

# **PRESENTER'S GUIDE**

## **"PATIENT HANDLING SAFETY"**

**Part of the General Safety Series**

# **OUTLINE OF MAJOR PROGRAM POINTS**

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The following outline summarizes the major points of information presented in the program. The outline can be used to review the program before conducting a classroom session, as well as in preparing to lead a class discussion about the program.

- **More than two million people care for patients in healthcare facilities around the country.**
  - Their work requires skill, caring and a strong back, because the patient care tasks that they perform can require them to lift as much as four thousand pounds in the course of a typical shift.
  - That's two tons!
  
- **So it's no wonder that nurses, aides, orderlies and other patient care staff are twice as likely to suffer musculoskeletal injuries on the job as employees in other industries.**
  - The injuries can have a serious impact, not only on the caregivers themselves but also on the facilities where they work and the patients that they care for.
  - Injuries like these don't have to occur.
  
- **In this program, we will review the physical hazards that are often associated with patient handling procedures as well as describe what healthcare organizations can do to help protect employees from these hazards.**
  - We will also discuss the equipment and work practices that caregivers should use to carry out these tasks safely.
  
- **Patient handling tasks are performed by nurses, orderlies, attendants and other staff in healthcare facilities all day long, including:**
  - Moving a patient from a bed to a chair.
  - Transferring them from a stretcher to a bed.
  - Repositioning them so they can be more comfortable.

- **But all too often these tasks can result in strains, sprains and other serious injuries, which can be painful, debilitating and even end someone's career.**
  - If we're going to prevent them, it helps to understand just how they occur.
- **Patient handling can require caregivers to move a significant amount of weight.**
- **They can have to perform these tasks repeatedly, and often in awkward postures, such as bending forward over a bed, or leaning around medical equipment.**
  - This can force their bodies to move in ways they are not built to, creating stresses that can damage muscles, nerves, tendons and ligaments.
  - These are known as musculoskeletal disorders ("MSDs").
- **Musculoskeletal injuries can happen all at once, or they can develop over time as a result of making small stressful motions over and over again.**
  - Common MSDs include muscle strains, tendinitis, low back pain, carpal tunnel syndrome, rotator cuff injuries and sciatica.
- **Conditions like these occur among healthcare workers at double the national average for other workers.**
  - MSDs are the leading cause of lost workdays for caregivers and account for a significant number of their worker's compensation claims as well.
- **Working long hours can also increase the likelihood that caregivers will experience these types of injuries.**
  - Physical stresses that are associated with patient handling tasks gradually weaken musculoskeletal tissues throughout the day.
  - So something you did with no problem in the morning could injure you if you do it again later in the day.

- **A patient's condition can increase the risk of a caregiver injury as well.**
  - Patients who are critically ill or physically disabled can be difficult to move, because they can't provide any assistance.
  - Confused patients may be unable to follow directions.
  - Those who are uncooperative may actually resist a move.
  
- **To reduce these hazards and help prevent MSDs among patient care staff, a growing number of healthcare providers are implementing "Safe Patient Handling and Mobility" programs at their facilities. These programs:**
  - Identify physical hazards that are associated with patient handling.
  - Develop solutions to reduce or eliminate these hazards.
  - Train staff regarding the equipment and best practices that they should use to work safely.
  
- **Two important elements in any Safe Patient Handling and Mobility Program are employing algorithms and using proper body mechanics in the patient handling process.**
  - Algorithms are decision-making tools that help employees choose the appropriate procedures that should be used to perform a patient handling task.
  - Using proper body mechanics helps reduce the physical stresses that are associated with performing the task.
  
- **Say a patient returns to their hospital room after a diagnostic procedure and needs to be moved from their wheelchair back to their bed. You could:**
  - Transfer them yourself using a transfer belt and the "stand and pivot" technique.
  - Use a full-body sling lift device to move them.
  - Ask them to stand up and get into bed on their own.

- **Depending on the circumstances, any one of these options could be the right one.**
  - With patient handling, your safety depends on choosing the best way to accomplish the task at hand, for each and every patient.
  
