

Preventing Musculoskeletal Disorders and Injuries Through Safe Patient Handling

Safe Moves Module #1

What is Musculoskeletal Disorder (MSD)?

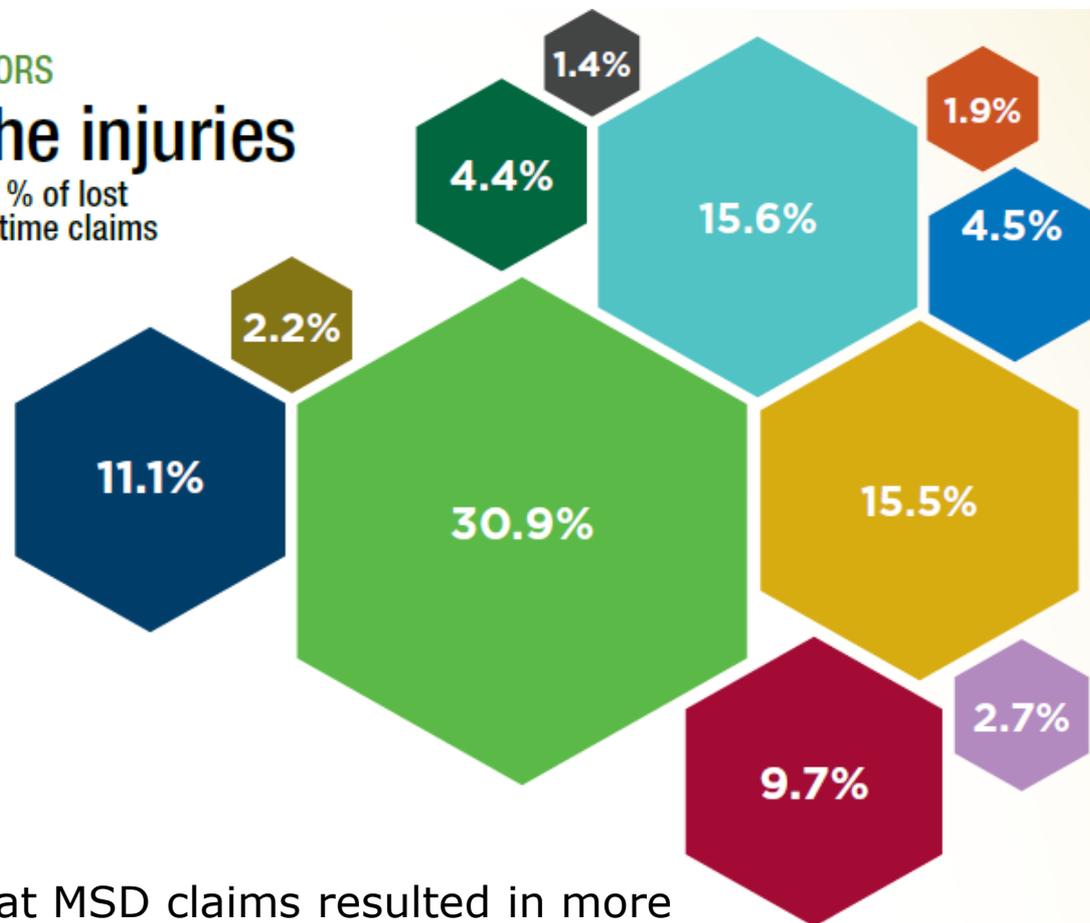
- Injuries and disorders that affect our musculoskeletal system.
 - This includes muscles, tendons, ligaments, nerves, discs and blood vessels.
- MSD can be caused or aggravated by various hazards in the workplace.
- Common names for MSDs:
 - Repetitive Strain Injury (RSI)
 - Cumulative Trauma Disorder (CTD)
 - Sprain/Strain

Top 10 Industries for MSD

TOP 10 INDUSTRY SECTORS

Where are the injuries happening? % of lost time claims

- Agriculture ●
- All others ●
- Automotive ●
- Chemical/Process ●
- Construction ●
- Education ●
- Food ●
- Health Care ●
- Manufacturing ●
- Services ●
- Transportation ●



It's estimated that MSD claims resulted in more than 2.5 million days off work.

