



PATIENT HANDLING



Weighing the risks

Patient handling is the top cause of injury among healthcare workers. Care workers who manually transfer or reposition patients are at significant risk of musculoskeletal injuries (MSIs) such as sprains or strains.

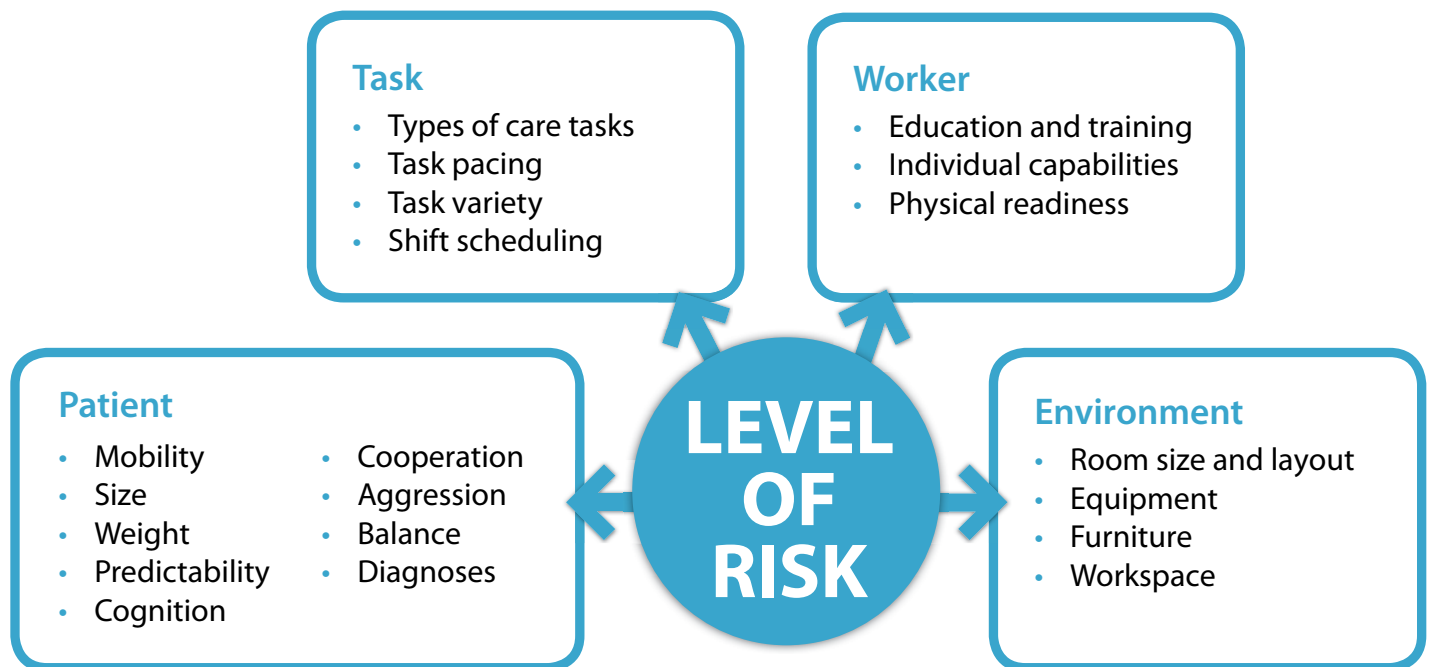
Risk assessments are required

According to section 4.48 of the Occupational Health and Safety Regulation, before a patient is transferred or repositioned, a risk assessment must be performed to determine the method that is safest for both the patient and worker. Risk assessments help determine whether the degree of risk is low, moderate, or high. Risk assessments should:

- Be done by someone who has knowledge of MSI risk factors and the physical demands of the task to be performed
- Consider the characteristics of the task, the worker, the patient, and the environment (see illustration)
- Be recorded for future reference
- Determine which patient handling method is most appropriate

Point-of-care risk assessment

Before performing a transfer or repositioning task, the care worker should also assess the patient's current physical and mental state to determine if there is any change and to confirm that the existing method for transfer or repositioning is still safe. This is referred to as a "point-of-care risk assessment". It's especially important when a patient's physical or mental status changes on a daily or hourly basis. If there is any change in the patient's status (for example, a significant reduction in mobility) a new risk assessment may be required.



Reducing the risks

Patient handling is the top cause of injury among healthcare workers. Care workers who manually transfer or reposition patients are at significant risk of musculoskeletal injuries (MSIs) such as sprains or strains.

