

Safe Handling and Mobility of Patients and Residents

POSITION STATEMENT



The American Industrial Hygiene Association (AIHA) first offered a position statement regarding this issue in June 2009. The ergonomic risk to caregivers — acute, long-term, and outpatient healthcare workers and other related providers of patient and resident (care recipients) handling — continues to result in significant harm to both populations.

In 2014, registered nurses ranked sixth among all occupations for the number of cases of musculoskeletal disorders resulting in days away from work, with 11,360 total cases. Nursing assistants reported 20,020 cases in 2014, the second highest of any profession. The leading causes of these healthcare employees' injuries are patient lifting and transferring, and repositioning injuries, which constitute a significant risk to the health and welfare of those employees under the Occupational Safety and Health Act of 1970.

Recognizing this hazard, in 2012 the American Nurses Association (ANA) brought together a group of approximately 30 experts from a wide range of disciplines and stakeholders to develop voluntary standards to address this risk. These standards were released in June 2013.

The Joint Commission published a monograph in 2012 that also addressed this risk and suggested ways to address it. (The mission of the organization is to continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.)

In 2012, OSHA and the Centers for Medicare & Medicaid Services entered into an interagency agreement to address three common needs, including safe patient handling and mobility (SPHM). The resulting materials have been disseminated. In addition, to date 11 states have developed their own regulations to address this risk.

The Association of Safe Patient Handling Professionals was formed in 2011. Its mission is to improve the safety of caregivers and their patients by advancing the science and practice of SPHM.

Despite all these efforts, there continues to be significant (and likely increasing) harm to caregivers and care recipients as a result of this exposure to musculoskeletal disorders. Our worker and general populations are aging and worsening in overall physical condition. None of the existing state standards contain all the components of the ANA voluntary standards.

It is the position of AIHA that:

1. The proper development, implementation and maintenance of federal legislation can help to reduce unnecessary musculoskeletal disorders, including work-related musculoskeletal disorders (WMSDs), arising from the manual handling and mobility of patients and residents. Critical components of legislation to address this exposure should include:
 - Recommendation of management systems as the best approach to hazard identification, risk assessment, and risk mitigation. As such, AIHA recommends that hospitals, nursing homes, and other healthcare service providers have a written safe patient and resident handling and mobility (SPHM) policy or related policy. It should incorporate all the necessary elements of a management system, such as the elements in the ANSI/AIHA Z10-2012 standard, *Occupational Health and Safety Management Systems*, and the ANA's *Safe Patient Handling and Mobility: Interprofessional National Standards* (2013).
 - Access to a patient handling committee or subcommittee for occupational providers of these services. The committee should have representation from, but not be limited to, administration, education, unit management, nurses, nurse's aides, maintenance, housekeeping, techs, and transport.

- Policies addressing patient handling hazard assessments, task types and frequencies, patient dependency levels, environmental restrictions, enhanced use of mechanical devices, and job design and architectural plans. Plans should incorporate space and construction design for mechanical lifting devices; details for assuring proper equipment maintenance, storage, and availability; training and competency assurance programs; and responsibility and accountability systems for both management and associates.
 - Policies addressing how to evaluate the effectiveness of the program. Activity, outcome, and compliance measures should be in place to evaluate success.
 - A policy that addresses methods of sustainability and enhancement of the program as new technology and additional resources become available.
 - Research focused on controlling exposure to handling residents in home healthcare, to close the gap in knowledge.
2. There is a significant need to improve safe patient and resident handling, with positive outcomes to include:
- The reduction of musculoskeletal disorder developments and their resulting costs.
 - Improved caregiver efficiencies and productivity. Focus on value-added tasks for caregivers, thereby freeing them to spend more time on patient care.
 - Education on proper body mechanics and planning approaches, to reduce physical demands required to provide patient care.
 - The reduction in caregiver turnover and absenteeism, which is of special concern due to increased nursing shortages. Additional benefits include more effective recruitment and reduced training costs.
 - Improved desirability of careers in providing this care, thereby increasing the population willing to enter and remain in the healthcare profession.
 - A reduction in length of stays and related healthcare costs, resulting from the use of lifting devices and progressive mobility models for patients. Using these tools, caregivers can reduce the number and severity of pressure ulcers and wounds, decrease the number of patient falls, and enhance lung function and circulation. These measures in turn will improve clinical outcomes for patients and residents and provide greater quality of care.
 - Training in the safe and proper use of often complex lifting devices for patient transfer, which is critical to the health and safety of both the caregiver and patient. A training program should be established that demonstrates the caregiver is knowledgeable in the use, function, and safe handling of patients when using lifting devices.
3. There is a significant body of scientific evidence (see references) demonstrating that effective ergonomics programs, when applied to patient and resident handling, will result in the positive outcomes mentioned above.
4. The funding of research into improving home healthcare ergonomics, including the increase of the availability and quality of resident handling equipment, should lead to:
- reduction in home healthcare worker WMSD,
 - reduction in the need to send family members to nursing homes or hospitals to receive care,
 - reduction in the overall healthcare cost during the period when care can be provided at home, and
 - preservation of a strong family unit during the period when care can be provided at home.

References

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