

ELIMINATE THE LIFT, ELIMINATE INJURY

Healthcare workers experience high rates of back injuries, especially due to moving and handling patients. The problem is so severe that a new state law focuses exclusively on reducing this exposure. The New York Safe Patient Handling Act covers all hospitals, nursing homes, diagnostic treatment centers and clinics licensed under Article 28 of the Public Health Law, and state-operated group homes and prison health care units.

Safe patient handling (SPH) - the use of engineering controls, lifting and transfer aids, or assistive devices to perform the acts of lifting, transferring and repositioning patients and residents reduces the risk of injury for both healthcare workers and patients, while improving the quality of patient care. Studies show SPH reduces exposure to manual lifting injuries by up to 95%.

Under the new law, all covered facilities must establish an in-house SPH committee to design the process for implementing their SPH program. Half of each committee's members must be front-line non-managerial employees who provide direct care, with at least one nurse, one non-nurse direct care provider and where applicable, a resident council member. SPH committees will have input on equipment needs, selection, use and staff training, and review the program annually.

Priority for Healthcare Workers

All workers who lift, transfer and reposition patients are at risk for back injuries and other musculoskeletal disorders (MSDs). According to the Occupational Safety and Health Administration (OSHA), in 2012, injuries and illnesses reported for nursing and residential care workers were significantly higher than for construction workers, and as much as three times higher than in retail or manufacturing. Almost half of the injuries and illnesses reported for nurses and nursing support staffs were MSDs.

MSDs caused or aggravated by lifting, pushing and pulling affect the muscles, tendons, nerves, joints, bones or blood vessels in the extremities or back. Symptoms include pain, stiffness, swelling, numbness and tingling.

Not surprisingly, reducing the number of MSDs among caregivers is a priority on many levels. OSHA recently revised ergonomics guidelines for the prevention of MSDs in nursing homes, with



educational and enforcement efforts to address specific hazards, and a major focus on using lift devices to eliminate manual lifts and transfers.

Equipment Eliminates the Lift

Electrical and mechanical equipment, and ergonomic aids, minimize the effort needed to safely move patients for both inpatient and home-based care. Mechanical equipment includes full lifts and sit-to-stand devices. Mechanical lifts eliminate manual lifting and protect employees from awkward positions that cause injury.

Lifts can be permanent in patient or resident rooms, or portable and moved between rooms as needed. Sit-to-stand equipment allows patients who can bear weight to participate in the transfer from bed to chair, and to be toileted. Caregivers must receive training in the safe use of such equipment, and residents made to understand that transfer machinery helps keep them safe, too.

Lifting devices minimize risk, but cannot eliminate all MSDs. Workers might still need to move, roll, steady and position patients while using lifting equipment. However, musculoskeletal injuries are cumulative, so any steps taken to minimize manual lifting benefits caregivers. This especially affects home healthcare workers because they have less help available.

Home Healthcare

Home healthcare workers seldom have access to mechanical equipment or staff assistance, and must rely on body mechanics. The National Institute for Occupational Safety and Health (NIOSH) reports that, like their hospital and nursing home counterparts, home healthcare workers have high rates of MSDs caused by bathing, dressing, feeding, lifting and moving patients.

Low-cost ergonomic aids such as slide boards, gait belts and slip-sheets can help these workers, who must receive training in proper transfer methods and equipment use. With or without lift devices, home healthcare aides must plan each activity to avoid stress and injury.

When caring for clients, NIOSH recommends that home aides move along the side of the bed to minimize reach.

Pulling a client up is easier when the head of the bed is flat or down. Raising the client's knees and encouraging the client to push (if possible) can help. Apply anti-embolism stockings by pushing them on while standing at the foot of the bed. This uses less force than standing at bedside.

The Bottom Line

The use of lifting equipment and ergonomic aids to move and transfer patients is not just a good idea. Under the SPH Act, it will be mandatory for covered facilities to implement SPH programs. Like their institutional counterparts, home-based caregivers must follow careful work practices, need adequate training and have readily available ergonomic aids to prevent injury.



SPH Act: Program Points

- 1. Consider** sample SPH policies and best practices identified (see Safety Resources below), as well as types of facility, services, patient population, care plans, caregivers, and physical environments for all shifts and units;
- 2. Conduct** a patient handling hazard assessment;
- 3. Develop** a process for the appropriate use of the SPH policy based on patients' physical and medical conditions and availability of equipment, including circumstances where it is contraindicated to use the policy based on a patient's condition;
- 4. Provide** initial and ongoing SPH training and education;
- 5. Establish** an investigation process for incident review, including plans for corrective action;
- 6. Conduct** annual program performance evaluations and report to the committee, including an evaluation of injury reduction among patients and workers;
- 7. Consider** incorporating SPH equipment when construction or remodeling is occurring within the facility; and
- 8. Develop** a process by which a covered employee may refuse to perform or be involved in patient handling or movement that the employee reasonably believes, in good faith, will expose a patient or employee to unacceptable risk. Such a policy requires that the employee make a good faith effort to ensure patient safety, alert the facility in a timely manner, and not be subject to disciplinary action.

Resources

NY Zero Lift Task Force:

www.zeroliftfornny.org/nys-legislation/

Association of Occupational Health Professionals: Beyond Getting Started: Resource for Implementing a SPH Program http://www.aohp.org/aohp/Portals/0/Documents/ToolsForYourWork/free_publications/Beyond%20Getting%20Started%20Safe%20Patient%20Handling%20-%20May%202014.pdf.pdf

OSHA: Worker Safety in Hospitals [https://www.osha.gov/dsgLhospitals/Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders](https://www.osha.gov/dsgLhospitals/Guidelines%20for%20Nursing%20Homes%20Ergonomics%20for%20the%20Prevention%20of%20Musculoskeletal%20Disorders) <https://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>

NIOSH: Safe Patient Handling Training for Nursing Schools <http://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf> Safe Lifting and Movement of Nursing Home Residents <http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf>

NYSIF Safety Basics Healthcare Series: <https://www3.nysif.com/Home/Employer/InjuryAndIllnessPrevention/SafetyResources/>