

* Safe Patient Handling

Mandatory Education



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* Safe Patient Handling
(SPH) protects the
worker from harm.
It's all about YOU!!!



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Did you know?

Injuries and musculoskeletal disorders (MSDs) are common in nurses & nursing assistants and are often caused by manually lifting and moving patients...



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- Rates of musculoskeletal injuries from overexertion in healthcare occupations are among the highest of all U.S. industries.
- Data from the Bureau of Labor Statistics (BLS) show that in 2014, the rate of overexertion injuries averaged across all industries was 33 per 10,000 full time workers.
- By comparison, the overexertion injury rate for hospital workers was twice the average (68 per 10,000), the rate for nursing home workers was over three times the average (107 per 10,000), and the rate for ambulance workers was over five times the average (174 per 10,000).
- **The single greatest risk factor for overexertion injuries in healthcare workers is the manual lifting, moving and repositioning of patients, residents or clients, i.e., manual patient handling.**

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Safe Patient Handling:

- Hospitals have high rates of nonfatal occupational injuries and illnesses.
- On average, U.S. hospitals recorded 6.4 work-related injuries and illnesses for every 100 full-time employees in 2013, compared with 3.3 per 100 full-time employees for all U.S. industries combined.
- In 2013, 34 percent of recorded hospital worker injuries nationwide that resulted in days away from work were associated with patient interactions.
- Safe patient handling programs can reduce injuries such as musculoskeletal disorders (MSDs).
- Reducing injuries not only helps workers, but also will improve patient care and the bottom line.
- NMASCMG has developed a comprehensive SPH Program to protect workers and patients.
- This SPH program includes: assessments, policies, procedures, programs, training/education.

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GOALS of the SPH Program are to:

- Reduce the incidence & Severity of musculoskeletal injuries
- Reduce costs from these injuries
- Assist nurses & nursing assistants in selecting the:
 - Safest Equipment
 - Safest patient handling technique
 - Number of staff members needed for the task
- Inform patients and family members as needed regarding our goals regarding SPH

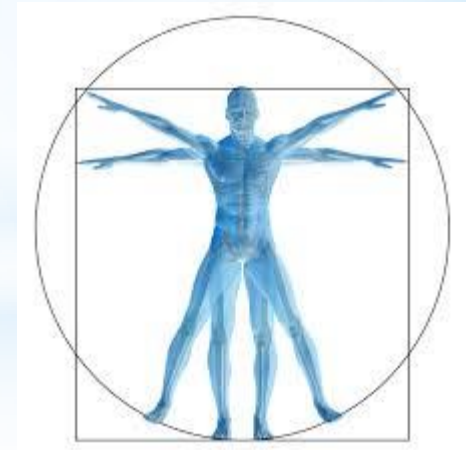
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ERGONOMICS:

