Definitions

**Culture of safety:** A culture of safety is an agreed upon commitment among clinicians and administrators to empower front line personnel to identify and report unsafe situations, dialogue about unsafe situations between clinicians and leadership, and to collaborate on improvement strategies that are supported at all levels of the organization. (Association of Rehabilitation Nurses Task Force on Safe Patient Handling and Mobility, 2014).

**Lifting equipment:** Mechanical devices used to assist caregivers in performing patient handling tasks, including lifting, transferring, wound care, ambulation, and others. Lifts fall into two categories: powered sit-to-stand lifts and full-body sling lifts. The latter category is further broken down into overhead/ceiling, gantry, and floor-based lifts (Facility Guidelines Institute, 2010).

**Manual handling:** Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids that reduce forces on the worker's musculoskeletal structure (Facility Guidelines Institute, 2010).

**Safe patient handling and mobility:** Refers to the use of the hands and/or assistive devices to perform an activity and encourages more active involvement of the healthcare recipient and healthcare worker, in progressing the activity and mobility level of the healthcare recipient with the potential to improve health and safety outcomes (ANA & ASPHP, 2014).

Introduction

Nurses and nurses’ aides are at high risk for musculoskeletal injuries related to lifting and maneuvering of patients (US Bureau of Labor Statistics, 2011). Healthcare workers in acute rehabilitation hospitals are particularly challenged with musculoskeletal injury because of demanding work schedules, staff shortages, and intensive patient mobility tasks (Waters, 2010). While under-reporting of nurses’ pain and injury is common (Siddharthan, 2006), three of the top ten professions with the greatest risk for back injuries continue to include nurse’s aides, Licensed Practical Nurses, and Registered Nurses. Over the course of a typical 8-hour shift, a nurse lifts a cumulative weight equivalent to 1.8 tons. Direct and Indirect costs associated with caregiver back injuries are as high as $25 Billion (OSHA, 2014).

In addition to the risk of musculoskeletal injuries in nurses and nurses’ aides, there are many unintended patient adverse events associated with patient handling tasks including decreased patient comfort, fear, pain, damage to the shoulder from manual lifting techniques, hip fractures from dropping the patient,
bruising of arms, loss of dignity during lifting procedure, increased dependency, skin tears, and pressure area damage (Tuohy-Main, 1997; Nelson 2004). The Nelson study (2004) also found that traditional training in body mechanics, transfers, and use of back belts is not effective.

Many acute care hospitals and long term care facilities have responded to the challenges in safe patient handling with lift teams and mechanical lifts. The rehabilitation field has the unique challenge to develop programs that protect our staff while maintaining a safe and therapeutic environment for our patients. Patient mobility is a primary functional need of patients admitted to an inpatient rehabilitation facility (IRF) and promotes safe discharge home and to the community (CMS 2009).

Background

In January, 2003 the U.S. Department of Labor assembled a work group called the National Advisory Committee on Ergonomics (NACE) with the task of advising the Secretary of Labor and the Assistant Secretary for the Occupational Safety and Health Administration (OSHA) on Ergonomic Guidelines, Research, Outreach, and Assistance over the next two years. Following the assembly of NACE, OSHA released "Guidelines for Nursing Homes - Ergonomics for the Prevention of Musculoskeletal Disorders" in March, 2003. The guidelines explicitly recommended that "manual lifting of patients be minimized in all cases and eliminated when feasible." In 2004, the American Nurses Association (ANA) introduced safe patient handling as a priority and launched the Handle with Care® campaign.

In response to the OSHA and ANA initiatives, a taskforce of the Association of Rehabilitation Nurses (ARN), the American Physical Therapy Association (APTA), and the Veterans Health Administration (VHA) was convened in 2004 to proactively address the use of patient handling equipment not only for patient and staff safety, but also for therapeutic purposes. The taskforce published a white paper, Strategies to Improve Patient and Health Care Provider Safety in Patient Handling and Movement Tasks which was presented at the 2005 Safe Patient Handling and Mobility Conference.

Since the concept of safe patient handling and mobility was introduced, the terminology has evolved to reflect the interprofessional collaboration and application across the full continuum of care, which includes rehabilitation. Additionally, with improved availability and use of equipment, the standard and principles go beyond passive static handling and movement activities involving patients. There is currently a more active partnership between the provider and healthcare recipient in order to progress the healthcare recipient’s achievement of positive mobility outcomes which is consistent with the rehabilitation goal. To date there have been several other publications and initiatives addressing safe patient handling and mobility including the passage of laws or regulations in 11 states requiring safe patient handling policies and ANA’s 2013 publication of Safe Patient Handling and Mobility: Interprofessional National Standards.

Position Statement

In order create and maintain a safe environment for nurses and patients, ARN supports actions and policies that result in the therapeutic use of equipment that engages the patient's effort in movement mobility while avoiding manual lifting techniques. ARN supports the principles and standards of Safe Patient Handling, referring to the use of hands and/or assistive devices to perform an activity when needed for the dependent patient and encouraging more active involvement of the healthcare recipient and healthcare worker in progressing the activity and mobility level of the healthcare recipient with the potential to improve health and safety outcomes as outlined in Advancing the Science and Technology of Progressive Mobility (ANA & ASPHP, 2014). ARN also recognizes and supports the benefits of the principles to improve early mobilization safely for both the healthcare recipient and healthcare provider.
Finally, ARN supports a culture of safety, endorsed at the administrative level and supported throughout the organization.

**Recommendations**

- Use of ANA’s Safe Patient Handling and Mobility: Interprofessional National Standards (SPHM Standards), published in 2013.
- Further research to investigate the benefits of early mobility, such as reduced injury, improved respiratory status, improved dignity, reduced skin breakdown
- Manual lifting should be minimized in all cases and eliminated when feasible
- Use of technology that maximizes patient effort
- Assess patient ability or degree of dependence
- Assess the environment to determine what will work safely within the constraints of the work area
- Train staff on appropriate ergonomics
- Promote a culture of safety that encourages staff to take the additional time necessary to do the right thing
- Educate students on methods that make patient handling safe
- Refer to and follow your state’s safe patient handling law if applicable as well as hospital/organizational policies and procedures

**References**


**Other Resources**