(WSIB, 2011; Health & Safety Ontario, 2011)

Cost of MSD Injuries

Ontario employers paid more than \$2.85 billion in direct and indirect costs related to MSD's. Indirect costs include overtime, equipment modifications, administration, retraining and lost productivity.

People are our most valuable resource, the loss or absence of any employee with specialized knowledge/skills cannot be measure in dollars.

2013 Patient Handling Statistics

2013 - PH Incidents by type



- Boosting/Repositioning heavy patient
- lateral transfer
- patient fall/action
- Move arm board
- pushing bed/stretcher with pt
- bed to chair transfer
- Leg holding

- MSD's injuries are 39/153
- 23/39 of MSD's are patient handling (PH) incidents
- Repositioning and bed to chair transfers make up 61% of patient handling injuries

Staff Injuries at St. Mary's

- There were about 175 reported staff injuries at SMGH 2012-2013.
- Of the injuries, 64 of them were attributed to musculoskeletal strains and overexertion.
 - 35 of these injuries became WSIB reported incidents.
 - 13 of these injuries resulted in lost time from work.

Patient handling is like any other workplace safety hazard. If you question your ability to safely move a patient manually, you should choose to use mechanical assistance.

Our process outlines how to assess and decide how to safely move each patient.

Working Safely at St. Mary's

At SMGH we take staff injuries very seriously.

- We are actively working to decrease employee incidents and injuries.
- Reducing staff injuries is one of our corporate goals!
- There are responsibilities at all levels of SMGH to address our goal.



MSD Myths

Myth #1

It can't happen to me, right?

- Studies suggest, 80% of people will develop back pain at some point in their lives (Health & Safety Ontario, 2011).
- Working safely and documenting concerns is critical in the prevention of back injuries.

Myth #2

Repetitive strain injuries are usually related to excessive computer work.

- A repetitive strain MSD can occur in any part of the body.
- The body part most affected by an MSD is the back.
- Essentially, it's like the "straw that broke the camel's back", due to weight being applied repetitively over time. (Health & Safety Ontario, 2011).

Myth #3

MSDs occur most frequently in older workers.

- Surprising numbers of young people are developing MSD's, most commonly in the ages 25 – 44 and 55+.
- The risk factors you're exposed to and your work practices dictate the onset of an MSD.

Minimal Lift Policy

- The Minimal Lift Policy is mandatory hospital-wide. It limits the manual lifting/handling of patients, as required by the Ministry of Health and long-term Care.
- The policy focuses on staff safety (in combination with patient safety) and applies to all staff who handle patients.
- The policy outlines the standard procedures for all patient handling activities.
- The policy requires staff to work using proper body mechanics.
- The policy ensures the use of appropriate patient handling equipment.

Minimal Lift Policy

Locate the policy on the Intranet – Forms, Policies & Procedures.

