

TOP 10 TIPS FOR MANUAL HANDLING

1

Assess before you handle or lift anything: your capability & the task itself



2

Adopt a good posture; maintain spine in natural curves



3

Avoid stooping. Stooping results in damage to discs, ligaments and muscles as they work at the end of their range



4

Adopt a stable base



5

Make sure you have a secure grip on the load



6

Avoid twisting (damages discs, muscles and ligaments)



7

Hold the load object/person close



8

Use smooth flowing movements to prevent injury to muscles and ligaments



9

Handle tasks at low level with extra care.

10

Avoid prolonged effort in static positions.

Importance Of Manual Handling In Nursing

Bincymole Jacob



Importance Of Manual Handling In Nursing

Evidence-Based Patient Handling Pat Alexander, Emma Crumpton, Brian Fletcher, Mike Fray, Sue Hignett, Sue Ruszala, 2005-07-05
Providing care and treatment for patients usually requires moving and handling activities associated with high rates of back injuries. The personal and financial cost of back pain and injuries to health staff means there is an urgent need to improve practice in this area. Over the past twenty years a number of guidelines have been published however these have been based on professional consensus rather than evidence. Evidence Based Patient Handling tackles the challenge of producing an evidence base to support clinical practice and covers tasks, equipment and interventions. This book questions previously held opinions about moving and handling and provides the foundation for future practice.

Safe Patient Handling and Movement Audrey L. Nelson, PhD, RN, FAAN, 2005-12-02
Did you know that an estimated 12% of nurses leave the profession annually because of back injuries and that over half of RNs complain of chronic back pain? This book presents best practices in safe patient handling and movement. Nurse and hospital administrators, clinicians, clinical managers, risk managers, and those involved in procurement and implementation of patient handling technologies in the health care environment will find this a practical resource for improving care and protecting staff from unnecessary injury. You will come away from reading this book with information that you can employ in a variety of work environments: hospitals, nursing homes, home care, and other health care organizations, whatever your practice setting may be. Caregiver safety approaches include evidence-based standards for safe patient movement and prevention of musculoskeletal injuries. An overview of available equipment and technology, architectural designs for ergonomically safe patient care space, institutional policies such as use of lift teams.

Improving Patient Safety and Nursing Care Utilizing Safe Patient Handling Devices Ellena A. Evans, 2016
Injury to patients and nurses who utilize manual lifting and transfer techniques is a significant problem in today's healthcare environment. Nurses suffer injuries from manual patient handling which can lead to career limiting ending injuries for nurses. The purpose of this project was to gain a better understanding of the frontline nurse experience in the clinical setting today and determine what leads them to utilize workarounds in the care of the patient. The goals were to identify best practice evidence through research and use the evidence to improve the utilization of safe patient handling (SPH) equipment and devices. Establish a culture that embraces the use of the SPH program. Reduce injuries to patients and clinicians through elimination of manual handling techniques. The objectives were to use nursing focus groups, structured observations, and a questionnaire to determine what change was needed to decrease injuries and increase utilization of the SPH program. Review systems and processes that hinder a safe working environment and discover the complexities nurses face in patient care setting. Thereby gaining a better understanding of nursing knowledge levels and knowledge deficits that prohibit appropriate SPH equipment use and identification of obstacles that prohibit lifting and transferring patients safely. Evaluation methods included equipment usage and a decrease in musculoskeletal injuries related to the use of proper body mechanics and lifting techniques with SPH equipment and devices. Without the completion of this project, the future clinical would be continued incidence of manual handling injuries, lost and restricted work days, and continued avoidable costs to patients, nurses, and the organization.

(Mis)powered Practice Katie Kay, 2015 Inherent in the nursing role are manual handling activities required for the provision of patient care. The physical demands upon nurses have resulted in high rates of musculoskeletal disorders (MSDs) within the profession. Despite the development of programs intended to reduce MSDs, sustainable solutions have remained elusive. Nurses continue to be disproportionately represented in the statistics for injuries arising from manual handling. Over 95% of nurses are likely to incur at least one MSD during their professional lifetime. The scholarly literature provides little evidence of the inclusion of nurses in the manual handling dialogue despite their intimate knowledge of the healthcare environment. This thesis reports on a study of nurses speaking about their perspectives on current manual handling practices and their experiences of participation in injury prevention programs. The research explored nurses' experiences of manual handling within acute and aged care health facilities in two Australian states with the intent to make explicit the assumptions underlying contemporary approaches to manual handling issues. The overall aim of this research was to explore nurses' manual handling experiences in the specific context of healthcare organisations. An improved understanding of manual handling from the perspectives of nurses has the potential to explicate aspects of manual handling not previously considered in the development of programs to reduce injuries. The overarching intention of this study was to give nurses the opportunity to verbalise and examine their manual handling experiences and perceptions with an aim to explore any possible transformative practices. Abstract

