Safe Patient Handling Team do?

The Safe Patient Handling team functions may vary from facility to facility. Generally it will be the team's job to:

- Identify risk factors
- Set priorities for action
- Recommend solutions
- Identify barriers and problem-solve solutions

It is important for the group to establish a schedule to meet on a regular basis.

To ensure the success of the Safe Patient Handling program, team members should be prepared to address the following at each meeting:

- Program concerns
- Obstacles to the success of the program
- Learning opportunities
- Training challenges
- Successes to be shared with others

One or more of the team members will be responsible for collection of more detailed information about risk factors that are difficult to resolve. He/she may:

- Use the Risk Checklist (Appendix E).
- Interview staff in the problem areas
- Get expert advise

The Safe Patient Handling team should keep records of their recommendations and changes that have been made. In this way, effectiveness can be tracked.

While the Safe Patient Handling program is part of your overall safety program, the Safe Patient Handling team is not a replacement for the safety committee.

Selecting a vendor

Choosing the right vendor involves more than getting the best price. The success of your Safe Patient Handling program depends on developing a successful partnership with the vendor. A good vendor will not only assist you in determining which transfer equipment is best for your needs, but will also assist in the implementation of the Safe Patient Handling program by providing in-service

training, equipment procedural information, and follow up services if problems arise. The vendor you select should be willing to share resources including the names of other companies they have successfully partnered with.

While it may be tempting to order inexpensive lifting equipment from a catalog or off the Internet, you will want to consider upon whom you will rely when you need training or service on the equipment.


Written Program

All good safety and health programs are put in writing to clarify the expectations and outcomes of the process, as well as provide a resource for new employees. Developing your written program should come very early in the development process. This is an excellent time to seek input from employees, incorporating the participatory approach.

You will find a sample written program that you can modify to meet your specific needs in Appendix B.

Training

Training and education ensures that managers, supervisors, and staff members are sufficiently informed about the ergonomic hazards to which they are exposed and the procedures in your organization for preventing injuries. A formal training program designed to help staff become familiar with the lifting equipment is essential. When planning your program, be sure to budget for additional training early in the program to provide ample opportunity for all caregivers to become familiar with new equipment.

 The key to successful training is a consistent hands-on approach that regularly addresses proper protocols and techniques for transferring patients/residents as well as manual material handling.

Training should be provided to **ALL** new staff when they start work. **ALL** seasoned staff need training when the new program starts, when job assignments change, and when new lifting equipment is introduced. Retraining should be conducted for all employees throughout the year, but at least annually.

The training program should cover:

- Risk factors that contribute to back injury
- Early symptoms and prevention of musculoskeletal injuries
- Instruction and supervised practice
- Your written policy on lifting
- Transfer assistance levels and location of the Master Transfer List

🔑 All staff should be able to demonstrate the recommended resident handling techniques used in your facility.

Training is an ongoing process in which supervisors frequently review work practices to determine training needs. Supervisors need to continually reinforce the lifting policies for their unit or facility. Supervisors and management should set the example for staff to follow.

Keep in mind that training should be presented in a language, and at a level of understanding appropriate for the individuals being trained, and should include opportunities for interactive questions and answers with the trainer.

Safety In Motion[®] training offered to SAIF Corporation policyholders can help employees use equipment and devices more safely. It provides practical information on how to do common everyday tasks with less strain and pain. For more information about Safety In Motion[®], contact your local SAIF safety management consultant.

You will find a generic checklist in Appendix D that may be used for observing an employee who is using the lifting equipment. Check with your vendor for checklists that are more specific to the equipment you will be using.

Training Resources

NIOSH has published a document entitled “Safe Patient Handling Training for Schools of Nursing – Curricular Materials” as a resource for nursing schools and nursing assistant training programs. This document can be downloaded at no charge and copied freely: <http://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf>.

Another excellent resource is *The Illustrated Guide to Safe Patient Handling and Movement* by Nelson, Motacki and Menzel, published by Springer. The book is designed to be used as a teaching textbook, complete with instructional video resources.

Cost Benefit Analysis

There are many ways to determine the cost and benefits of ergonomics. Perhaps the simplest is to determine the annual medical and lost time compensation paid for MSD injuries by your workers’ compensation insurer. The hidden uninsured costs such as unearned benefits, supervisor time, overtime pay, and hiring a replacement can typically range from 2-4 times the claims costs of the injuries themselves. Taking the claims costs and multiplying by the hidden cost factor of between 2 and 4 times will give you a simple cost analysis.