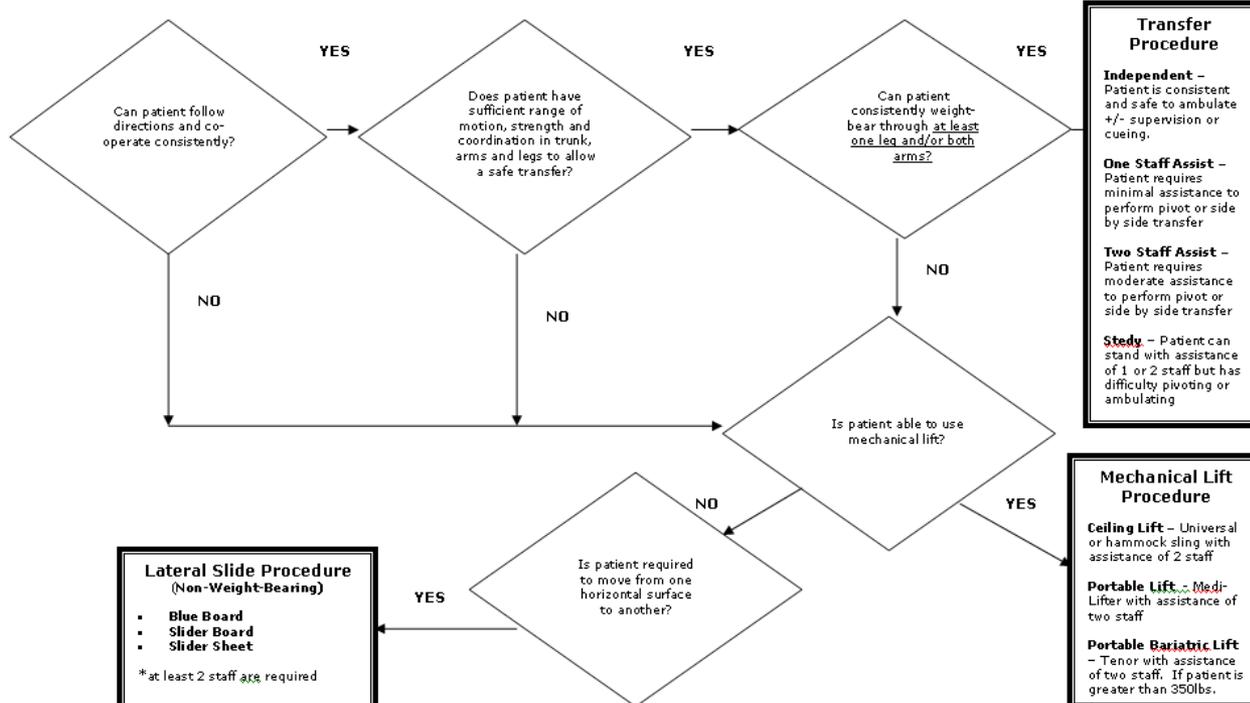


Minimal Lift Policy

You can find other patient handling resources on the public drive: G://Safe Moves Resources/Minimal Lift Policy and Program.



Staff Safety – Patient Lift/Transfer Assessment



Policy Highlights

Key definitions:

Lift: procedure used to move the entire weight of a patient. Manual lifting is only permitted in emergency situations.

Positioning: procedure used to move a patient to a different position on the same surface (boost or turn).

Transfer: procedure used to manually assist a patient from one surface to another.



Levels of Assistance

Independent – patient consistent and safe to ambulate +/- supervision or cueing.

1 staff assist – patient requires minimal assistance to perform pivot or side by side transfer.

2 staff assist – patient requires moderate assistance to perform pivot or side by side transfer.

2 PLUS assist – this is considered a lift and you should use one of the following mechanical devices:

- Ceiling lift
- Portable lift (medi-lifter)
- Portable bariatric lift (tendor)

Roles of SMGH Staff

RN/RPN

- Performs patient mobility/transfer assessment.

Clinical Aide

- Independently completes non-complex patient handling/care activities at the request of the nurse for 1 assist patients.

Porter

- Assists with patient transfers and transport.



Three Steps to Safe Patient Handling

1) Assess

- Staff: consider who you are working with.
- Patient: follow staff safety patient lift/transfer assessment or staff safety patient bed positioning assessment.
- Environment: consider the size, layout, obstacles, noises and busyness in the room.
- Equipment: what device or equipment is in place? what other options are available?

How do I know which procedure to use with a patient?

Use your resources:

- Lift, transfer and repositioning procedures
- Lift/transfer flow sheet and repositioning flow sheet

Rules of thumb:

- Manual lifting is strongly discouraged and only allowed in true emergency situations, with four to eight staff members (as per the emergency manual lift procedure).
- A transfer is considered a lift when it requires more than a two person moderate assist.

Three Steps to Safe Patient Handling

2) Prepare

- Patient: ensure the patient is ready and comfortable.
 - Communicate what you are planning to do and how the patient can assist.
 - Prepare medial equipment.
- Environment: clear obstacles and create a pathway for the transfer
- Equipment: ensure lifting equipment is in working condition
 - Position wheelchair or stretcher and apply the brakes.
 - Lower bedrails and prepare the bed in the lowest position if the patient is to stand. Make sure the bed is hip height for positioning or lateral transfer.
- Staff: discuss the plan, action and timing. Bend at the knees and hips, avoid spinal twisting, and keep patients as close to you as possible.
 - Get help if needed.

