

Resident/Patient Handling: Creating an Effective Safety Program

Manual lifting and handling techniques are a major source of risk for healthcare organizations. In addition to directly causing fall-related injuries to residents and patients, poorly or roughly performed manual lifts and transfers can trigger anger and dissatisfaction, potentially resulting in complaints and/or claims.

Manual lifting of residents/patients is also associated with overexertion injuries – including sprains, strains and other types of musculoskeletal trauma – among healthcare workers. According to the U.S. Bureau of Labor Statistics, overexertion injuries are over three times more common in aging services settings than in the average workplace, and twice as common in hospitals. These injuries are especially prevalent among support staff, such as nursing aides and orderlies.*

To date, no federal legislation addresses safe resident/patient handling and mobility, although [11 states](#) have enacted laws on this subject. (Click on “Safe Patient Handling Legislation in the USA.”) In response to the lack of universally accepted best practices, the American Nurses Association spearheaded the development of [interprofessional national standards](#) for multiple healthcare settings, including general and rehabilitation hospitals, hospices and aging services facilities.

Considering the degree of risk, every healthcare facility should implement a handling and transfer program designed to enhance the safety, comfort and satisfaction level of residents and patients, as well as reduce exposure to staff injury and ensuing workers’ compensation claims. Such a safe handling program often – and appropriately – focuses on acquisition and utilization of assistive equipment. But as with other risk control initiatives, success also requires additional elements, such as senior leadership commitment, well-considered policies, allocation of sufficient resources, and a knowledgeable and accountable workforce.

This *AlertBulletin*® is intended to help healthcare leaders develop and implement a sound resident/patient handling safety program that addresses the key areas of hazard assessment, equipment adoption, engineering controls, staff education and training, and program oversight and evaluation.

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HAZARD ASSESSMENT

The first step toward reducing resident/patient handling injuries is to conduct a workplace hazard analysis. The evaluation should consider a wide range of risk factors, including the following:

- **Types of nursing care provided** – e.g., dementia, bariatric, rehabilitative – and associated safety concerns.
- **Resident/patient population characteristics**, e.g., cognitive and mobility levels, as well as degree of frailty and obesity.
- **Physical environment of care**, e.g., dryness and evenness of floor surfaces, presence or absence of obstacles and stumbling hazards, sturdiness and safety features of beds and other furniture.
- **Equipment availability, reliability and utilization**, e.g., number of lifts, inspection and maintenance of lifts and other devices, suitability of equipment for the resident/patient population, resident/patient acceptance of mechanical lifting methods.
- **Staffing levels and practices**, e.g., sufficient staff to collaborate on lifts/transfers, willingness of staff to use lifting equipment, adequate time allotted for team lifts and other safe resident/patient handling techniques.

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* In 2011, the overexertion injury rate was 132 per 10,000 full-time aging services workers and 76 for hospital workers, compared with a rate of 38 for all industries combined. See [“Safe Patient Handling: A New Model for Successful Safe Patient Handling Programs.”](#) 2014.

One important means of assessing the risks associated with lifting and repositioning residents/patients is the employee screening survey, which evaluates staff knowledge of ergonomic risk factors and identifies the workplace tasks most likely to cause injury. The survey should include the following questions, among others:

- **Does your unit support the resident/patient safe handling program?** If so, please specify how.
- **Are there adequate staff to implement safe handling policies and procedures,** including consistent use of lift teams and specialized devices?
- **Can you easily and quickly request help from the lift team,** and is there a reliably swift response by team members?
- **Do you have the equipment you need** to maximize safety when transferring and repositioning residents/patients?
- **Do you recommend safe handling techniques** to your colleagues when the opportunity arises?
- **Have you received adequate hands-on training** in proper utilization of lifting and transferring equipment?
- **Are there mobility coaches and lift team members on your unit,** and do you know who they are?
- **Do you have any improvement suggestions** for the resident/patient safe handling program? Please be specific.

