

Control the risks involved in handling patients



Chloe Eaton
WorkSafeBC occupational safety officer and former WorkSafeBC ergonomist

Region: Richmond
Years on the job: as an officer, 1; as an ergonomist, 8

We talked to WorkSafeBC occupational safety officer Chloe Eaton about preventing musculoskeletal injuries (MSIs) through risk assessments — particularly in connection with patient handling in health care.

Q. What ergonomic hazards do health care workers encounter?

A. Many health care workers have physically demanding jobs. These jobs require them to perform such tasks as moving patients from beds and repositioning them, turning or rolling patients in bed, and holding limbs while caring for wounds. As a result, B.C. health care and social service workers typically experience about 3,000 MSIs per year. All patients — with the exception of infants and those who can move themselves — are usually considered too heavy for workers to safely handle on their own. You wouldn't lift a 100-pound box, so why is it acceptable to handle a 100-pound patient?

Q. How do employers prevent these types of injuries?

A. Always complete a risk assessment. Risk assessments help determine whether the task poses a risk to workers. Before a patient is moved or repositioned, a risk assessment helps to determine the safest method for both the patient and health care worker. It takes into account the patient's abilities (which can change daily or even hourly), the tasks workers must perform, and the physical layout of the workplace.

Q. What comes after a risk assessment?

A. Think about the options that will minimize the risk. Mechanical devices, such as ceiling lifts, should always be considered first. Ceiling lifts can transfer patients to and from bed, reposition them while in bed, lift their limbs, and help them with rehabilitation exercises.

A patient's condition can change from hour to hour. Before deciding to move someone, always check that patient's cognitive and physical abilities, and whether anything has changed since he or she was last assessed.

Q. Why might a worker hesitate to use a ceiling or floor lift?

A. Lack of time is a common reason for not using equipment; lack of confidence is another one. Employees shouldn't be afraid to ask colleagues or supervisors for help. Supervisors should always monitor work practices and be watching for workers who aren't comfortable using equipment.

Q. How can workers avoid these hazards?

A. Training and education are key. Like any physical skill, it can take time to learn how to use a ceiling or floor lift. Overall, employers must make sure workers receive training in safe patient handling.

Hands-on, practical training that incorporates competency testing is most effective. When it doesn't incorporate equipment, training in proper body mechanics is unlikely to reduce injuries. Workers should be able to demonstrate the techniques they are taught; this helps them truly understand the hazards.

Q. Where can I get more information?

A. worksafebc.com provides extensive materials on patient handling and injury prevention for health care workers, both in print and video. Visit www2.worksafebc.com/Portals/HealthCare/PatientHandling.asp, call the WorkSafeBC prevention line (toll-free at 1.888.621.7233), or speak with one of our prevention officers.

— Reprinted from the September/October issue of *WorkSafe Magazine*