Safe Patient Handling Audrey Nelson, 2007 Nursing personnel are consistently listed as one of the top ten occupations for work-related musculoskeletal disorders with incidence rates of 8.8 per 100 in hospital settings and 13.5 per 100 in nursing home settings. Strategies to prevent or minimize work-related musculoskeletal injuries associated with patient handling are often based on tradition and personal experience rather than scientific evidence. The most common patient handling approaches in the United States include manual patient lifting, classes in body mechanics, training in safe lifting techniques, and back belts.

Safe Patient Handling Barbara Kelly, 2014 A musculoskeletal injury of some type is most likely the expected result amongst nurses as a consequence of the manual handling and lifting of patients over years working in the nursing profession. Safe patient handling programs are being progressively recognized and instituted in more and more healthcare systems across the country as research studies have shown the decline in workplace injuries due to the implementation of safe patient handling, the decrease in costs related to those injuries, as well as the increase in efficiency and safety for the patients. Creating a culture change in a healthcare facility is difficult and entails continuous attentiveness and persistence with unfailing emphasis on staff involvement. It is necessary to have engagement from all involved, including the executives, leadership, and staff members. Information and program resources for the implementation of a safe patient handling program are available through the Tampa Veterans Administration, which is accessible online for the utilization in the process of development through the completion of the transition. The designation of safe patient handling champions were chosen for each unit and charged with the competent use of the equipment. Champion training sessions were set for a four-hour time frame, where training the remainder of staff was limited to two-hour periods. A patient mobility tool was developed to help verify the amount of assistance each patient needed and which type of equipment was necessary in order to achieve the safety and comfort for the patient, as well as reducing the incidence of back injuries to the staff members.

Caring moments model Sally T. Gardner, Nurses suffer musculoskeletal disorders MSD at a higher rate than other industries due to the heavy loads nurses lift when handling patients As a result of high injury rates many hospitals have introduced Safe Patient Handling and Mobility SPHM Programs but program success varies Many nurses continue to practice outdated manual handling techniques than use the available SPHM equipment The Veterans Health Administration VHA Medical Center where this author works has a comprehensive SPHM program that includes a team of SPHM Unit Peer Leaders UPLs UPLs are experts in safe patient handling and provide training and education on the unit level Unfortunately since the role of the UPL is a collateral duty they must perform these tasks in addition to caring for a full patient assignment This Medical Center continues to have a high number of injuries and this author hypothesized that if the UPL had dedicated time provide SPHM expertise through transpersonal caring moments the nursing culture and patient handling behaviors would align with the SPHM program and policy Dr Jean Watson s Theory of Human Caring is the framework for the Caring Moments Model that incorporates the concepts of intentionality presence relationship and caring into the role of the UPL The Caring Moments Model aims to determine if a UPL who is armed with the knowledge of the cultures of nurses and of veterans can transform the culture of nursing and safe patient handling

Manual Handling in Nursing Marion Pocock,1997

Safe Patient Handling Training for Schools of Nursing Centers for and Prevention,Department of Human Services,National Institute Safety and Health,2013-10-20 In the field of nursing work related musculoskeletal disorders MSDs such as back and shoulder injuries persist as the leading and most costly U S occupational health problem A large body of evidence indicates that a substantial number of work related MSDs reported by nurses are due to the cumulative effect of repeated manual patient handling activities and work done in extreme static awkward postures In a list of at risk occupations for musculoskeletal disorders in 2007 nursing aides orderlies and attendants ranked first in incidence rate with a case rate of 252 cases per 10 000 workers a rate seven times the national MSD average for all occupations Emergency medical personnel ranked second followed by laborers and material movers ticket agents and travel clerks and light and heavy truck drivers among the top six at risk occupations Department of Labor Bureau of Labor Statistics BLS 2009 The nursing occupation also typically ranks in the top ten in yearly incidence rate of sprain and strain injuries In most industries MSD injury rates have declined in recent years yet MSD rates for nurses in the healthcare industry have not declined during the same period Healthcare units at high risk for back and other injuries to caregivers have certain characteristics History of frequent injuries High proportion of dependent patients Lack of use of lifting equipment in good repair Low staffing levels More than 30 years of evidence has demonstrated that manual patient handling and relying on body mechanics is unsafe Furthermore this evidence indicates that adoption of safe patient handling SPH techniques where nurses use assistive equipment during transfers is effective in reducing the incidence of MSDs related to the handling of patients

