

Safe Patient Handling



Busting the Myths

According to the most recent data from the U.S. Bureau of Labor Statistics, nursing assistants suffered more musculoskeletal disorders (MSDs) in 2011 than any other occupation. Registered nurses were the fifth-highest occupation for MSDs.^{1,2} These injuries are due in large part to overexertion associated with lifting, transferring, and repositioning patients manually.

Safe patient handling advocates often hear a lot of reasons why hospitals choose not to invest in mechanical lift equipment or other safe handling procedures and policies, or why equipment does not get used after they have made the investment. Following are some of the facts that safety champions can use to promote safe patient handling.

MYTHS

We can train workers to use proper body mechanics and avoid injuries.

Patients are not as comfortable or safe with mechanical lifting.

It takes less time to manually move patients than to use lift equipment.

Facts About Moving Patients

FACT More than 30 years of research and experience shows that relying on proper body mechanics or manual lifting techniques alone is not effective to reduce back and other musculoskeletal injuries.^{2,3,4} A comprehensive safe patient handling program that combines management commitment, employee involvement, policies, mechanical equipment, training, and maintenance is needed.

FACT Patient education can reinforce that the lift is for the patient's safety as well as the caregiver's. Patient handling equipment can help prevent patient falls, bruises, and skin tears. Studies have shown that patients feel more comfortable and secure when a mechanical transfer device is used.^{3,5,6,7,8,9,10,11}

FACT It can actually take much longer to round up a team of colleagues to manually lift a patient than to find and use lifting equipment. It has been found that using mechanical devices to transfer patients takes fewer personnel and about five minutes less, overall, than manual transfers.¹¹



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Safe Patient Handling: Busting the Myths

MYTHS

Lifting equipment is not affordable or cost-effective.

One size fits all when it comes to lifting equipment.

Having mechanical lift equipment alone ensures safe patient handling.

If we invest in lifting and transfer equipment, workers will not use it.

Use of mechanical lifts eliminates all risk of MSDs.

MYTH

Having a safe patient handling policy ensures worker safety.

Facts About Mechanical Equipment

FACT Several studies have shown that the initial capital investment in policies and equipment needed to safely handle patients can be recovered in two to five years.^{3,5,12,13,14} Hospitals with successful safe patient handling programs have found that the following long-term benefits far outweigh the costs:

- Reduced injuries
- Decreases in lost time and worker compensation claims
- Increased productivity
- Higher quality of work life and worker satisfaction
- Staff retention
- Better patient care and satisfaction

FACT If the device is not the right one for the task, it will discourage equipment use. To ensure that lift equipment is appropriate, it is important to get input from all departments. If possible, let caregivers try the equipment before purchasing and work closely with equipment vendors to meet your facility's needs.

FACT Training is key to the success of any safe patient handling program. In addition, many healthcare facilities lack conveniently located storage space for portable lifts. Routine servicing and maintenance are also needed.

FACT According to a 2011 survey from the American Nurses Association, of the nurses who report patient lifting and transfer devices being readily available at their facilities, 76 percent say they use them to some degree, and 31 percent report that they use the devices frequently.¹⁵

FACT While lifting devices minimize risk, the risk of MSDs probably cannot be eliminated altogether. Workers might need to move, roll, steady, and position the patient while using the lifting equipment. However, because most musculoskeletal injuries in the hospital setting are cumulative, any steps taken to minimize the potential for MSDs during patient handling tasks benefit hospital caregivers.

Facilitating a Culture Change

FACT Safe patient handling policies should be designed as a public pledge that administrators and managers make to staff to protect patients and workers.

Proper training on equipment use is necessary, as are accountability and commitment to the principles of a "high reliability organization" (HRO), where workers are engaged in the overall culture of safety.

HROs have systems in place that are exceptionally consistent in accomplishing their goals and avoiding incidents that lead to patient or worker injuries. These organizations have a commitment to safety at all times, are preoccupied with avoiding errors, and foster a blame-free environment where workers can report incidents without fear.