Used in conjunction with the employee screening survey, the following techniques can help detect potential problem areas:

- **Skills assessments,** conducted by ergonomic specialists who observe staff members assisting residents/patients during peak lifting and transferring times.
- **Injury and illness report reviews for both residents/patients and staff,** which can reveal occurrence patterns and trends, sources and locations of hazards, and clinical tasks associated with a high frequency of injury.
- **Thorough investigation and follow-up by management of serious lifting-related incidents,** in order to analyze underlying causes and make necessary safety improvements.
- **Environmental assessments,** focusing on upkeep of grounds and premises, maintenance and inspection of equipment, prompt removal from service of broken and unsafe devices, and securing of equipment following an incident for further investigation. (An equipment/device inventory and audit tool is included in the [Safe Patient Handling Guidebook for Facility Champions/Coordinators](#); see pages 21-22.)

The hazard analysis should yield a list of risk-prone tasks, which can be modified or eliminated to enhance resident/patient safety. For examples, see the list of high-risk tasks at right.

COMMON HIGH-RISK HANDLING TASKS BY CLINICAL AREA

Aging services facilities:

- Transferring residents from chair lift/bathtub/toilet to chair.
- Repositioning residents sitting in a chair.
- Transferring residents between chair and bed.
- Lifting up or repositioning residents in bed.
- Transferring residents from bedpan or bedside commode.
- Making occupied beds.
- Dressing/undressing residents.
- Changing absorbent pads.
- Weighing residents.

Medical/surgical units:

- Transferring patients from bed/bedpan/commode to chair.
- Moving occupied beds or stretchers.
- Bathing confused or totally dependent patients.
- Putting on anti-embolism stockings.
- Making extensive dressing changes.
- Repositioning bedridden patients.
- Making occupied beds.
- Lifting patients up from the floor.
- Performing cardiopulmonary resuscitation.
- Moving heavy equipment and accessing electrical outlets.

Ambulatory care settings:

- Assisting faint or fragile patients following blood donation or dialysis treatment.
- Transferring patients from bed to chair.
- Dressing/undressing patients.
- Transferring patients to MRI units.
- Weighing patients.
- Removing slings and metal-based transfer belts.

Rehabilitation and spinal cord units:

- Ambulating residents/patients at high risk for falls.
- Transferring residents/patients from toilet to chair.
- Transferring residents/patients from wheelchair to bed.
- Repositioning supine residents/patients in bed.
- Feeding bedridden residents/patients.
- Making occupied beds.
- Dressing/undressing residents/patients.
- Repositioning residents/patients in a wheelchair.

Source: "[Patient Handling and Movement Assessments: A White Paper](#)." Facility Guidelines Institute, April 2010. (Scroll down to Appendix A.)

SELECTING FURNITURE AND LIFTING EQUIPMENT

As a matter of policy, specialized lifting equipment and transfer tools should be utilized whenever possible and manual lifting minimized in all healthcare settings. When selecting furniture and lifting devices, carefully examine safety features, durability and ease of use. (For guidance with the equipment selection and purchase process, see Enos, L., [“Safe Patient Handling – Equipment Purchasing Checklist,”](#) from the Oregon Coalition for Health Care Ergonomics.) Once acquired, lifting and/or transferring devices must be inspected, maintained and utilized on a routine basis in accordance with manufacturer recommendations.

The following selection criteria and engineering controls can help reduce the likelihood of injury to both staff members and residents/patients:

- Examination tables and transfer stretchers are at bed height whenever possible.
 - Beds offer a range of safety features, including adjustable height, easy access to controls, removable rails and adequate foot clearance.
 - Chairs are designed for easy lifting of residents/patients, with low backs and legs that permit lifters to plant their feet firmly beneath the chair.
 - Grab bars are firmly installed where needed and placed at the appropriate height.
 - Wheelchairs, mobile devices and bedside commodes have functional brakes or a lock foot design, as well as drop-down and removable arms and footrests.
 - Portable hoists are designed to weigh mobility-impaired residents/patients, as well as to lift them.
 - Lifting devices are equipped with an adequate number of slings, as well as a variety of sling types.
 - Shower chairs have drop-down side arms to facilitate positioning and transfer.
 - Weighing stations permit residents/patients to remain in their wheelchairs while being weighed on a ramp.
 - Toilet seats can be adjusted for height, as can bath stretchers.
- Mandate use of assistive devices, such as handling slings or transfer belts, when clinically indicated.
 - Specify handling and transferring requirements, such as the use of a particular device or a mandatory lift team assist, in resident/patient care plans.
 - Explain to staff why it is essential to comply with orders regarding multi-person lifts/transfers, reinforce this message in training sessions and hold staff members accountable for failure to follow such orders.
 - Ensure that residents/patients wear clothing and footwear conducive to safe handling and movement, e.g., garments with handles for lifting, clothing that is easy to put on and take off, and shoes with non-skid soles.
 - Implement inspection and maintenance schedules for assistive devices and other types of equipment.
 - Involve residents/patients in the lifting/moving process, explaining the process prior to the lift, answering any questions they might have, allaying any expressed fears, and asking them for safety’s sake not to fight the lift effort.
 - Use the “check back” or “repeat back” technique to ensure that residents/patients understand what will happen and what they should do during the lifting process.
 - Mop up wet spots immediately and use signboards to notify residents/patients, staff and visitors of slippery floors, steps and other hazardous areas.