Determine your Staff Safety and Patient Transfer Strategy

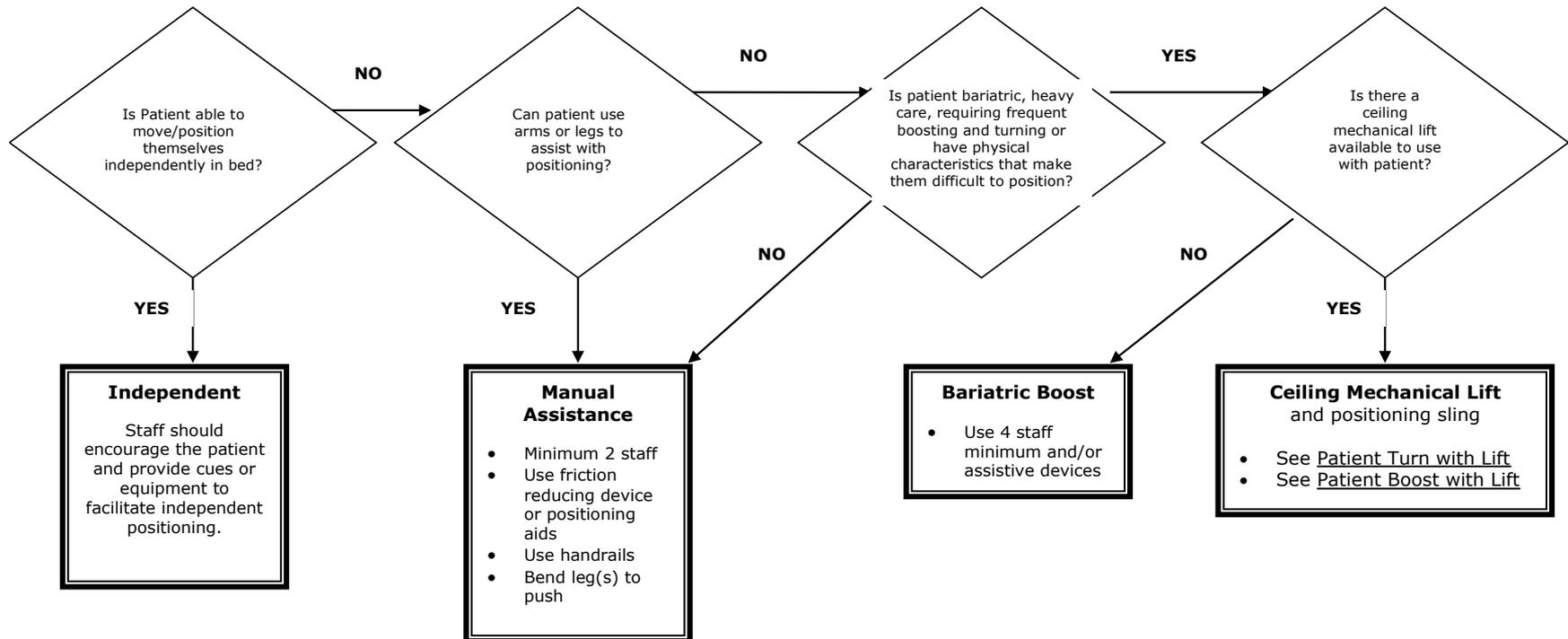
Your strategy should include:

- Specific plan for each patient.
- Both a transfer component and a repositioning component.
- Consideration for changes in patient mobility capabilities.