For a more proactive approach, assessments of productivity and quality can be used to justify the costs of an ergonomics program. This type of cost/benefit

analysis considers the cost and quality of performing a task the old way compared to the cost and quality of performing a task with the ergonomic improvements.

You will find sample cost-benefit tools in Appendix C.

Alternative Funding Sources

Do you have an injured worker who is released for modified duty?

Could they return to work if lifting and transferring equipment was available?

If so, you may be able to access the Employer-At-Injury Program (EAIP).

When qualifications are met, the EAIP can provide up to \$2,500 for worksite modification necessary to allow an injured worker to return to light duty.

If you think you may be able to access the EAIP, contact your SAIF return-to-work consultant. All worksite modifications under the EAIP must be obtained through your return-to-work consultant.

Appendix A

Safe Patient Handling Implementation Checklist⁶

Activity	By Whom	Expected Completion	Completed (√)	Comments
Review tools and processes in Department of Veterans' Affairs Patient Safety Center of Inquiry "Patient Care Ergonomic Resource Guide." http://www.visn8.va.gov/patientsafetycenter/safePTHandling/				
Develop draft Policy and Procedure for Safe Patient Handling program.				
Review objectives of Safe Patient Handling program with supervisory staff.				
Select members of the Safe Patient Handling team and communicate with all staff.				
Review tools and resources in the VA document "Safe Patient Handling Guidebook for Facility Champions/Coordinators" http://www.visn8.va.gov/patientsafetycenter/safePTHandling/				
Provide Safe Patient Handling team with objectives, goals, and their role as related to Safe Patient Handling program.				
Assess resident lifting/ transfer requirements and develop Master Lift list.				
Safe Patient Handling team and management determine equipment needs based on resident assessment and building layout.				
Solicit bids for lifts and other equipment and devices and select vendors.				
Arrange for equipment trial. Include employees, residents, resident's families.				
Select equipment and place order. Confirm/coordinate equipment delivery and assembly with vendor.				
Create a central storage place for equipment and all lift operating manuals.				

⁶ See evidence-based program implementation and development tools at www.visn8.va.gov/patientsafetycenter/safePTHandling/

Activity	By Whom	Expected Completion	Completed (√)	Comments
Designate Key Operators.				
Schedule vendor training of key operators and supervisory staff on the specifics of each mechanical lift. Record on video.				
Prepare letters to families of residents informing them of new Safe Patient Handling program and benefits.				
Review objectives of Safe Patient Handling program with all staff and provide a copy of Safe Patient Handling policy.				
Schedule training of staff on the specifics of each mechanical lift several times throughout the first year.				
Review resources and tools in "Safe Patient Handling Unit Binder for Peer Leaders & Staff" http://www.visn8.va.gov/patientsafetycenter/safePTHandling/				
Safe Patient Handling team review of program post-implementation.				

Appendix B

Safe Patient Handling Policy Sample⁷

_____ (Company name) _____ is committed to protecting the safety and health of our employees and residents. The goal of this Safe Patient Handling program is to create a safer environment for our staff and residents, reduce the physical strain needed to perform transfer tasks and improve the quality of care offered in our facility. Mechanical patient lifts are a key component in this effort.

_____ (Company name) _____ will work to consistently transfer residents in accordance with the guidelines.

Management:

Management's responsibility is prevention of accidents and injuries. Management will provide direction and full support of the Safe Patient Handling program including: job training, policy enforcement, and appropriate, well-maintained equipment in adequate numbers. Management will encourage and enforce the use of the Safe Patient Handling policy.

Supervision:

Supervisors are responsible for ensuring that all staff members have received training and mentoring on the Safe Patient Handling program. Training on the Safe Patient Handling program will include hands-on demonstrated competency with mechanical lifting equipment prior to unsupervised use with a resident. Supervisors will enforce company safety policies including the Safe Patient Handling program.

Employees:

All staff will be responsible to follow the Safe Patient Handling program. Staff members will utilize the proper transfer procedure for each patient. This includes the use of patient transfer devices or other lifting equipment and applying proper body mechanics. Employees will notify their supervisor immediately of barriers to compliance with the Safe Patient Handling program, including, but not limited to: mechanical failures, resident refusal and change in resident status.

