

10. **Update the program regularly.** Update the program regularly. Include new scientific based evidence and new technology as it becomes available.

THE MYTHS OF ERGONOMICS

Body mechanics training, often the answer provided by the health care industry, has proven ineffective. Researchers at the Veterans Health Administration (VHA) recently reviewed the literature to reveal the truth about some long-held beliefs.

Common Belief	Truth Based on the Literature
Body mechanics training is effective in preventing job-related injuries.	Thirty-five years of research show that training alone is not effective.
Back belts are effective in reducing the risks to caregivers.	There is no evidence that these belts are effective.
Nurses who are physically fit are less likely to be injured.	The literature doesn't support this.
Mechanical lifts are not affordable.	The long-term benefits of proper equipment far outweigh the costs related to work-related injuries.
Staff will not use equipment for safe patient handling and movement.	Staff will use the equipment when they are included in the decision-making process for purchasing new equipment.

RESOURCES

ANA: www.nursingworld.org/osh

VHA Patient Safety Center:
www.visn8.med.va.gov/patientsafetycenter/

NIOSH: www.cdc.gov/niosh/topics/ergonomics

OSHA: www.osha.gov/SLTC/ergonomics/index.html

Washington State's Ergonomics Rule:
www.lni.wa.gov/safety/Topics/Ergonomics/default.asp

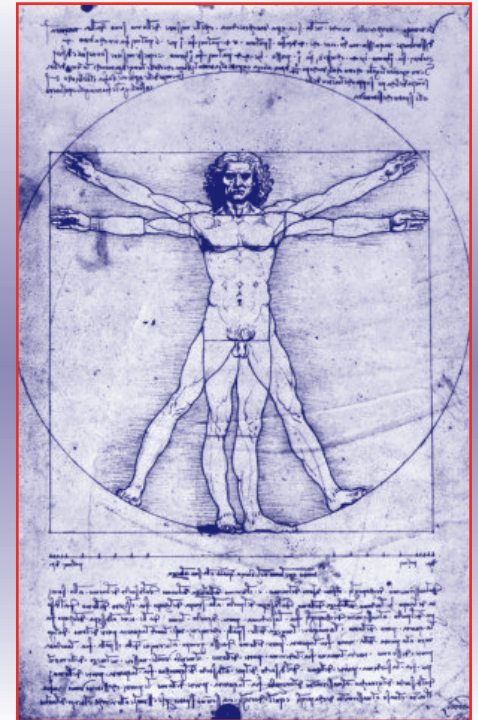
Call (800) 274-4ANA
and ask for information about
joining your state nurses association.



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Preventing Back Injuries: Safe Patient Handling and Movement



Occupational Health & Safety Series

DISABLING INJURIES

Every day, nurses suffer debilitating and often career-ending and life-altering injuries from repeatedly lifting and moving patients. Back injuries affect up to 38% of all nurses. More than any other work-related injury or illness, musculoskeletal disorders (MSDs) are responsible for lost work time, the need for protracted medical care, and permanent disability among health care workers. A substantial body of scientific evidence clearly supports efforts to provide workers with ergonomic protections. **The risk factors have been clearly identified: Repeated lifting and forceful movements associated with patient care activities lead to serious health problems for health care workers. Lifting, transferring, and repositioning patients are the most common tasks that lead to injury.** Now, nurses must work together to make sure health care facilities are implementing sound ergonomics programs to prevent these injuries. Breaking your back should not be a part of the job!

ANA FIGHTING FOR YOUR RIGHTS

ANA testified at multiple congressional hearings and Department of Labor forums in support of an Occupational and Safety Health Administration (OSHA) Ergonomics Standard, which was finally issued in 2000. However, Congress rescinded it in 2001 in an unprecedented legislative act and barred OSHA from further work on a standard. Although OSHA recently committed to a “comprehensive plan” to address ergonomic hazards, all elements are voluntary and the enforcement mechanisms remain unclear. ANA is lobbying for legislation to require OSHA to work on another ergonomics standard. ANA continues to work to gain state-level ergonomic legislation with anticipation of an eventual national level policy. To view a current United States map of with state safe patient handling and movement activity, access <http://www.nursingworld.org/gova/state/2005/safepatient.htm>.

INNOVATIVE PREVENTION PROGRAMS

The VHA conducts innovative research on back and other ergonomic injury prevention, led by the VISN 8 Patient Safety Center of Inquiry. This nurse-led research program, “Safe Patient Handling and Movement,” focuses on the most dangerous tasks and includes patient safety as a major consideration. These programs have led to a 60-95% reduction of injuries at various VHA hospitals. Many other hospitals have successfully implemented safe patient handling and movement programs, also saving money on injuries. The use of technology, especially lifting devices, is critical to the success of these programs. The following steps can help you institute a safe patient handling and movement program in your facility.

- 1. Create an ergonomics committee.** Include representatives from management, direct caregivers, purchasing, and risk management. Establish, implement, and monitor a comprehensive program.
- 2. Analyze the injury data and conduct a walk-through of departments.** Review OSHA 300 Logs, incident report data, and other reporting systems. Walk through all units during all shifts to look for risk factors. Look for trends and patterns in who is being injured, how and why.
- 3. Survey Employees.** Survey employees about their concerns, experiences, and suggestions.
- 4. Assess patient dependency levels.** Select equipment after assessing the patient’s ability to provide assistance in the transfer, ability to bear weight, their upper extremity strength, their height and weight, as well as special circumstances, and specific orders.

Solutions According to Dependency Level	
Totally dependent patient	Full sling mechanical lift device
Extensive assistance level	Full sling or stand assist lift
Lifts from floor (dependent)	Full sling mechanical lift; if manual, specify # of employees needed
Lifts from floor (patient assists)	Transfer belt or gait belt
Limited patient assistance	Stand/assist lift; friction-reducing device

- 5. Assess high-risk patient handling tasks.** Based on your collected information and analysis determine which tasks are “backbreaking” on each unit. The assessment must be unit specific. Is it frequent lifts of dependent patients in rehab? Multiple transfers of geriatrics on all units? Obese patients in the ICU? Repositioning in medical surgical units? Lateral transfers of anesthetised patient’s in the perioperative area?
- 6. Determine safest possible approaches to high-risk tasks.** These approaches should use technology and input from frontline health care workers who perform high-risk tasks. Use available science based information such as algorithms to assist in solutions.

Criteria for Selection of Lifting and Transfer Devices

- Appropriate for the task to be accomplished
- Safe and stable for patient and care-giver
- Comfortable for the patient
- Can be managed with relative ease
- Maneuverable in confined work space
- Efficient in use of time
- Minimal maintenance needed
- Storage requirements reasonable
- Adequate numbers of device available
- Cost effective

- 7. Research, pilot, select, evaluate and implement lifting devices.** Involve frontline health-care workers at every step to ensure use of new equipment. When testing devices, including mechanical lifts, lateral transfer devices, gait belts, and transfer chairs, seek input from nurses, other healthcare workers and patients.
- 8. Provide comprehensive and interactive training for staff.** Train staff on policies and devices before implementing new devices. Remember to train new staff and any health care workers whose staff assignments are changed. Identify and train peer safety leaders.
- 9. Track patient and worker injuries and evaluate program.** Continue to routinely collect and analyze the data.