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Establishing and maintaining a successful safe patient handling program will likely require a culture change throughout the hospital. Modeling safe patient handling behaviors (e.g., establishing safe patient handling champions), management support, and commitment to the safety of both patients and workers are essential. If workers are organized in an employee union, it is a good idea for management to engage the union representatives when launching or expanding a patient handling program. Worker involvement in every step of the process, including policy development, equipment selection, installation locations, education, and evaluation, will help ensure a successful program and safety for all.

For more information and safe patient handling resources, visit www.osha.gov/dsg/hospitals.

Endnotes

- ¹ U.S. Bureau of Labor Statistics. 2011. Number, median days away from work and relative standard errors of occupational injuries and illnesses involving days away from work for all United States, 2011. Electronic data provided via email from Miriam Birdwell, BLS, on December 21, 2012.
- ² Bureau of Labor Statistics. 2012. Table 18. In *Economic News Release: Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work*, 2011. See www.bls.gov/news.release/osh2.nr0.htm.
- ³ Howard, N. 2010. Patient handling: Fact vs. fiction. *American Nurse Today*. 5(7): 32-34.
- ⁴ U.S. Department of Veterans Affairs. 2001. *Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement (Parts 1 and 2)*. See <http://www.visn8.va.gov/VISN8/PatientSafetyCenter/resguide/ErgoGuidePtOne.pdf> and <http://www.visn8.va.gov/VISN8/PatientSafetyCenter/resguide/ErgoGuidePtTwo.pdf>.
- ⁵ Nelson, A.L., J. Collins, H. Knibbe, K. Cookson, A.B. de Castro, and K.L. Whipple. 2007. Safer patient handling. *Nursing Management*. 38(3): 26-33.
- ⁶ Kutash, M., M. Short, J. Shea, and M. Martinez. 2009. The lift team's importance to a successful safe patient handling program. *Journal of Nursing Administration*. 39(4): 170-175.
- ⁷ Owen, B.D. 2000. Preventing injuries using an ergonomics approach. *AORN Journal*. 72(6): 1031-1036.
- ⁸ Zhuang, Z., T.J. Stobbe, J.W. Collins, H. Hsiao, and G.R. Hobbs. 2000. Psychophysical assessment of assistive devices for transferring patients/residents. *Applied Ergonomics*. 31(1): 35-44.
- ⁹ Knoblauch, M. D., and S.A. Bethel. 2010. Safe patient-handling program "UPLIFTS" nurse retention. *Nursing*. 40(2): 67-68.
- ¹⁰ Owen, B. D., K. Keene, and S. Olson. 2002. An ergonomic approach to reducing back/shoulder stress in hospital nursing personnel: A five year follow up. *International Journal of Nursing Studies*. 39: 295-302.
- ¹¹ Pellino, T.A., B. Owen, L. Knapp, and J. Noack. 2006. The evaluation of mechanical devices for lateral transfers on perceived exertion and patient comfort. *Orthopaedic Nursing*. 25(1): 4-10.
- ¹² Garg, A. 1999. Long-term effectiveness of "zero-lift programs" in seven nursing homes and one hospital. University of Wisconsin–Milwaukee for National Institute for Occupational Safety and Health. Contract Report No. U60/CCU512089-02.
- ¹³ Nelson, A., M. Matz, F. Chen, K. Siddharthan, J. Lloyd, and G. Fragala. 2006. Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks. *International Journal of Nursing Studies*. 43: 717-733.
- ¹⁴ Siddharthan, K., A. Nelson, H. Tiesman, and F. Chen. 2005. Cost-effectiveness of a multifaceted program for safe patient handling. *Advances in Patient Safety: From Research to Implementation*. 05-0021-1(3): 347-358.
- ¹⁵ American Nurses Association. 2011. *2011 Health & Safety Survey Report*.