Safe Patient Handling Team:

A Safe Patient Handling team consists of management, nursing and care staff. The purpose of the team is to support and review the Safe Patient Handling program goals and to make recommendations for improvement. The Safe Patient Handling team defines problems, obstacles and solutions related to the Safe Patient Handling program as they arise. The Safe Patient Handling team works in conjunction with the safety committee, but does not replace the safety committee. Members of the Safe Patient Handling team will be responsible to solicit and receive questions, feedback and suggestions for improvement from the staff.

⁷ Additional sample policies can be found in the Tampa VA Patient Care Ergonomic Resource Guide and the Safe Patient Handling Guidebook for Facility Champions/Coordinators.

Appendix C

Sample: Return on Investment Worksheet⁸

Annual Workers' Compensation Premium	\$50,000		
Supervisor time managing injuries			
Supervisors hourly wage	\$10.00		
Time spent	5	\$50.00	
Damage to equipment cost of repairs			
Cost of damaged equipment if no longer useable	\$150.00		
Cost of repairs	\$25.00	\$175.00	
Other staff time managing injuries			
Office time (hrs.)	2		
Office hourly rate	\$12.00		
Safety committee time (hrs.)	3		
Number of safety committee members	6		
Average hourly rate	\$10.00	\$204.00	
Claims costs			
Time loss payments	\$250.00		\$250.00
Medical costs	\$500.00		\$500.00
Approximate future medical costs	\$100.00		\$100.00
Cost of unearned benefits (monthly)			
Health & dental	\$0.00		
Life	\$0.00		
Other	\$0.00		
Total	\$0.00		
Months continued	0	\$0.00	
Cost to interview, hire, train			
Supervisor time	0		
Supervisor hourly pay	\$0.00		
Trainer or co-worker time	0		
Co-worker hourly pay	\$0.00	\$0.00	
Injured workers time off to see doctors and resolving workers' compensation issues not covered by claim.			
Anticipate time off or actual time off	0		
Rate of pay	\$0.00		
Workers' Compensation Experience Modifier			
Increases over last three years	0.20	\$30,000.00	
Example: 1.30 to a 1.20 is entered as .10 (diff.)			
Other costs not listed above	\$0.00	\$0.00	
TOTALS		\$30,429.00	\$850.00
		COST	%
HIDDEN COSTS THAT ARE NOT INSURED		\$30,429.00	97%
INSURED COST THAT SAIF PAYS		\$850.00	3%
TOTAL OF INSURED AND UNINSURED COSTS		\$31,279.00	
Cost-Benefit Analysis for Ergonomic Improvements			
Total Cost of Improvement		\$10,000	
Percentage of Injuries and Illnesses eliminated by Improvement	30%		
Annual Savings from ergonomic improvement	\$9,384		

⁸ See also federal OSHA's "Safety Pays" online calculator at <http://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html> and Oregon OSHA's Safe Patient Handling Pays at <https://www4.cbs.state.or.us/exs/osha/safety/>

Payback Period

Years

1.07

Appendix D: Skills Observation Checklist Example

Sit-Stand Skill Procedure

This skill observation checklist is an example of one that can be adapted from the manufacturer's user instructions.

	Procedure	Completed
1	Explains the lift procedure to resident.	
2	Positions sling around resident per manufacturer's directions and secure.	
3	Position resident's arms outside of the sling.	
5	Position the lift stand in front of resident and lock the wheels (per manufacturer's instructions).	
6	Assist resident in placing his or her feet on the platform.	
7	Attach color-coded loops to end of lift arm per manufacturer's instructions.	
8	Tell the resident you will be helping them up. Using the remote control, raise resident to a standing position per manufacturer's instructions	
9	Unlock wheels (or lock, depending on manufacturer's instructions) and transport to destination (chair, toilet, etc.).	
10	Position resident in front of chair (lock or unlock wheels per manufacturer's instructions).	
11	Let the resident know you will be lowering him or her to a seated position. With the back of resident's knees touching the chair, lower resident into chair in an upright position.	
12	Disconnect sling from lift arm and remove belt from resident.	
13	Remove resident's feet from platform and move lift stand away.	