- **To eliminate guesswork, and prevent accidents and injuries, you can use a decision-making tool called an "algorithm".**
  - Algorithms have been created to help determine the safest and most effective approach for each variation of a patient handling task.
  - You can usually find algorithms in a facility's Safe Patient Handling and Mobility Program.
  - You can also ask your supervisor about them.
  
- **Algorithms often take the form of a "flowchart" that guides you through the decision-making process by asking you questions about the patient.**
  
- **For example, the algorithm for transferring a patient from a chair to a bed asks whether they can bear weight, are cooperative and have upper-extremity strength.**
  - For a partially weight-bearing patient who is cooperative, the algorithm recommends that you use a transfer belt and the "stand and pivot" technique to move them.
  - For an uncooperative patient who cannot bear weight, a full-body sling lift is recommended.
  - When a patient has full weight-bearing ability, the algorithm says caregiver assistance is not required.
  
- **Your answers to an algorithm's questions should be based on your own assessment of the patient, as well as information provided by their chart.**

- **An algorithm can also provide additional advice for some procedures.**
  - For example, the "chair-to-bed transfer" algorithm advises that patients with partial weight-bearing ability should always be transferred toward their strong side.
  
- **Most algorithms also remind caregivers that they should never try to lift more than 35 pounds of a patient's weight by themselves.**
  - Trying to lift more weight can lead to a serious injury.
  - For greater weights, an "assistive device" such as a lift and sling, should be used.
  
- **Even when you're using the recommended approach, lifting patients incorrectly can still hurt you... which is why you should always use good body mechanics and lifting techniques when you are performing patient handling tasks.**
  
- **Bending at the waist when you lift places a severe strain on your lower back, so bend at the knees instead.**
  - Just before you lift, take a deep breath and tighten your abdominal muscles.
  - Then use the muscles of your legs to lift, while keeping your back straight.
  
- **Lowering a patient should be done gradually, using your leg muscles as well.**
  
- **Lying in bed in the same position for long periods of time can interfere with a patient's circulation, cause pressure ulcers and be just plain uncomfortable.**
  - A patient who is bedridden and unable to move themselves should be repositioned in their bed regularly.
  - Like many patient handling tasks, repositioning can create real physical hazards for the nurses, orderlies and aides who must do it.

- **As with any task, it's important to avoid trying to lift too much of a patient's weight.**
  - You should always use techniques that will reduce the stresses that are placed on your musculoskeletal system in the repositioning process.
- **The key to performing this task safely is to reposition the patient by sliding them instead of picking them up.**
  - "Sliding" instead of "lifting" can help you perform many patient handling tasks more safely.
- **To make the sliding as easy as possible, you should first place a draw-sheet or similar material beneath the patient.**
  - This can be done most easily by rolling them.
- **To roll a patient, adjust their bed's height to about hip level, and lower the side rails.**
  - Position yourself on the side of the bed that the patient will be rolling away from.
  - Another caregiver can stand on the other side of the bed to assist, if needed.
- **The patient's arms should be crossed over their chest and their near leg should be bent at the knee.**
  - In some situations they may be able to do this for themselves, otherwise you should do it for them.
- **Position yourself with one foot forward and your weight on your rear foot.**
  - Your knees should be slightly bent, and your back should be straight.
- **Place your palms on the patient's hip and shoulder, with your elbows slightly bent.**
  - Make sure your fingers are pointing upward, to reduce strain on your wrists.



- **On the count of three, roll the patient onto their side by shifting your weight forward onto your front foot.**
  - If another caregiver is working with you, they can "receive" the patient and stabilize them.
  - They should not pull on the patient during the roll.
  
- **Place a draw-sheet on the bed with one edge of the sheet bunched behind the patient's back.**
  - After rolling them back onto the draw-sheet, pull the bunched portion of the sheet out from under their far side, to center them on the sheet.
  - This technique can be used not only with draw-sheets, but with slider boards and other devices to prepare for a number of patient handling tasks.
  
- **One repositioning task that needs to be performed a lot is moving a patient up in their bed.**
  - When the head of a bed is elevated, the person in it tends to slide down toward the foot, leaving them cramped and uncomfortable.
  