Three Steps to Safe Patient Handling

3) Move – assessing patients for lift/transfer for staff safety

Staff Safety – Patient Bed Positioning Assessment



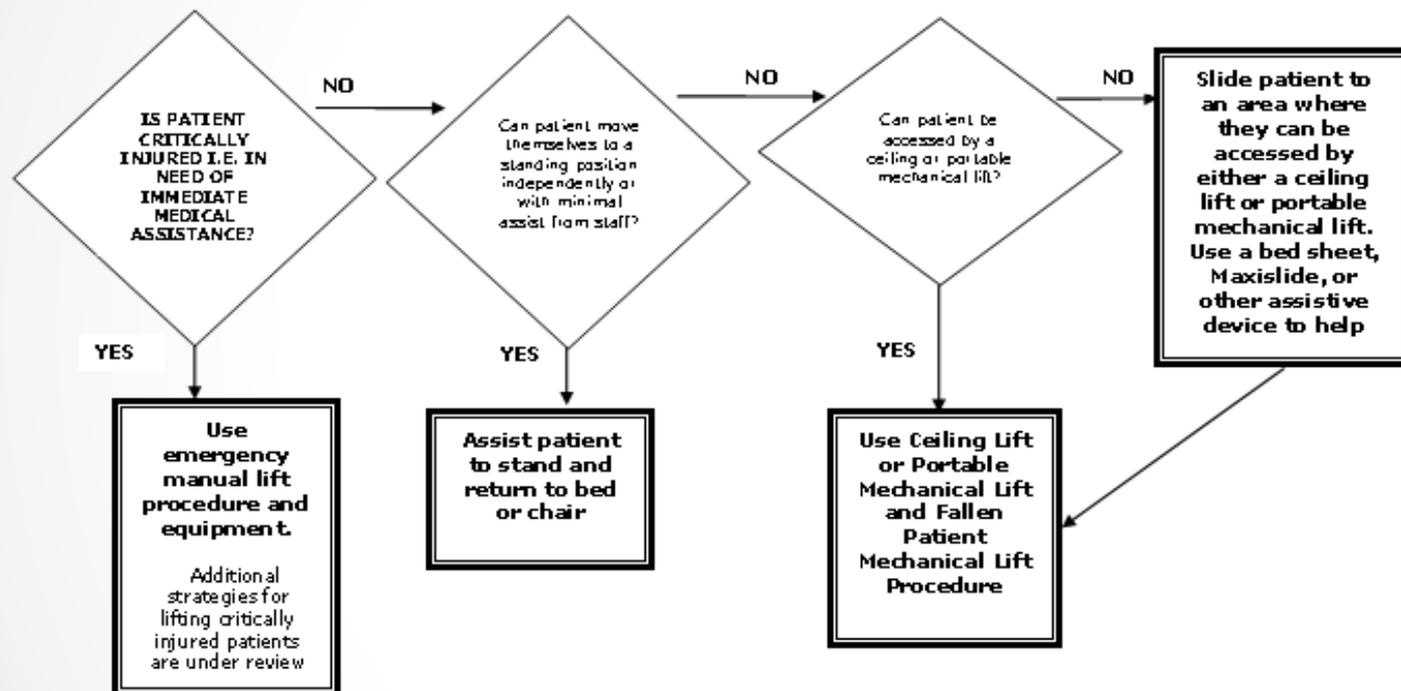
Safe Boosting Tips

- Adjust bed height to hip height of the shortest person
- Have patient assist as much as possible by using the hand rails, rolling side to side or pushing with their feet.
- Bed should be flat or with head lowered, with side rails down
- Ask patient to tuck chin to reduce friction
- Stand with your back straight and do not twist
- Flex patient's knees to reduce friction and force required
- For patients in air beds – use Max Inflate function for easier positioning