SAFE LIFTING POLICIES/PROTOCOLS

Formal handling-related policies and procedures are necessary to protect residents/patients and staff members, as well as to enhance legal defensibility in the event of a claim. The following measures, among others, can significantly reduce hazards associated with the manual or mechanical lifting, transferring and repositioning of mobility-impaired individuals:

- Establish lift team assistance criteria, based upon residents’/patients’ physical and mental condition, weight, ability to follow directions and other relevant factors.
- Train staff in proper positioning of residents/patients prior to movement.

QUICK LINKS

- Collins, J., Nelson, A., Sublet, V. [“Safe Lifting and Movement of Nursing Home Residents.”](#) The Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health (NIOSH), February 2006.
- [Current Topics in Safe Patient Handling and Mobility.](#) A supplement to *American Nurse Today*, September 2014.
- [Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders.](#) The Occupational Safety and Health Administration (OSHA), revised 2009.
- [“Handle with Care.”](#) The American Nurses Association.
- [“Safe Patient Handling.”](#) OSHA.
- [“Safe Patient Handling and Mobility.”](#) NIOSH, updated December 2017.
- [“Safe Patient/Resident Handling Guide.”](#) The SAIF Corporation, updated October 2010.

STAFF TRAINING

Ongoing training is critical to the success of any safe handling program. The goal is to ensure that all levels of staff – from supervisors and unit managers to direct care providers – are aware of potential hazards and capable of employing approved, evidence-based techniques to protect residents/patients and themselves.

In addition to reviewing organizational policies and established practice standards, resident/patient handling-related education and training sessions should include supervised, hands-on training in the following areas, among others:

- Environmental hazard assessment.
- Ergonomic awareness.
- Equipment and device selection and use.
- Injury reporting.
- Documentation.

The Occupational Safety and Health Administration offers a variety of [educational modules](#) on ergonomics, patient handling-related work practice controls, recordkeeping and other safety-related topics. As with any education and training session, names of participants and dates of attendance must be documented, along with quiz results or other indications of course completion.

PROGRAM OVERSIGHT AND EVALUATION

A dedicated resident/patient handling team, which should include non-managerial nurses and direct care providers as well as other relevant clinical and non-clinical personnel, can do much to support safety program goals, increase staff buy-in and enhance communication. The team should assume the following responsibilities, among others:

- **Delineating program roles and duties**, and assigning them to appropriate supervisors, managers and caregivers.
- **Determining requisite program resources** and conveying these needs to management.
- **Discussing the importance of safe handling and transferring techniques** with other staff members.
- **Soliciting staff questions and concerns about the resident/patient handling program**, and bringing them to the attention of leadership.

For the resident/patient handling program to achieve long-term success, it must be assessed on an ongoing basis. The [“Road Map to a Comprehensive Safe Patient Handling Program”](#) from the Minnesota Hospital Association is designed to help organizations perform a thorough, detailed evaluation of handling safety efforts and outcomes.

The process of lifting and moving residents or patients presents inherent risks for both staff members and those in their care. By utilizing appropriate equipment within the context of a comprehensive safe handling program, healthcare facilities of every type can significantly reduce the likelihood of falls, contusions, strains and other mishaps and injuries, as well as resultant complaints and claims.



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