

Safe resident handling: Not all risk controls are created equal

Presenters:

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Objectives

- 1 Recognize not all controls are equal
- 2 Understand which controls minimize injury

Types of Incidents

- Musculoskeletal injury (MSI)
 - Overexertion: loads or forces so great they exceed tissue tolerances.
 - Repetitive motion: repeated loading weakens tissues to the point of failure.
- Falls
- Violence

Risk Control OHSR 4.50 (1)(2)(3)

(1) The employer must **eliminate or, if that is not practicable, minimize the risk** of MSI to workers.

(2) Personal protective equipment may only be used as a substitute for engineering or administrative controls if it is used in circumstances in which those controls are not practicable.

(3) The employer must, without delay, implement **interim control measures** when the introduction of permanent control measures will be delayed.

Controls

1. Engineering controls (physical change)

- Adjust and adapt the work environment and/or equipment to eliminate or minimize risk factors

2. Administrative controls (change to the way work is performed)

- Scheduling
- Task variety
- Education/ Training
- Organizational support and change management



Point of Care Risk Assessment



Adapted from Vancouver Coastal Health's "Point of Care Risk Assessment"

SafeCareBC

Engineering Control - Examples



Slider sheet

<http://www.prismmedical.ca/ergoslide-plus-2300-bed-repositioning.html>



Total floor lift

<http://www.prismmedicalinc.com/fga-450-mobile-patient-lift.html>

Engineering Control - Examples

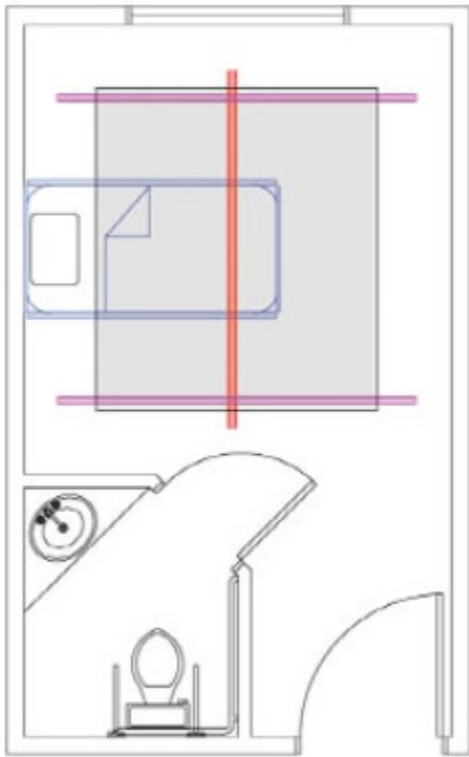


Automated repositioning system

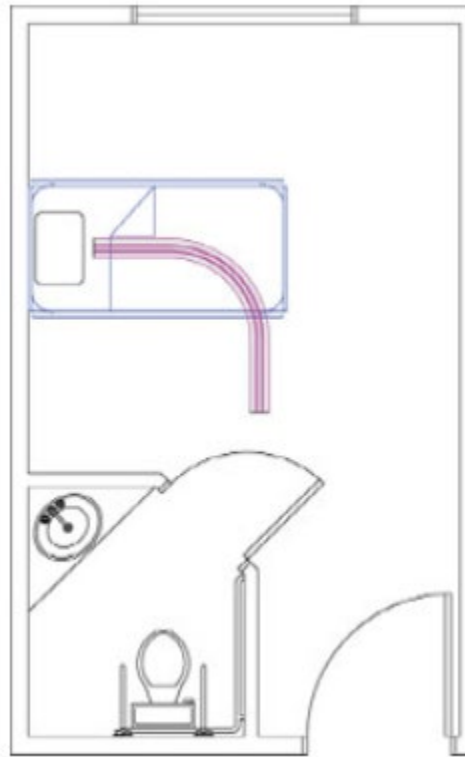


Automated turning

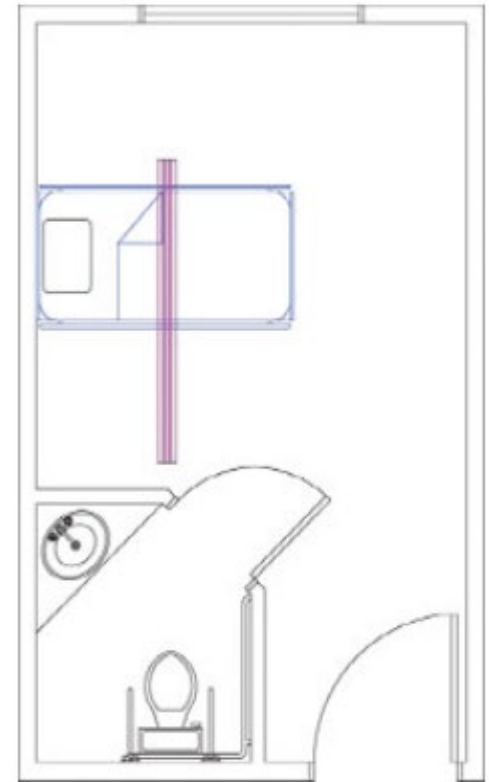
Engineering Control - Examples



X – Y Gantry



Single Track in line
with bed (J)



Single Track perpendicular
to bed

Side-loaded Lift Device



[Turning Patient with Repositioning Sling and Ceiling Lift - YouTube](#)

Engineering Control - Examples



Engineering Control - Examples



Engineering Control - Examples



Slings



Sling selection

Residents should be assessed for appropriate sling style and size by a qualified care partner

Resident sling styles and size should be documented on the care plan

Consider a champion model of training to create in-house safe patient handling experts



Repositioning in bed

Residents should be assessed for their ability to assist in their bed mobility tasks

For residents who require minimal assistance choose textiles with a low coefficient of friction

Residents who require more than minimal assistance in bed should be mobilized with an appropriate repositioning sling and mechanical lift.

Method of mobilization in bed should be documented in the resident care plan



Safety and inventory

Slings should be checked at the point of care for structural integrity

CSA Z10535 Guideline 6.3.11.1
Slings, clips and attachment points shall be inspected for discoloured, weakened, rotting, torn, frayed, cracked or worn areas that predispose a sling to failure

CSA Z10535 Guideline 6.3.11.4
A documented risk assessment should be undertaken periodically per manufacturer instructions and at least every 6 months


Engineering Control Comparison

High risk task	X-Y gantry	Single in line	Single perpendicular	Floor-based lift	Auto reposition
Transfer most points in room	●	●	●	●	●
Transfer bed to adjacent wheelchair	●	●	●	●	●
Pick up from floor	●	●	●	●	●
Reposition - side to side	●	●	●	● ●	●
Reposition - boosting	●	●	●	● ●	●
Reposition - turning	●	●	●	● ●	● ●
Reposition in wheelchair or chair	●	●	●	● ●	●

● High level of risk control

● Some/possible risk control

● No risk control



IT IS MUCH BETTER FOR THE PATIENT TO
DO DAILY CARE AT THE SINK



2:35 / 15:04





Safe Resident Handling System



Thanks!

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