

Oh, My Aching Back!

Lowering the Risk of Musculoskeletal Injuries

Health care workers sustain 4.5 times more overtension injuries than any other type of worker, according to the Premier Safety Institute. That statement was based on US Bureau of Labour Statistics data from the year 2000. The survey goes on to say that six of the top 10 professions at greatest risk for back injury are nurses' aides, licensed practical nurses, RNs, health care aides, radiology technicians and physical therapists.

US-based research over the past decade estimates that the direct and indirect costs associated with back injuries are between \$24 and \$64 billion, with \$20 billion of that attributed to the health care industry (1992). The US Department of Labour's Bureau of Labour Statistics identified the nursing home sector as having

the third highest worker injury rate among 84 industry groups in 2003.

In Canada, back, neck and shoulder injuries made up 52 percent of lost time injuries to nurses in 2002, according to the Occupational Health and Safety's *Workplace Safety and Insurance Guide* for ONA workers, published in 2003. Data from 2002/2003 showed 51,000 lost days of nursing due to injuries in that period.

Reducing worker injury through legislation

These sobering figures have governments, professional bodies and employers in many jurisdictions grappling with

ways to limit lifting injuries among workers and clients. As early as 1996, the Royal College of Nursing in the United Kingdom published the *RCN Code of Practice for Patient Lifting*. In this document, the RCN advocates using handling aids "whenever they can reduce the risk of injury." They identified lifting patients as the principal factor that predisposes nurses to back injury.

In the US, some jurisdictions are mandating a zero lift policy, where the goal is to eliminate manual lifting of any patient by staff. For example, the State of Washington passed legislation in March 2006 to promote safe patient handling and



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5 Steps to Successfully Reducing Lost Hours of Staff Time

Step 1: Define your home's lifting policy.

If you haven't done so already, define the policy of when and how lifting will be done in the home. This is the time to consider the possibility of a zero or no-lift policy for the home.

Step 2: Take the time to assess the equipment you need for each area.

A complete plan will help you know what equipment you have and what equipment you will need to purchase. It will also help you establish when and how you will maintain it. You might form a committee with participants from all areas when you are considering lift purchases. If you make sure that your maintenance staff are represented, you could have an easier time making the right installation decisions. As well, involving the maintenance staff will also ensure that Step 5 is implemented.

Step 3: Choose the right lifting device for the job at hand.

Training your staff to identify the risks involved in a particular lifting scenario, combined with training them how to use all of the equipment available, will go a long way toward ensuring a successful lift. Don't forget that you need to have the correct size and type of sling for each resident in order to provide safe and comfortable transfers.

Step 4: Ensure that all of your equipment is installed correctly.

A ceiling lift deployed in an area that has not been properly braced for the weight of the equipment and the resident could set the stage for an accident. Most major suppliers will work with your staff to ensure that equipment is installed properly and safely. In areas or homes where a ceiling lift cannot be installed, you might consider a wall-mounted lift or semi-permanent option.

Step 5: Establish and monitor a complete maintenance schedule for all lifting devices.

Equipment with moving parts wears out. Make sure that your lifting equipment is properly maintained in order to ensure that you get the longest use possible. Observe the manufacturer's recommendations for frequency of replacement and repair.



prevent workplace injuries. The state legislators expect that the legislation will promote safe patient handling, reduce worker

injuries and mandate hospitals and other institutions to acquire lifting equipment and provide staff training.

In Ontario, Health and Long-Term Care Minister George Smitherman committed \$14 million in February 2004 for new patient lifts, electric beds and safety alarms to reduce workplace injury. In May 2004, he upped the ante, announcing that \$60 million would be provided to purchase 12,000 patient lifts in hospitals and long term care homes in Ontario. In 2005, the Ontario government added \$29 million exclusively for ceiling lifts, assuming that when those lifts are in place, staff are more likely to use them and avoid injury because they do not have to hunt out a mobile lift from another location.

The problem with lifting by hand

A recent study by William Marras and researchers at Ohio State University explored the ways that caregivers normal-

ly lift patients in hospitals and long term care homes. Using 12 professional patient handlers and five students, Marras' team discovered that when caregivers lift patients by themselves, their movements appear about 98 percent similar to those of workers at high risk for developing lower back disorders.

Ironically, the study also found that two isn't much better than one when it comes to lifting. In fact, when two people lifted the patient, the similarity to high risk of injury activities only dropped to 78 percent. The study concluded that using lifting devices was the only way to limit back injuries. The researchers went on to say that when you compare a back injury with direct costs over \$50,000 to the cost of lifting devices, with or without some level of government funding, the purchase of lifting devices is a good deal.

So what tool can you employ to help you contemplate lifting devices?

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Work Safe BC, the Workers Compensation Board of British Columbia, published a manual in 2005 entitled *High Risk Manual Handling of Patients in Healthcare*. The goal of the manual is to identify those activities that represent higher risks of musculoskeletal injury (MSI) to healthcare workers. With it, you can review your practices and evaluate the need for portable or fixed lifting equipment. As well, the appendix offers a checklist to help evaluate patient handling situations.

Conclusion

The issue of lifting will not go away in long term care homes. Zero lift policies and the availability of effective portable and ceiling lifts make the option of reducing or eliminating workplace injuries a real possibility. A chart listing Canadian suppliers of lifting equipment is available at www.murtonco.com. [LTC](#)

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