Guidelines for Nursing Homes ,2003

Manual Handling in Health and Social Care Michael Mandelstam,2002 This text presents an accessible overview of manual handling law and the legal implications and practical issues involved Topics covered include equipment provision and handling of children in schools and guidelines on health and safety

Safe Patient Handling and Mobility ,2013 The Safe Patient Handling and Mobility Standards establish a uniform national foundation for safe patient handling and mobility to prevent injury to healthcare workers and healthcare recipients across the care continuum These standards outline the role of both the employer and healthcare workers in safe patient handling and mobility There are eight overarching standards featured in the book each one outlined and explained in detail Culture of Safety Sustainable SPHM Program Ergonomic Design Principle SPHM Technology Education Training and Maintaining Competence Patient Centered Assessment Reasonable Accommodation and Post Injury Return to Work Comprehensive Evaluation Systems Nurses and all other healthcare workers can use these standards to improve their safe patient handling and mobility programs and optimize safe high quality patient care Page 4 de la couverture

The Effects of Training in Safe Manual Handling on the Patient Lifting Techniques of Nursing Personnel Bruce Paul Klein,1985

Safe Patient Handling and Technique Reduce MSDS in Nurses Bincymole Jacob,2014 The study reviews the importance of safe patient handling technique in reducing musculoskeletal injuries among health care workers About 38% of all nurses are affected by back injuries nearly all of these injuries 98% are due to nurses lifting and moving patients manually Baptiste A and Boda V 2006 Prevalence of musculoskeletal disorders has been noted to vary across occupational groups and over national boundaries like subjectivity of terms variations in instrument different work and cultural settings perception and reporting of pain and disorders et cetera Occupational injuries among nurses affect health care system in different ways like shortage of nurses mandatory overtime and loss of work time Moreover it causes financial burden to hospitals Insurance companies and health care providers The research below emphasis implementation of safe patient handling technique and ergonomic principle to reduce musculoskeletal injuries among health care workers Improvement in work setting selection of proper equipment administrative and engineering support is also highly recommended Periodic education and training of staff members is also recommended to update the skills level among health care workers

Implementing a Multifaceted Safe Patient Handling and Movement Program to Prevent Musculoskeletal Injuries in the Nursing Workforce Jeremy Villapando,2014 Current and future health care needs of the nation s population are changing as the obesity rate rises patients present with multiple comorbidities and they become more physically dependent de Castro 2006 Representing the majority of the health care team and providing the most direct patient care the nursing workforce is at highest risk for sustaining work related musculoskeletal injuries The nursing workforce is also continuing to age making them more at risk for musculoskeletal injuries de Castro 2006 Nursing is considered among the top ten at risk job for work related injury in the United States Nelson and Baptiste 2006 Musculoskeletal injuries in nurses can lead to many negative outcomes such as disability early retirement a change in profession loss work days job dissatisfaction and costly worker s compensation It can compromise not only the nurse s but patient safety as well This prevalence in the nursing profession can also affect the future of the nation s health care Risking the health of the current nursing workforce can worsen the future nursing shortage hence compromising the nation s future health care delivery de Castro 2006 Increasing nurse injury can also cause a negative financial impact to a health care organization as medical cost replacement cost and re injury rate increases Investing on what seems like a costly patient lifting and transferring equipments nurse education training and re training and establishing a safe patient handling and movement committee has proven to be the most cost effective approach when dealing with this problem Evidence based studies have shown positive outcomes with implememting a multifaceted safe patient handling and movement program in an effort to prevent musculoskeletal injuries in the nursing workforce An implementation plan consisting of engineering administrative and behavioral components has proven to be the best approach to prevent musculoskeletal injuries to nurses Restructuring the nursing practice by eliminating old techniques and behaviors such as manual lifting use of proper body mechanics and use of back belts which are proven to be no longer effective when dealing with the current patient population is essential Nelson and others 2007 Adopting new practices grounded on research based and evidence based data is crucial to reduce and elimitate injuries to nurses therefore safeguarding the future of the nation s health care delivery system