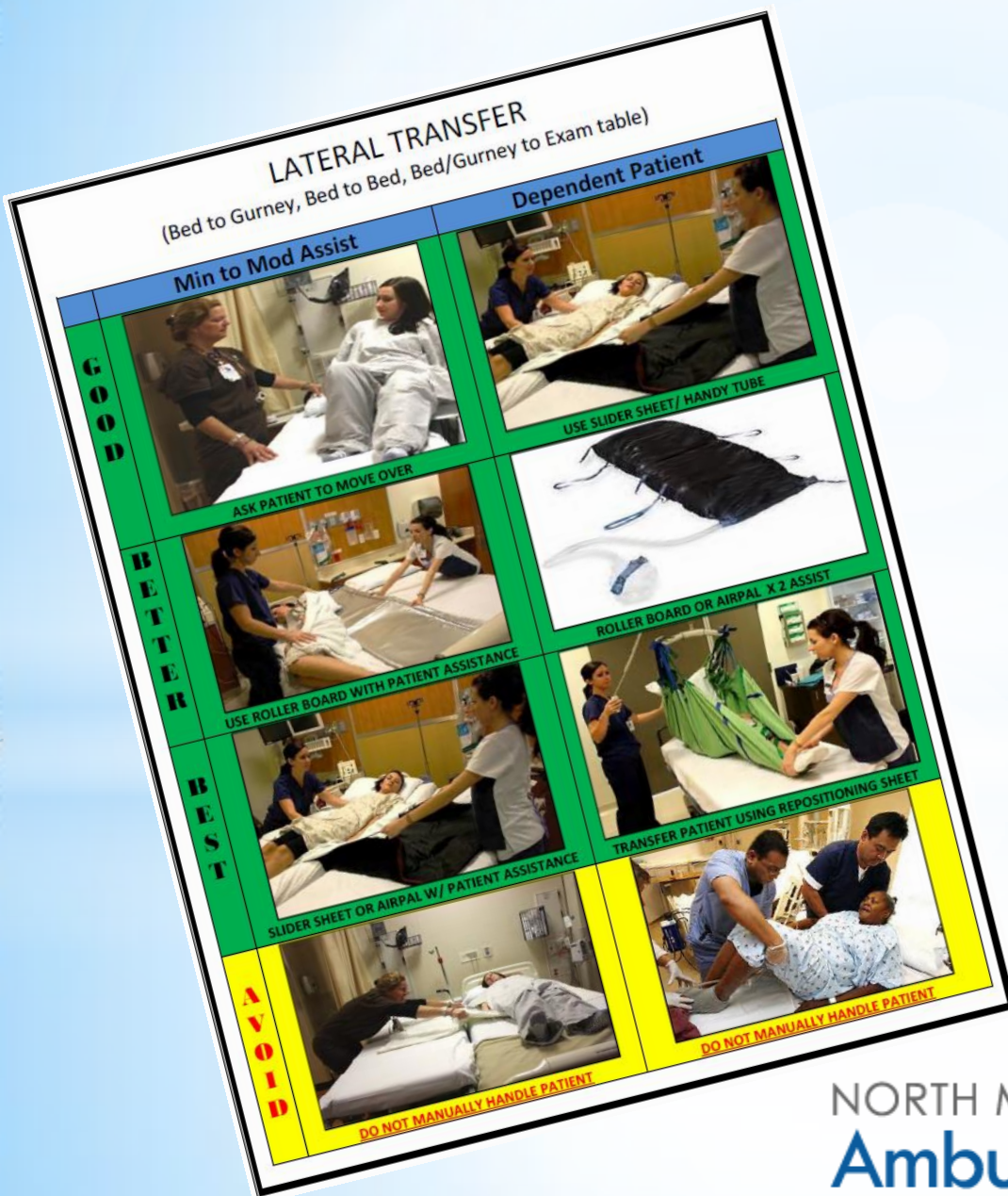
Ergonomics refers to the design of work tasks to best suit the capabilities of workers. In the case of patient handling, it involves the *use of mechanical equipment and safety procedures* to lift and move patients so that health care workers can avoid using manual exertions and thereby reduce their risk of injury. At the same time, patient handling ergonomics seeks to maximize the safety and comfort of patients during handling.



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Safety Procedures
and Mechanical
Equipment are
Available at
NMASCMG for
Lateral Transfers...

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The MedCare Lift is Available for our use as needed for transfers. This piece of equipment is housed at Maple Grove Hospital and the associated training video can be found on the NMASCMG Intranet

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Transfer Belts are
available to you...
Please use them

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Location of Safe Patient Handling Tools of the ASC



A walker for patient use while in the ASC is located in the clean storage room of Pre-op.



Blue short roller boards are found in OR rooms 1-5.



One gait belt is attached to the walker in the clean storage room of Pre-op.

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IDLED EXPERTISE

Haste and imperfect ergonomic conditions can cause irreparable harm.

Martha Murphy, BSN, RN, CNOR, is at pains to emphasize that she's grateful. To be working. To have benefits. To have a healthy back and legs. Even so, typing data into a computer, scheduling appointments, filing paperwork, performing menial tasks hour after hour, she sometimes starts to feel trapped. "If I get to give a patient an injection," she says, "it's the highlight of my day."

Murphy worked for 25 years as a nurse in the orthopedic operating room (OR). The work was repetitive, continual, and rapid. She lifted instrument trays, hung 3-liter IV bags, pulled and pushed heavy carts on tracks, held up patients' legs and arms as they were prepared for surgery, and filled out charts on computer screens hung from the ceiling. "I saw myself as a strong individual," says Murphy, who is 55 and a little under 5' 3" tall. "I never shied away from a task. At the time it didn't feel like I was putting excess strain on my body."

So when her right elbow started to hurt from tendonitis, she'd get an occasional injection of dexamethasone (Decadron and others) and lidocaine (Xylocaine) from a physician she knew and head right back to work. "We nurses are pretty stoic. Just give me a little shot and I'll be fine." She persisted like this for many months, until about a year ago it got so bad that if she accidentally tapped her elbow against a hard object she'd be in agony.