Control measures are required

According to section 4.50 of the Occupational Health and Safety Regulation, if a patient requires any help transferring or repositioning, control measures must be implemented to reduce MSI risks as much as possible. Before doing any transfer or repositioning task, conduct a risk assessment. Based on that assessment, consider controls that will minimize risk.

Hierarchy of control measures

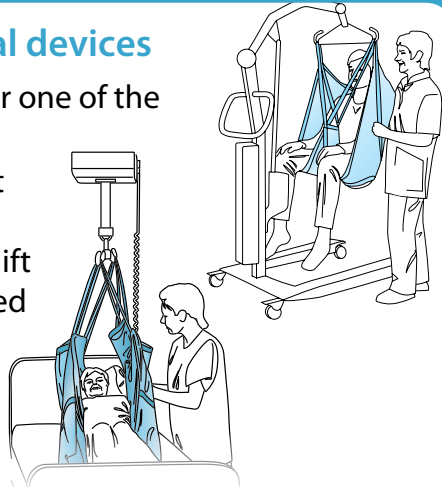
Use the following flow chart to determine which control is most appropriate for both the patient and the worker.

All workers responsible for a transfer or repositioning task must receive instruction and have easy access to written guidelines for the chosen control measure. If there is a delay in implementing the appropriate control, interim measures must be put in place immediately. Interim control measures must not cause significant risk to workers and must be replaced by the permanent control measure as soon as possible.

Mechanical devices

First consider one of the following:

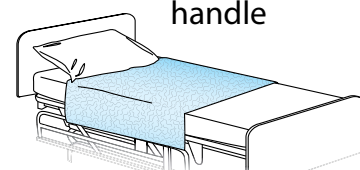
- Ceiling lift
- Floor lift
- Sit-stand lift
- Electric bed



Non-mechanical aids

If mechanical devices are not possible,* consider one of the following:

- Slider sheet
- Transfer board
- Bed ladder
- Grab bar
- Triangle trapeze handle



Procedural measures

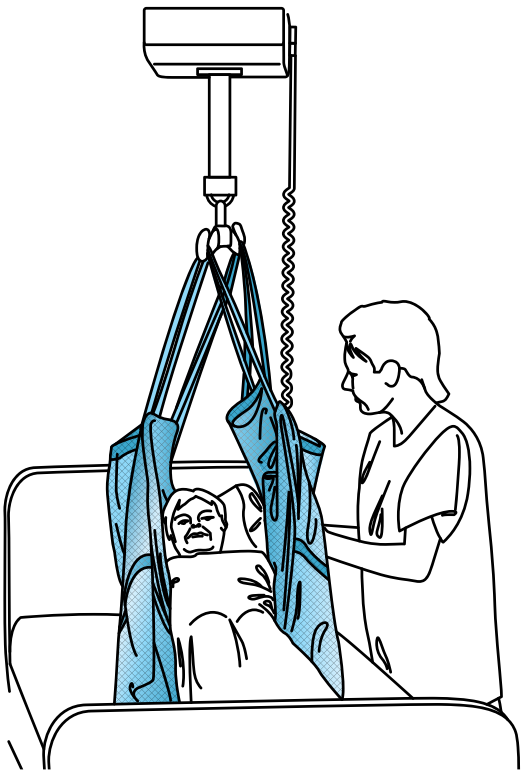
If mechanical and non-mechanical aids are not possible,* consider one of the following:

- Reduce frequency of high-risk tasks
- Care in bed
- Changes to care plan

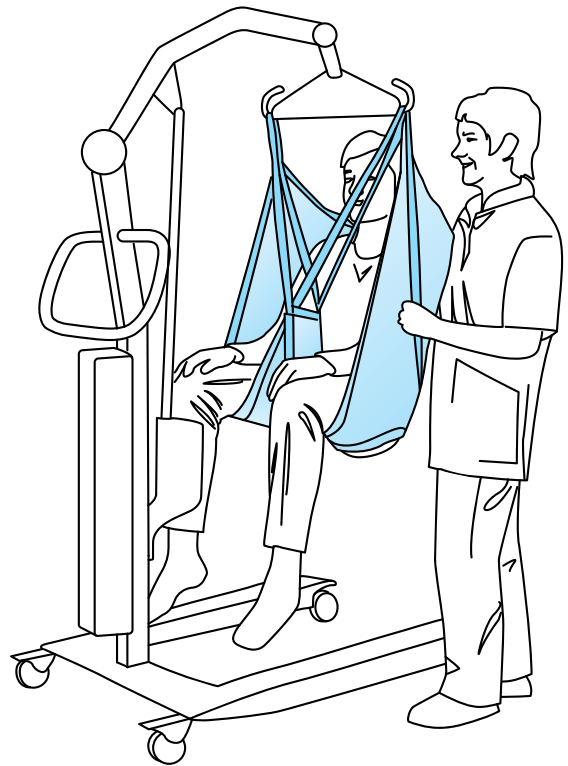
* For example, because of medical contraindications or a room that cannot accommodate a ceiling or floor lift