- **Depending on the patient's condition, the algorithm for moving them back up can advise you to have one or more other caregivers help you.**
  - One of you should act as "team leader" and coordinate everyone's movements.
  
- **First, adjust the bed to hip level, and lower the head of the bed as far as the patient can tolerate.**
  - Then position the patient on the draw-sheet.
  
- **After making sure the patient's arms are crossed over their chest, position yourselves on either side of the bed.**
  - Stand with your legs apart, with a "lead" foot pointing toward the head of the bed.
  - Keep your knees slightly bent and your back straight.
  - Grasp the draw-sheet with your palms up and elbows bent.

- **On the count of three, slide the patient up by shifting your body weight onto your lead foot.**
  - Then you can return the head of the bed to its elevated position.
- **Moving a patient from one horizontal surface to another is called a "lateral transfer".**
  - Lateral transfer is used when patients need to be moved between a bed and a stretcher, or between a stretcher and a diagnostic or operating table.
  - It can be done manually, but at other times can require the use of "mechanical patient assist equipment".
- **When you're carrying out this procedure manually, you should avoid lifting too much weight.**
  - This is why the algorithm for a lateral transfer recommends sliding the patient from one horizontal surface to the other by using a draw-sheet and slider board.
  - Multiple caregivers should always participate in this task, to lighten the load that any single person has to bear.
- **One person should be designated as the "leader", calling out directions to make sure the team works together.**
- **The process begins by positioning the stretcher next to the patient's bed, then adjusting the two surfaces to the same height (about waist level).**
  - The wheels of the stretcher should be locked and the side rails should be lowered.
  - The head of the bed should be lowered, too... as much as the patient can tolerate.
- **Roll the patient so that you can position the draw-sheet and slider board underneath them.**

- **One caregiver should stand on the "bed side", with two others assisting from the "stretcher side".**
  - Everyone positions themselves with one foot forward, knees slightly bent, and their back straight, grasping the draw-sheet with their palms facing upward and elbows slightly bent.
  - The leader then calls out a "three-count".
- **On "three", the caregivers on the stretcher side pull on the draw-sheet by shifting their weight onto their back foot.**
  - The caregiver on the other side helps manage the draw-sheet, and guides the patient onto the stretcher.
- **The same process should be used when transferring patients to a diagnostic or operating table.**
- **Often when they need to change positions and sit up for a while, patients will need to be assisted out of bed and into a regular chair.**
  - Other times they may need to be moved into a wheelchair in order to visit other parts of the facility.
- **Depending on the patient's mental and physical condition, the algorithm for these tasks may instruct you to use mechanical assist equipment for the transfer.**
- **Often the algorithm will recommend using the manual "stand and pivot" technique.**
  - There are some physical hazards associated with this procedure that you should avoid.
- **Serious injury can result from:**
  - Leaning and reaching forward over a bed while trying to lift too much of a patient's weight
  - Twisting your back while guiding them into a chair
- **So in addition to good body mechanics, you will need to use a "transfer belt" to perform this procedure safely.**

- **If you're transferring the patient to a wheelchair, begin by positioning the chair next to the bed.**
  - Angle it slightly toward the patient and lock its wheels.
  - If transferring the patient to a stationary chair, arrange it in a similar position.
  
- **The height of the bed should be adjusted so the patient can rest their feet flat on the floor when sitting on the edge of the bed.**
  - If the patient can get themselves to a sitting position on the edge of the bed, let them.
  
- **If they need assistance to get to a sitting position, their arms should first be crossed over their chest.**
  
- **Lower yourself to "bed level" by bending your knees, then brace them against the edge of the bed.**
  - Keep your back straight.
  - Put one of your arms under the patient's shoulders.
  - Put your other arm over the patient's knees, grasping the far leg behind the knee.
  
