

## What the experts say

## Staff injury risk due to turning & repositioning

Healthcare professionals incur musculoskeletal (MSK) injuries/nonfatal injuries on the job more often than any other private industry occupation.<sup>1</sup>

### **Recommendations & guidelines**

## Occupational Safety and Health Administration (OSHA) 2009<sup>2</sup>

 "Manual lifting and other tasks involving the repositioning of residents are associated with an increased risk of pain and injury to caregivers, particularly to the back."

#### American Nurses Association (ANA) 20133

Safe Patient Handling and Mobility (SPHM) Interprofessional National Standards

Interprofessional Standards of SPHM, include:

- Establish a culture of safety.
- Implement and sustain a SPHM program.
- Select, install, and maintain SPHM technology.
- Integrate patient-centered SPHM assessment, plan of care, and use of SPHM technology.

# The Association of periOperative Registered Nurses (AORN) 2007<sup>4</sup>

#### **Task Recommendations:**

#### General lateral transfer

- Use lateral transfer device and 4 caregivers.
- Destination surface should be slightly lower.

#### Supine

- Anesthesiologist supports head and neck.
- Weight < 157 lb
  - Use lateral transfer device and 4 caregivers.
- Weight > 157 lb
  - Use mechanical lift with supine sling, mechanical lateral transfer device, or airassisted lateral transfer device and 3 to 4 caregivers.

# Occupational Safety and Health Administration (OSHA) 2009<sup>5</sup>

Lateral Transfer to and from: Bed to Stretcher, Trolley For patients who are partially able or unable to assist:

- If patient is <100 pounds: Use a lateral sliding aid and 2 caregivers.
- If patient is 100-200 pounds: Use a lateral sliding aid -or- a friction reducing device and 2 caregivers.
- If patient is >200 pounds: Use a lateral sliding aid and 3 caregivers -or- a friction-reducing device or lateral transfer device and 2 caregivers -or- a mechanical lateral transfer device.

### **Published outcome**

### Safe Patient Handling Initiative in Level I Trauma Center Results in Reduction of Hospital-Acquired Pressure Injury and Fewer Patient Handling Injuries<sup>6</sup>

- 74% reduction in employee injury saves \$315,000
- 48% decrease in hospital-acquired pressure injury (HAPI)

#### References:

1. U.S. Bureau of Labor Statistics, www.bls.gov/news.release/osh2.nr0.htm accessed May 19, 2017. 2. Occupational Safety and Health Administration (OSHA), Guidelines for nursing homes: ergonomics for the prevention of musculoskeletal disorders. 2009:4,5. 3. Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum. American Nursing Association, 2013. 4. Association of periOperative Registered Nurses (AORN) Guidance Statement - Safe Patient Handling and Movement in the Perioperative Setting 2007. 5. Occupational Safety and Health Administration (OSHA), Guidelines for nursing homes: ergonomics for the prevention of musculoskeletal disorders, 2009:13. 6. Way H, Safe Patient Handling Initiative in Level I Trauma Center Results In Reduction of Hospital-Acquired Pressure Injury and Fewer Patient Handling Injuries, American Journal of Safe Patient Handling and Movement. 2016;6(4):160-165.