Ceiling lifts vs. floor lifts — What's the difference?

Ceiling lifts and total body floor lifts perform similar patient handling functions. Both lifts can safely transfer patients between surfaces (e.g., from bed to chair, and from bed to commode). Care facilities often need a combination of both total body floor lifts and ceiling lifts to provide coverage of all areas and to control the risk to workers as required by section 4.50 (1) of the Occupational Health and Safety Regulation. This bulletin discusses key differences between these types of lifts that should be considered when determining which lift to use or purchase.



*A **ceiling lift** consists of a sling attached to a lift motor that travels along tracking mounted overhead. These systems can be portable or permanent.*



*A **total body floor lift** is movable and consists of a sling attached to a stand on wheels. It takes the whole weight of the patient, unlike a sit-to-stand lift.*

Key differences between lift types



Ceiling lift



Total body floor lift

Safe handling

A ceiling lift

- Requires minimal force while handling the patient.
- Safely transfers patients who have fallen to the floor, provided they are underneath the tracking system.
- Can be used to reposition patients in bed. Gantry-style tracking provides maximum flexibility for in-bed positioning; more so than a straight track.

A total body floor lift

- Requires considerable force to push and turn, especially over carpet, sloped flooring, or thresholds.
- Safely transfers patients who have fallen to the floor, if the boom lowers close enough to the floor.
- Cannot be used to reposition patients in bed unless separate attachments are used.

Accessibility

A ceiling lift

- Can be used anywhere within the area covered by tracking, including restricted areas where a floor lift cannot reach (e.g., small bathrooms).
- With a permanent motor can stay in the patient's room, and therefore does not need to be located before each use.

A total body floor lift

- Can access areas where tracking is not installed, (e.g., hallways or dining areas).
- Can have difficulty fitting through door openings and under beds, plinths, and stretchers.
- May have to be located before use.

Floor space

- Minimal to no floor space is required to store and use a ceiling lift.

- A large amount of floor space is required to store and use a floor lift, especially while turning.

Limitations

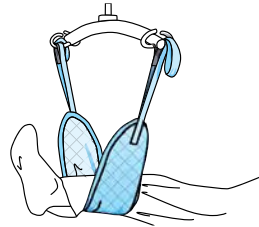
- Ceiling lift installations in rooms with low ceilings may require specific equipment or modifications.
- Other overhead fixtures, including curtains, may need to be rearranged to work with the tracking system.

- For a total body floor lift, the boom's range may limit the height the patient can be lifted.
- A floor lift can tip over if the boom is pushed from its side, if brakes are applied during lifting, or if the patient's centre of mass is not centred over the lift's base.

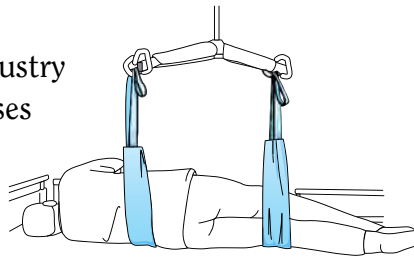
Ceiling lifts — They're not just for transfers

One in three injuries among health care workers is caused by manual handling of patients. Ceiling lifts are used to reduce workers' risk of injury from manually transferring patients. Other common care tasks also pose a risk to care workers. When used with a variety of slings, ceiling lifts can help to reduce the risk.

Band slings (also known as roller band slings) are narrow, long, and often quilted. Each sling has a strap on each end. Depending on the task, one or two slings may be used at a time.