Murphy chose surgery—a lateral epicondylectomy with tendon reimplantation—expecting to recover quickly and then return to work. While the surgery reduced her pain, she now knows that her elbow will never be strong enough for most of the tasks she used to perform. Her first assignment upon return to work was as a greeter in the hospital lobby. Now she performs "light-duty" tasks, mostly clerical, and her nursing skills

lie dormant. She has seven years until retirement and sometimes wonders whether the wait is worth it.

In retrospect Murphy sees her job as an OR nurse in orthopedics as "an ergonomics nightmare." Like most nurses she'd been taught to bend at the knees and not to twist from the waist, but the hospital had few other ergonomics protocols in place. The computer screen used for charting hung from the ceiling without a wrist or hand support. Trays were often weighed to make sure they weren't more than 25 lbs., but the carts on tracks, designed to be easily moved, would pile up 10 at a time and "you'd have to slide all ten out of the way just to get to the one you wanted."

That kind of design just doesn't make any sense, says Murphy. Why, she wonders, aren't nurses consulted by the ergonomics experts? At the same time, she says, having more staff would allow health care professionals to perform tasks more slowly and correctly. "In the OR, it's always about speed. Time is money."

"I got hurt doing what I love," says Murphy. She hopes to someday get another chance to use the specialized skills she acquired in the orthopedic OR. Maybe a position as an educator will open up. For now, her advice to other nurses is this: ask for help, always get a cart to put something heavy on, and "if you think it's too heavy, don't lift it." And her advice to administrators? "Spend a day following a nurse and trying to do what they do."—*Jacob Molyneux, senior editor*



Waters, TR; When is it Safe to Manually Lift a Patient, AJN August 2007 t Vol. 107, No. 8

NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE SAFE PATIENT HANDLING AND MOVEMENT

Purpose

To provide a safe work environment for employees by providing guidelines for the use of safe patient handling techniques and equipment with the goal of minimizing manual lifting of patients by nurses and other direct patient care workers.

Policy

Staff working in high risk patient care areas should assess high risk patient handling tasks in advance to determine the safest way to accomplish handling and movement of the patient. Mechanical lifting equipment and/or other approved patient handling aids are to be used to prevent the lifting and handling of patients except when absolutely necessary such as in a medical emergency.

Procedure

- A. Compliance: It is the duty of employees to take reasonable care of their own health and safety as well as that of their co-workers and their patient during patient handling activities. Non-compliance will indicate a need for retraining. All employees with lifting requirements in their job description will complete a back screen at North Memorial Occupation Health Clinic as part of their pre-employment/post-offer physical assessment.

B. Definitions

1. High risk patient handling tasks: Patient handling tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to: transferring tasks, lifting tasks and repositioning tasks.
2. Manual lifting: Lifting, transferring, repositioning and moving patients using a caregiver's body strength without the use of lifting equipment/aids to reduce forces on the worker's musculoskeletal structure.
3. Mechanical patient lifting equipment: Equipment used to lift, transfer, reposition and move patients. Examples include: portable base full body sling lifts, stand assist lifts and mechanized lateral transfer aids.

4. Patient handling aids: Equipment used to assist in the lift or transfer process. Examples include: gait belts with handles, stand assist aids, sliding boards and surface friction-reducing devices.

C. Patient handling and movement requirements

1. Avoid hazardous patient handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to completion.
2. Use mechanical lifting devices and other approved patient handling aids for high-risk patient handling and movement tasks except when absolutely necessary, such as in a medical emergency.
3. Use mechanical lifting devices and other approved patient handling aids in accordance with instructions and training.

D. Mechanical lifting devices and other equipment/aids

1. Department Managers will ensure that mechanical lifting devices and other equipment/aids are accessible to staff.
2. Department Managers will ensure that mechanical lifting devices and other equipment/aids are maintained regularly and kept in proper working order.
3. Department Managers and staff will ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely.

- E. Training: Staff will complete and document training initially, annually and as required to correct improper use/understanding of safe patient handling and movement.