- **On the count of three, pull their knees toward you as you swing their shoulders up and around, rotating them into a sitting position.**
  
- **Once the patient is sitting with their feet on the floor, place the transfer belt around their waist.**
  - The belt should fit snugly, with just enough room for you to insert four fingers flat between the belt and their abdomen
  
- **Place your feet next to the patient's feet, about shoulder-width apart.**

- **Get as close as you can to the patient, keeping your knees bent and your back straight.**
  - Have the patient place their hands on your shoulders.
  - Grasp the transfer belt at the patient's sides with your hands palms-up, and elbows bent.
  
- **On the count of three, while keeping your grip on the transfer belt, bring the patient to a standing position by straightening your legs.**
  - Remember to use the muscles in your legs, not your back.
  
- **Next, pivot the patient so that their back is toward the chair.**
  - Change direction with your feet.
  - Keep your hips and shoulders parallel.
  - Do not twist your back.
  
- **When the backs of the patient's knees touch the chair's seat, bend your knees to lower them into the chair.**
  - The transfer should be performed smoothly, in a single movement.
  
- **In some situations, a patient handling algorithm will recommend that you use a mechanical lift device to perform a patient handling task safely.**
  
- **This equipment can be required when lifting and transferring patients who:**
  - Weigh more than 200 pounds.
  - Cannot bear weight or walk.
  - Are uncooperative or unable to help you move them.
  
- **Using a mechanical lift device in these cases can help to prevent accidents and injuries, so it's important for you to be familiar with them and how they work.**

- **The types of patient lift equipment that are most commonly found in hospitals, clinics and nursing homes include:**
  - "Floor-based, full-body sling lifts".
  - "Sit-to-stand lifts".
  - "Overhead full-body sling lifts".
  
- **The first two of these devices rest on the floor, and have wheels or casters that allow you to take them to where the patient is and position them appropriately.**
  - A "floor-based, full-body sling lift" is designed to raise a patient completely and support their entire weight.
  - A "sit-to-stand lift" is used with patients who have some weight-bearing ability and supports only a portion of their weight.
  
- **Powered versions of these lifts use electric motors that get their power from onboard storage batteries, while manual versions use a hydraulic system.**
  
- **The third type of patient assist equipment, an "overhead full-body sling lift", is usually installed permanently in locations where lifting is required, such as over a hospital bed.**
  - They move along a fixed track that is mounted on the ceiling or to a sturdy metal framework.
  - Designed to raise the entire weight of a patient, overhead lifts are electrically operated, with controls that hang down so that you can easily reach them.
  
- **Some smaller frame-mounted overhead lifts are also equipped with wheels that give them a degree of mobility.**
  
- **Before using any type of patient lift, you should start by reading the operating manual.**
  - Get to know their features and functions thoroughly.
  - Always follow the manufacturer's instructions.

- **Slings are used to raise and support a patient with all of these lifts.**
  - Made of durable synthetic fabrics, slings are available in different sizes and designs, so you need to make sure that the sling you are using is approved by the manufacturer of the lift equipment.
- **Slings hang from a lift's "sling bar" and are attached by means of straps, using "loops", clips or latches.**
  - Some adjustability is built into the sling and sling bar systems, so that patients of different sizes with different medical conditions can be lifted comfortably, securely and safely.
- **If you have any questions about using a mechanical patient lift or rigging its sling, talk to your supervisor.**

**\* \* \* SUMMARY \* \* \***

- **People who perform patient handling tasks are more than twice as likely as workers in other industries to suffer from musculoskeletal disorders (MSDs).**
- **Many healthcare organizations have established "Safe Patient Handling and Mobility" programs to address this problem.**
- **Patient handling algorithms enable caregivers to determine which procedures will be most effective and least stressful in different patient handling situations.**
- **An algorithm can recommend that a patient handling task be accomplished manually, or by using specially designed lifting equipment.**
- **You can reduce the physical stresses that your body is exposed to when you perform patient handling tasks by using proper body mechanics.**

- **"Mechanical patient assist equipment" can help with more difficult lifting situations, so make sure you know what is available in your facility, and how to use it.**
- **Now that you understand the hazards that can be associated with patient handling... and know the equipment and procedures that you can use to avoid them... you can help ensure that you and your coworkers go home injury-free... every day!**