Appendix E

Safe Patient Handling Ergonomic Risk Assessment List

Activity	Yes	No	Comments
<p>1. Posture</p> <p>Is frequent or prolonged stooping involved?</p> <p>Is significant, sideways twisting of the body involved?</p> <p>Is reaching above shoulder height involved?</p> <p>Is one-handed lifting or carrying involved?</p>			
<p>2. Equipment</p> <p>Is appropriate equipment readily available?</p> <p>Are patient assisted lifting devices available and being used?</p>			
<p>3. Workplace Layout</p> <p>Is there adequate space for staff and equipment?</p> <p>Are facilities designed to promote resident independence?</p>			
<p>4. Necessity</p> <p>Is the task necessary?</p> <p>Could a mechanical aid supplement the current procedure?</p>			
<p>5. Work Organization</p> <p>Is assistance available when needed?</p> <p>Is staff fatigue contributing to injury?</p> <p>Are safety policies and procedures documented and available to staff?</p>			

Appendix F

Definitions

Awkward posture

Positions or reaches that are near the extreme of a person's range of motion for a particular joint, including the back, neck, shoulder, hand/wrist or elbow. Examples are bent wrist, bent or twisted lower back and elbows out away from the body.

CTD

Cumulative Trauma Disorder

Ergonomics

The science of designing jobs, selecting tools and modifying work methods to better fit workers' physical capabilities, including prevention of injuries.

Force

Refers to motions or postures that are near the extreme of an individual's strength capacity, such excessive pinch or power grip force or lifting hazards.

Frequency

The number of times a particular activity is repeated in a specific period of time. There are scientifically supported recommendations available to assist in determining maximum frequency rates for good ergonomics.

Musculoskeletal disorders (MSD)

Injuries caused by wear and tear on joints and soft tissues because of over use. Examples are tendonitis, carpal tunnel syndrome, muscle strain or sprain, bursitis, ganglion cyst and repetitive motion injury.

Additional Resources

The following list has been prepared to aid you in obtaining additional training materials, products and assistance for implementing safety in the workplace and developing specific training programs. The list does not constitute an endorsement for these specific products or services, nor does it contain all products and services that are available.

Web sites:

Bureau of Labor Statistics

<http://www.bls.gov/iif/>

Centers for Disease Control

<http://www.cdc.gov>

OSHA Nursing Home Personal Care Facilities

<http://www.osha.gov/SLTC/nursinghome/index.html>

National Institute for Occupational Safety and Health Topic: Health Care Workers (scroll to "Physical Hazards and Controls")

<http://www.cdc.gov/niosh/topics/healthcare/>

Oregon Coalition for Healthcare Ergonomics

<http://hcergo.org/>

Oregon OSHA Ergonomics Topic Page (scroll to health care)

<http://www.orosha.org/subjects/ergonomics.html#health>

United States Department of Veterans' Affairs, VISN8 Safe Patient Handling and Movement

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

Washington LNI Frequently Asked Questions about Portable Total Body Patient/Resident Lifts

http://www.lni.wa.gov/wisha/ergoideas/DocumentsFiles/Idea108_Liftfaq.pdf

Washington LNI Frequently Asked Questions about Sit-to-Stand Patient/Resident Devices

<http://www.lni.wa.gov/wisha/ergoideas/documentsfiles/idea109.pdf>

Lift and Transfer Equipment/Assistive Device Vendors

- *May assist with Safe Patient/Resident Handling Programs*
- *Excellent customer service*
- *May offer discounts/preferred pricing plans/payment plans*

The vendors listed below are a few of the many safe patient handling equipment vendors. Access the Technical Resource Guide for additional vendor information at: <http://www.visn8.va.gov/patientsafetycenter/safePTHandling/>

Alpha Modalities

Ceiling track, transfer devices, lifts, stands
timkuzma@alphamodalities.com
<http://www.alphamodalities.com>

MedCare Inc.

Medcare lifts, stands
Anderlift Lifting & Transport System
www.anderlift.com
www.medcarelifts.com

EZ Lift

Lifts, stands, EZ Repositioner
www.ezlifts.com

MC Healthcare Products, Inc.

Maxxum Fast Rising Bed
www.mchealthcare.com

Wy'East Medical

"Pink Slip" Friction Reducing Device (single patient use) and other lateral transfer devices
<http://www.wyeastmed.com/>

Liko Lifts

Liko lifts & stands
www.liko.com

Sandel Medical

"Z-Slider" Patient Transfer Sheet
www.sandelmedical.com

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