F. Delegation of authority and responsibility

1. Medical Director and Department Manager or Designee will:
 - a. Support the implementation of this policy.
 - b. Furnish sufficient lifting equipment/aids to allow staff to use them when needed for safe patient handling and movement.
 - c. Furnish acceptable storage locations for lifting equipment/aids.
 - d. Support staffing levels sufficient to comply with this policy.
2. Department Managers will:

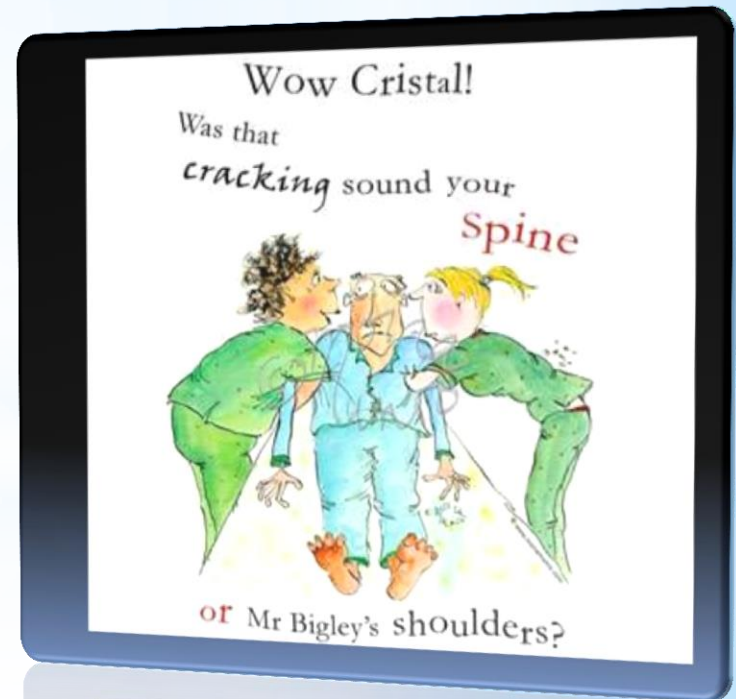
- a. Ensure high-risk patient handling tasks are assessed prior to completion and are completed safely, using mechanical lifting devices and other approved patient handling aids and appropriate techniques.
 - b. Ensure mechanical lifting devices and other equipment/aids are available, maintained regularly, in proper working order, and stored conveniently and safely.
 - c. Make certain employees complete all training as required.
 - d. Collaborate with Employee Health in evaluating this policy.
 - e. Refer all staff reporting injuries to Employee Health.
3. Employee Health Nurse will:
 - a. Maintain Incident/Unusual Occurrence Reports and supplemental injury statistics as required by the facility and other regulatory agencies.
 - b. Provide annual summary of employee injury/incidents to the Safety Committee, Quality Improvement Director and to Department Managers when appropriate.
4. Employees will:
 - a. Comply with all parameters of this policy.
 - b. Use proper techniques, mechanical lifting devices and other approved equipment/aids during performance of high-risk patient handling tasks.
 - c. Notify their Department Manager and the Employee Health Nurse of any injury sustained while performing patient handling tasks.
 - d. Notify their Department Manager of the need for re-training in use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
 - e. Participate in yearly competency training in regard to proper use of lifting equipment.
 - f. Notify their Department Managers of mechanical lifting devices in need of repair.
 - g. Supply feedback to their Department Manager on "Safe Patient Handling and Movement" policy components.
5. Maintenance personnel will maintain mechanical lifting devices in proper working order.
6. The Safety Committee will be responsible for Safe Patient Handling and will:
 - a. Meet regularly to assess, plan, implement, and evaluate the safe patient handling program, including assessment of the hazards in regard to patient handling, assessment of

technological solutions, acquisition of supply of equipment, effective strategies to create ongoing education for direct care providers, students and administrators, and formulate strategies for reducing risk to caregivers.

Safe Patient Handling

The North Memorial Ambulatory Surgery Center at Maple Grove Safe Patient Handling Committee consists of a multidisciplinary team of direct patient care workers. We...

- meet annually to serve this function on your behalf and to evaluate our plan
- consider our tasks, patient population and the physical environment of our each of our patient care areas
- work together to identify problem areas and to identify areas of highest risk for lifting injuries.
- make recommendations for purchases of SPH equipment
- encourage each of you to bring your SPH concerns forward as this is truly ALL ABOUT YOU!!!



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Sources:

Safe Patient Handling and Movement (SPHM). (2016). Retrieved November 10, 2016, from <http://www.cdc.gov/niosh/topics/safepatient/default.html>

Waters TR, When is it Safe to Manually Lift a Patient, AJN August 2007 t Vol. 107, No. 8

Waters TR, et al. Revised NIOSH equation for the design and evaluation of manual lifting tasks. *Ergonomics* 1993;36(7):749-76. t

Workplace Safety Consultation - Safe-patient-handling legislation, resources. (n.d.). Retrieved November 10, 2016, from <http://www.dolistate.mn.us/WSC/Sph.asp>

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