Nursing Care and the Activities of Living Ian Peate,2010-01-19 This book gives a practical focus to the underpinning theory of nursing in order to help students through the academic part of their undergraduate course as well as their placement The book is based on the activities of living model so each activity has its own chapter allowing readers to dip in and out It is essential reading for students enabling them to understand and manage the many clinical issues they face on a daily basis when nursing adults on wards in clinics and in the community setting

Manual Handling Workload and Musculoskeletal Discomfort in Nursing Personnel Nancy Nivison Menzel,2001 ABSTRACT Recommendations include instituting recorded patient assessments to standardize the type of equipment and the number of staff members needed for specific handling and movement activities as well as improved staff training Further research is needed on the following biomechanical forces on the wrist and knee during patient handling and movement tasks the effect of patient weight on the risk of patient handling and movement tasks and psychosocial stressors in addition to the physical workload of nursing staff

Safe Patient Handling Training for Schools of Nursing Thomas R. Waters,Audrey Nelson,Nancy Hughes,Nancy Menzel,National Institute for Occupational Safety and Health,2009-11-30 This SPH curricular material developed by cooperative effort among the National Institute for Occupational Safety and Health NIOSH the Veterans Health Administration VHA and the American Nurses Association ANA will help instructors design training programs that encourage the use of safe approaches to handling patients and contribute to the prevention of MSDs

Manual Handling Improvements in Nursing Trish Butrej,1999

Exploring Manual Handling Practice and Factors Associated with Lost Time Manual Handling Injuries in Nurses Jillian Elizabeth Adams,2012 Truncated abstract The purpose of this study was to determine whether manual handling decisions made by nurses were associated with lost time manual handling injuries The specific aims were to investigate factors associated with manual handling decisions to investigate how nurses apply knowledge when making decisions to determine the ability of nurses to identify manual handling risks and problem solve them and to identify sub groups of nurses able to make appropriate informed decisions Two theoretical frameworks guided the study the Health Belief Model providing a psychosocial model to understand manual handling behaviour and the Haddon Matrix providing a credible framework to analyse injuries and identify prevention strategies Data were gathered in two phases from Registered and Enrolled Nurses in clinical positions at hospitals in Western Australia In Phase 1 data were analysed from five focus groups Phase 2 was designed as a case control study comprising 84 injured nurses cases and 268 randomly selected nurses controls from public and private hospitals Qualitative content analysis was used to code the focus group data within the framework of the Health Belief Model and informed the development of the questionnaire The Phase 2 questionnaire was used to gather data from cases and controls and a description of the injury incident from the cases Descriptive statistics and logistic regression were used for the analysis of data from the questionnaire As the same phenomenon was studied in both phases triangulation of these data was possible in order to generate a greater understanding of the phenomenon and improve the accuracy and interpretation of the data Phase 1 data demonstrated an inadequate perception of the health threat posed by manual handling and barriers to safe practice in the working environment nurses focused on completing their work and manual handling was not their priority A model was created to demonstrate why safe practice does not emerge from legislation policy and training and requires a supportive work environment adequate time and workload adequate staffing adequate workspace and appropriate accessible equipment Phase 2 data were analysed using logistic regression to create a model of factors associated with manual handling injury Nurses were more likely to incur a manual handling injury if they worked full time OR 1.82 95% CI 1.01 3.27 had no previous aches pain associated with manual handling OR 3.17 95% CI 1.58 6.37 and were less likely to perceive manual handling to be a health threat OR 0.50 95% CI 0.34 0.73 and OR 0.67 95% CI 0.51 0.89 After the injury cases were more likely than controls to rate their perception of susceptibility to manual handling injury higher OR 1.52 95% CI 1.34 1.72 and were more likely than controls to adopt safe practice OR 1.62 95% CI 1.03 2.55 Injury data showed the majority of injuries involved patients 74% with the majority of the patients having identifiable constraints reduced mobility increased weight altered mental state very sick or anxious In the work environment expectations had the greatest influence on injuries followed by staffing levels workload and workspace

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