Three Steps to Safe Patient Handling

3) Move – emergency lift procedure

Staff Safety - Patient on Floor Flowsheet



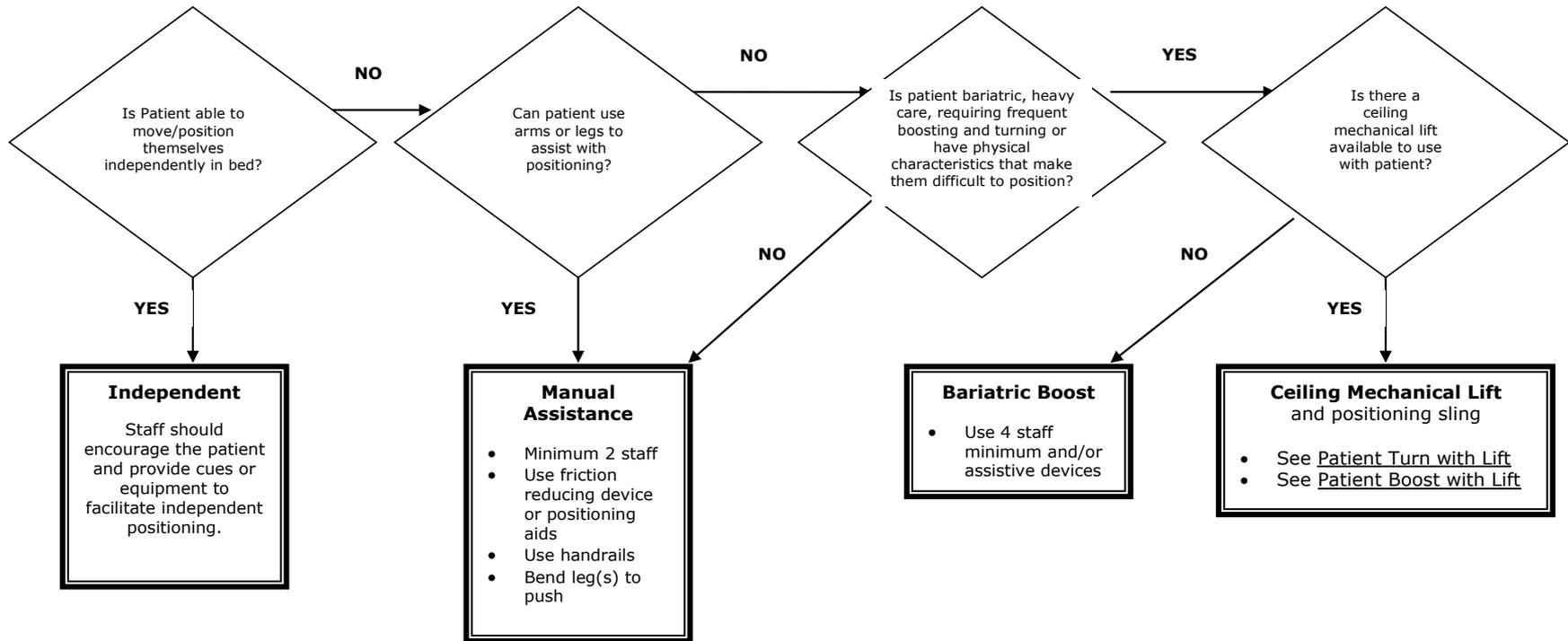
See the **Meditech** Cabinet "Portable Mechanical Lifts" for current locations and weight limits. There is a label on every mechanical lift which states the weight limit for that particular lift. If patient is **BARIATRIC ensure the patient's body weight does not exceed the capabilities of the unit.** The ARJO Tenor is available for patients over 400lbs.

Never manually lift a patient from the floor. Always use a mechanical lift, unless it is a true emergency situation (code).

Three Steps to Safe Patient Handling

3) Move – assessing patient bed positioning for staff safety

Staff Safety – Patient Bed Positioning Assessment



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Your Responsibility

- Pay attention to the early warning signs of injury and take action.
- Comply with the hospital safe work policy and procedures at all times.
- Know your patient
- Document/communicate appropriate patient mobility information.
- Participate in orientation and ongoing patient handling education.
 - Complete safe moves modules 1 – 4 during orientation.
 - Participate in unit-level training for equipment and procedures as offered.
- Identify additional training/equipment needs to Management/Occupational Health and Safety.
- Work with your manager, Occupational Health and Safety and your Joint Occupational Health and Safety Committee (JOHSC) to prevent unsafe conditions.

St. Mary's Responsibility

- Provide a safe and healthy workplace.
- Prevent known hazards.
- Have effective injury prevention programs.
- Purchase/use lifting machines and devices.
- Conduct effective training and education programs.
 - Safe moves modules 1-4, resources/flow sheets and mechanisms at the unit level for safe patient handling.
- Provide proper treatment and support for injured workers.
- Ensure both management and staff play their part in injury prevention.

Prevention

Your Personal Safety at work depends on you. Working is not working out. Physically fit workers experience the following:

- Fewer musculoskeletal injuries
- Recover faster than unfit workers

A balanced exercise program helps prevent injury by improving your resilience and making you stronger. For examples of back exercises please click here:<http://www.ccohs.ca/oshanswers/psychosocial/backexercises.html>

You have completed the safe moves module #1 presentation. Please complete a short quiz found on the Internet.