

SAFE PATIENT HANDLING AND MOBILITY

Manual patient handling is hazardous for both health care workers and patients. The most common patient-related tasks that lead to injury are lifting, repositioning and transferring.²

Comprehensive safe patient handling and mobility (SPHM) programs drastically reduce the risk of injury for health care workers and patients while improving the quality of care. The use of technology, especially lifting devices, is critical to the success of these programs.



Lifting



Repositioning



Transferring

THE BENEFITS OF SPHM

The Facility Guidelines Institute outlines these benefits of SPHM in “Patient Handling and Movement Assessments: A White Paper”:³

- Improved quality of care
- Improved patient mobility
- Fewer patient falls and pressure ulcers
- Increased patient satisfaction
- Increased health care worker satisfaction
- Savings due to reductions in workers’ compensation, patient falls and pressure ulcers, and employee turnover



www.anasphm.org



www.NursingWorld.org

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation’s 4 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

ADDITIONAL RESOURCES

- » The Association of Safe Patient Handling Professionals (ASPHP)
- » American Association for Safe Patient Handling & Movement (AASPHM)
- » Facilities Guidelines Institute—Patient Handling and Movement Assessments: A White Paper
- » International Organization for Standardization—Ergonomics: Manual Handling of People in the Healthcare Sector
- » Joint Commission—Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation
- » U.S. Department of Veterans Affairs—Safe Patient Handling and Movement Resource Page

¹ American Nurses Association. Health and Safety Survey. 2011.

² Nelson, A., Baptiste, A. Sept. 30, 2004. Evidence-Based Practices for Safe Patient Handling and Movement. *Online Journal of Issues in Nursing*. Volume 9, No. 3, Manuscript 3.

³ The Facility Guidelines Institute. Patient Handling and Movement Assessments: A White Paper. 2012.

⁴ *Safe Patient Handling and Mobility Interprofessional National Standards*, American Nurses Association, 2014.



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Understanding the benefits of a comprehensive SPHM program

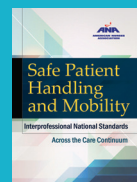


Nurses and other health care workers ROUTINELY SUFFER debilitating and often career-ending musculoskeletal disorders (MSDs).

Results from an American Nurses Association (ANA) survey of nurses outlined the scope of this problem:¹



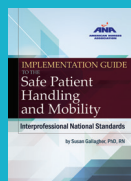
More than any other work-related injury or illness, MSDs are responsible for lost work time, long-term medical care and permanent disability among health care workers.



INTERPROFESSIONAL NATIONAL STANDARDS AND IMPLEMENTATION GUIDE

ANA led the development of the Safe Patient Handling and Mobility Interprofessional National Standards and accompanying Implementation

Guide. The goal of these publications is to establish a uniform national foundation for SPHM in order to prevent injuries among health care workers and patients across the care continuum.



For more information, go to www.nursebooks.org.

THE MYTHS AND REALITIES OF PATIENT HANDLING⁴

MYTH

Proper body mechanics (including the use of gait belts) prevent patient handling injuries.

REALITY

Decades of research shows that “proper” body mechanics are not an effective way to reduce injuries.



MYTH

Using SPHM technology feels impersonal.

REALITY

Health care workers can effectively use SPHM technology while incorporating the professional values of respect, dignity and caring.

MYTH

Smaller, lighter patients do not warrant use of SPHM technology.

REALITY

ANA recommends policies and practices that lead to the elimination of all manual lifting. National Institute for Occupational Safety and Health (NIOSH) recommends lifting no more than 35 pounds under the best ergonomic conditions.

MYTH

It’s much faster to move a patient manually than to take the time to get SPHM technology.

REALITY

If SPHM technology is conveniently located, accessing it will not take a long time. It is often more time-consuming to assemble a team of colleagues to manually lift a patient.



MYTH

SPHM technology is not affordable.

REALITY

Savings associated with reduced health care worker and patient injuries far outweigh the costs of the equipment.



MYTH

Health care workers who are physically fit are less likely to be injured.

REALITY

Good health and strength may put health care workers at increased risk because their peers are more likely to seek their assistance when manually lifting patients.

MYTH

The majority of the time, manually lifting or transferring patients does not result in injury.

REALITY

Manual lifting results in micro-injuries to the spine. Cumulative micro-injuries can result in debilitating injuries.