Safe Patient Handling

Presenter’s name
Department/Unit/Ward
Service line
Facility/hospital
Date
Objectives

• At the completion of this session participants will be able to:
   Identify the principles of safe patient handling including the minimal exertion (ME) “ME Approach”
   Describe the rationale for the application of friction reducing and mechanical lifting devices
   Demonstrate the safe and effective use of friction reducing devices (e.g. Slide sheets and hover mats) and mechanical lifting devices (e.g. hoists)
Patient handling training

Ergonomics training for NEW DIRECT CARE WORKERS

**Orientation**
- Complete MSD training (once only)
- Watch new MN Patient Handling Theory DVD (tbc) or complete online Patient Handling Fundamentals training (once only)
- (Facility governed) trained and/or assessed on generic patient handling techniques / equipment by MN PHT

**Ongoing**
- Practical patient / manual handling training provided by MN trainer if:
  * Returning to work following an extended absence
  * A new task is introduced or has been redesigned
  * Variations to usual procedures
  * Performance indicates a need

**Local Induction – Part 1**
- Assessed or trained and assessed on patient handling techniques / equipment specific to the work area (as per TNA) by MN PHT prior to performing / using on patients

**Local Induction – Part 2**
(Only for workers who perform hazardous manual handling tasks)
- Assessed or trained and assessed on hazardous manual handling tasks (as per RB) by nominated MN Trainer prior to using object/thing or performing task
- Complete MN Manual Handling Theory PowerPoint training (once only)

**Annual Competency**
- Assessed or trained and assessed on patient handling techniques / equipment (by MN PHT) and hazardous manual handling tasks (where identified) specific to the work area "on the job" and/or in a simulated environment

Abbreviations:
- MSD - Musculoskeletal Disorders
- MN - Metro North
- PHT - Patient Handling Trainer
- TNA - Training Needs Analysis
- RB - Risk Identification Form
  (Manual Handling Tasks)
Definition of patient handling

• Patient Handling refers to any activity where a person or body part is physically moved or supported.

• Specifically, patient handling tasks are those activities requiring the use of force by a worker to hold, support, reposition or transfer (lift, lower, carry, push, pull or slide) a person.
The Minimal Exertion (ME) Approach to Manual Tasks in Metro North Hospital and Health Service (MNHHS)

The key principle of the Minimal Exertion (ME) Approach is for the worker to apply the least amount of force required to perform the patient handling or manual handling activity in a safe and controlled manner (refer to MNHHS Manual Tasks Procedure for further details).
HAZARDOUS LIFTING TASKS
to be eliminated in all but exceptional or life threatening situations

Top and tail lifts (or through arm lifts)

Shoulder lifts (or Australian lift)

Cradle lift (or orthodox lift)

Bear hug transfer

Hook arm (or underarm drag lift)

Why do we use friction reducing and mechanical lifting devices?

• The ME approach should be applied to all patient handling situations to minimise the risk of musculoskeletal disorder and improve the overall patient experience.

• Based on the ME approach (and where clinically appropriate), workers should for example, use an air assisted device such as a Hoverjack® Air Patient Lift instead of a lifting sheet, a Jordan Frame instead of a spinal board, two slide sheets instead of one, when patient handling.
Guiding principles for patient handling

• Patient independence and assistance during patient handling tasks is promoted.

• Patients are individually assessed for their patient handling needs at the time of admission and on an ongoing basis.

• Appropriate quantities of patient handling equipment that is compatible with the work environment and tasks performed is provided, used and maintained.
Guiding principles for patient handling

• Design or modification to the work environment is undertaken, considering:
  – Safe patient handling movement
  – Use and storage of equipment

• All workers involved in direct patient care are trained and assessed as competent in patient handling relevant to their work
To catch or not to catch?

- Queensland Health Safe Work Procedures ‘**Never try to catch a falling patient to prevent their fall**’ - this is a high-risk practice for workers

- Some research has shown that outcomes were worse for both carers and patients when carers attempted to “catch” patients

- Forces acting on the spine (L5/S1) when catching a person are estimated to exceed safe levels

- E.g. for a 53kg patient, force at L5/S1 is estimated to be 5250N (535 kilogram-force)
To catch or not to catch?

• Consider your own health and safety:
  – Risk assessment/management before mobilisation
  – Consider assistance (apply safe postures and movements) if faller is smaller & lighter than the assistant AND falling towards the assistant
  – Do not assist if faller is taller and/or heavier than the assistant
  – Do not assist if fall is away from the assistant
  – Minimise risk of injury e.g. protect the patient’s head if safe to do so

  – **THINK PREVENTION – PHYSICAL SCREENS**
Physical screening

Part of the patient handling assessment process involves conducting physical screens.

Physical screens should be performed prior to each move if the patient is not independent.

During the demonstration session we will work through examples of the physical screens.
Patient handling decision tree

Patient
What do they have to do?
What can they do for themselves?

Environment
Clutter, equipment available, working heights

Self
Posture, Position and Force

Plan & Communicate
Patient and Co-worker

Is there a better way?

Review and record
Patient safety
Record patient risk assessment
If a patient is unable to demonstrate sufficient trunk and leg muscle strength, balance and coordination to complete the task, or if the patient cannot follow commands / is uncooperative

DO NOT MANUALLY TRANSFER THE PATIENT.
Local patient handling procedures and practical competency

• Your ward / unit trainer will discuss these requirements with you