ERGONOMICS: PATIENT HANDLING

The task of transferring, moving, pushing, and lifting patients often involves awkward posture and unexpected high exertion forces for the worker. Common causes of increased risk of injury to the worker include:

- unexpected movement by the patient.
- not using patient handling aids due to lack of training, lack of equipment, or unmaintained equipment.
- limited space and support personnel.
- patient’s inability to support self (dead-weight).
- pre-existing back conditions exacerbated while maneuvering patients.

Risk of injury due to the causes listed above may be prevented by doing an initial assessment of the patient’s needs, patient limitations, work location, and available resources (equipment or additional staff) before conducting a transfer. Based on the assessment, controls should be identified and implemented.

Preventive Measures and Controls

- Prepare a game plan with peers, prior to patient arrival.
- Assess patients and tasks to determine when more than one worker is needed. Do not attempt maneuvering a patient alone when the assessment requires assistance.
- Avoid maneuvering patients if you have a pre-existing back injury or pain.
- Practice ergonomic lifting techniques. This may require moving equipment to provide better access to the patient. Never rush through the maneuvering of patients.
- Ensure caster brakes are applied on lifting/moving aids when not in use. Check the operation of the casters and brakes before each use.
- Ensure the locking device on lifting/moving aids is securely tightened when not in use. Check the operation of the locking mechanism before each use. Obtain training on the aids and use the aids when appropriate. Ask for assistance, when applicable. Inspect assistive devices regularly to ensure they are in proper functioning condition, prior to utilizing. Contact your medical equipment service and repair vendor for any needed repairs.
- Inspect areas and paths where the patient will be moved. Identify and address unnecessary hazards such as wet floors, cords, low lighting, thresholds, and doors which close too abruptly.
- Ensure floor surfaces are suitable for moving any wheeled equipment. Floor surface concerns may include holes, cracks, curling floor mats, and sudden floor elevation or slope changes (including door threshold plates and floor drain covers).
- Wear slip-resistant and closed toe shoes. Ensure laces are tied and not at a hazardous length.
- Limit repetitive and/or long duration tasks by alternating with other tasks or working with another worker.
- Maintain an awareness of posture when in motion, seated, standing, and lifting.
- Contact Yale EHS (203-785-3550) for an evaluation of tasks or for recommendations.
Lifting Heavy Patients

- Use at least two people.
- Bend and lift with your legs, not your back.
- Never twist your body.
- Turn your entire body in the intended direction of travel and then begin to lift.
- Hold the patient close, not far away, from your body to minimize strain.
- Provide the patient with an additional stable supportive device to hold on to.
- Use a mechanical lift or hoist whenever possible.
- Wear slip resistant supportive shoes.
- If lifting the patient from a bed, have at least two workers help. The bed should be at hip level of the shorter worker, and in a locked position.
- When possible, minimize lifting forces. Examples include using patient transfer sheets, transfer boards, etc.
- Never support the patient’s full body weight alone.

Unstable Patients

- Handrails, canes, and walkers should be used for assisting patients moving in an exam room, and arm rests for taking blood pressures.
- Ask the patient or parent (if patient is <18 years old) if the patient is feeling well, both physically and mentally (including symptoms of dizziness or room spinning).

Lowering Falling Patients

- Move one step behind the falling patient with one leg slightly in front of the other.
- Support the patient by holding their waist and lowering the patient down using your front leg.
- Ask for additional staff support, if and when nearby.