

Safe Patient Handling, 2018

Musculoskeletal injury rates due to overexertion in healthcare are among the highest of all U.S. industries. The single greatest risk factor for overexertion injuries in healthcare is the manual lifting, moving and repositioning of patients, residents or clients, i.e., manual patient handling. The cumulative weight lifted by a nurse in one typical shift is equivalent to 1.8 million tons. (1)

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 rates in healthcare professions looked like this:

- **hospital workers: twice the average (68 per 10,000),**
- **nursing home workers: three times the average (107 per 10,000),**
- **ambulance workers: five times the average (174 per 10,000).¹**

Manual patient handling has negative consequences for quality of care as well as patient safety and comfort; causing damage to patient shoulders from manual lifting techniques, hip fractures from being dropped, bruising, skin tears and pain; and patient fear and loss of dignity during lifting procedures.

Patient handling injuries are costly and can be career-ending for healthcare workers. Musculoskeletal injuries among hospital workers are increasing, a result of inadequate staffing levels and poor risk management, combined with patients who are living longer and presenting with acute illness and obesity.

Injuries to patients and caregivers are costly to the healthcare system. Direct costs include Worker's Compensation lost time payments and employee medical expenses. Hidden costs include lost productivity, employee replacement and training, overtime, administrative burdens, liability related to patient injuries, and workplace loss of morale.

In New Jersey, implementing a Safe Patient Handling Program to reduce injury to both patients and healthcare workers is State law. The NJ Safe Patient Handling Act mandates assisted patient handling devices such as electric beds, portable base and ceiling track body sling lifts, stand assist lifts, and mechanized transfer aids. The law requires that each patient be assessed to determine which assistive devices are needed to move them safely. It ensures that healthcare workers using this equipment are properly trained. And it requires the formation of Safe Lifting committees made up of both direct care employees and management, who must work together to review and continually improve safe handling programs at the facility.

Here is a link to the NJ Safe Patient Lifting Act:

ftp://www.njleg.state.nj.us/20062007/S2000/1758_11.PDF

Online Resources - Ergonomics and Safe Patient Lifting Programs

OSHA: Hospital Wide Hazards – Ergonomics; Patient Handling: Slip, Trip, Fall; Awkward Postures
<https://www.osha.gov/SLTC/etools/hospital/hazards/ergo/ergo.html#Ergonomics>

OSHA: Patient Handling
https://www.osha.gov/dsg/hospitals/patient_handling.html

CDC: Safe Patient Handling and Mobility
<https://www.cdc.gov/niosh/topics/safepatient/>

CDC: Physical Hazards for Healthcare Workers
<https://www.cdc.gov/niosh/topics/healthcare/physical.html>

NIOSH: Safe Lifting and Movement of Nursing Home Residents, 2006
<https://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf?id=10.26616/NIOSH PUB2006117>

American Association for Safe Patient Handling and Movement
<https://aasphm.org/>

Endnote

- (1) Tuohy-Main, L. (1997). Why manual handling should be eliminated for resident to career safety. Geriatrics, 15, 10-14