The health care industry continues to find uses for these slings, such as



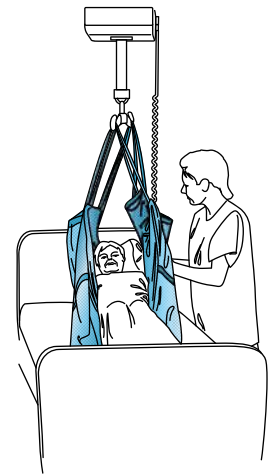
- Raising and holding limbs while
 - Dressing a patient
 - Changing a wound dressing
 - Washing (especially perineal care)
 - Carrying out rehabilitation exercises
- Turning or rolling a patient

Walking slings (or standing slings) are fully padded slings that are primarily used for rehabilitation, including

- Supporting a person from a seated to a standing position
- Walking or gait training



Repositioning slings (also known as positioning, supine, or stretcher slings) consist of a flat sheet, usually made of polyester, with multiple straps along each side that can be attached to a ceiling lift. With these slings, a patient can be lifted or turned while lying down. Repositioning slings are designed to be a part of the bedding and remain under the patient. A clinical team approach should be used to assess these slings' appropriateness for patients prone to skin breakdown.



Repositioning slings have many uses, such as

- Positioning a patient in bed, including boosting or positioning pillows
- Turning or rolling a patient for personal care
- Transferring a patient between two horizontal surfaces (e.g., from bed to stretcher)
- Assisting a patient to a sitting position to change sheets and to place pillows or portable X-ray plates

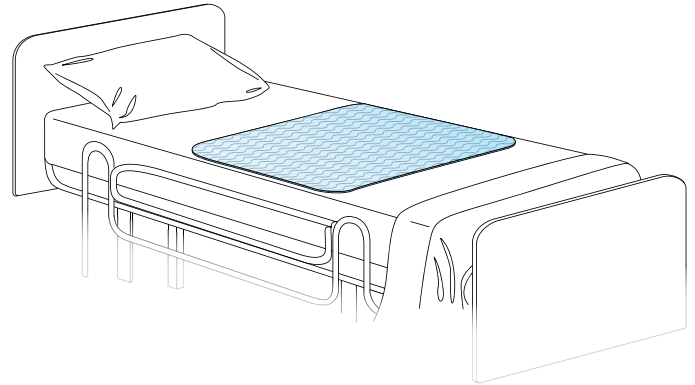
Soaker pads are not for repositioning

Healthcare workers are using soaker pads to reposition (boost or turn) patients in bed, despite the risk of sprains or strains (musculoskeletal injury) to themselves. Soaker pads, also known as *incontinence pads* or *bed pads*, are designed to absorb urine in order to keep beds and linens dry, and protect patients' skin. Soaker pads should only be used for their intended purpose — they are not meant for repositioning patients.

Risks of using soaker pads to reposition patients

There are several concerns with using soaker pads to reposition patients in bed:

- Soaker pads are not designed for repositioning patients.
- Soaker pads do not have low friction properties — sliding them requires great effort.
- Soaker pads are small and positioned under the lower part of a patient's trunk and upper legs. The pads do not fully support the patient's trunk and shoulders, so using them for repositioning results in an unbalanced load and greater effort.
- According to section 4.3(1)(b)(i) of the Occupational Health and Safety Regulation, all equipment must be used according to the manufacturer's instructions. Soaker pad manufacturers should provide instructions for the safe use of the product.



Controlling the risks of repositioning

According to sections 4.47–4.50 of the Regulation, employers must identify, assess, and control the risk of musculoskeletal injury to workers. This risk must be assessed and minimized to the lowest level using appropriate control measures. Repositioning patients is usually achieved by:

- Using mechanical devices such as a ceiling lift with a repositioning sling
- Using non-mechanical aids such as a low-friction slide or draw sheet

For more information on patient handling, visit the [Safety at Work Centre for Health Care](#) at WorkSafeBC.com.

For more information

WorkSafeBC.com — Health Care Industry

Our site provides information and resources on topics specific to health care and social services employers and workers. For example, musculoskeletal injuries (MSI), ceiling lift resources, violence, needlestick injuries, and infectious diseases.

<http://www2.worksafebc.com/Portals/HealthCare/Home.asp>

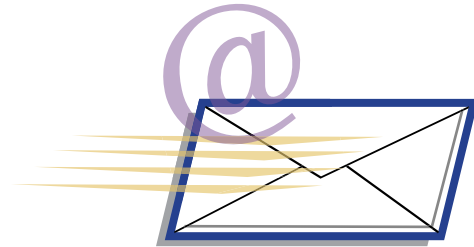
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