Developing Safe Handling Policies for Your Organization

Why Develop Safe Handling Policies?

Musculoskeletal injuries related to resident/client handling are the number one cause of injury in long term care. Back strains alone account for 30% of all work-related injuries reported; other strains account for 44%. Studies have clearly demonstrated that injury rates among care workers can be significantly reduced by increasing the use of mechanical lifts and restricting manual handling by care workers[1,2,3]. Moreover, studies looking at manual lifting have found that the effort required to do so routinely exceeds care workers biomechanical capacities[1,4,5]. In addition to this, transitioning from a manual to lift-based transfer system is safer and more comfortable for persons in care and is associated with fewer violent or aggressive behaviour incidents[1,3].

What Constitutes Safe Handling?

Safe handling means that care workers provide minimal assistance *only*. Minimal assistance means restricting activities to guiding, cueing, or steadying, with the worker exerting no more than 16 kg (32 lbs) of effort[3]. It prohibits the care worker from lifting all or a significant portion of a person's weight against gravity. When the care worker provides minimal assistance, the person is highly involved in the activity, whether it be dressing, turning in bed, transferring, etc. This type of approach is also referred to as a "no lift" approach.

How Does My Organization Develop Safe Handling Policies?

These policies contain several broad principles[3]:

1. Persons in care are involved in transfer or other care activities to the best of their abilities.
2. All residents/clients will be assessed, and the lowest-risk transfer or lift technique will be integrated into their care plans.
3. Mechanical lifts present the lowest injury risk to both the person in care and the care worker.
4. Manual lifting is permitted only in exceptional circumstances (e.g. during an emergency or where there are clinical contraindications).
5. New construction or renovations are done in such a way that support safe handling.
6. Safety is everyone's responsibility.

---

[1] Collins, J., Wolf, L., Bell, J., Evanoff, B. (2004). An evaluation of a "best practices" musculoskeletal injury prevention program in nursing homes. Injury Prevention, 10, 206-211.
[2] Pompeii, L., Lipscomb, H., Schoenfisch, A., Dement, J. (2009). Musculoskeletal injuries resulting from patient handling tasks among hospital workers. American Journal of Industrial Medicine, 52(7), 571-578.
[3] Provincial Residential Care Musculoskeletal Injury Prevention Team. Provincial Safe Resident Handling Standards for Musculoskeletal Injury Prevention in British Columbia.
[4] Nelson, A., Lloyd, J., Menzel, N., Gross, C. (2003). Preventing nursing back injuries: Redesigning patient handling tasks. American Association of Occupational Health Nurses Journal, 51(3), 126-134.
[5] De Castro, A. (2004). Handle with care: The American Nurses Association's campaign to address work-related musculoskeletal disorders. Online Journal of Issues in Nursing, 9(3).

An in-house policy should[3,6]:

1. State the purpose. (The "why").
2. Outline the core principles of the policy.
3. Define manual handling and what constitutes "safe" handling. Also define exceptions.
4. Outline procedures (what constitutes "standard operating procedure").
5. Identify who is responsible, and for what.
6. Identify available resources for workers and supervisors.
7. State when the policy will be reviewed, and by whom.
8. Be communicated to staff, including its location. Ensure this policy is included in the organization's new worker orientation materials.
9. Include feedback from the end-users (e.g. frontline staff, joint occupational health and safety committee members, supervisors, directors, etc.).

We Have a Policy – How Do We Implement It?

The successful implementation of a safe handling policy requires a multifaceted approach that is unique to each organization. However, there are some key principles that should be incorporated into any approach to ensure its effectiveness[3,6]. These principles include:

1. Management support and commitment.
2. Frontline staff buy-in.
3. Accessible and adequate handling equipment.
4. Maintenance systems established for equipment.
5. Strategies in place to support and promote a culture of safety (e.g. peer coaches, regular safety training, recognition programs for safety champions, etc.).
6. Communication strategies to identify unsafe practices, potential barriers, equipment issues, etc.
7. Mechanisms for staff to notify their supervisors if they cannot follow procedures (e.g. because of a person in care's condition).
8. Alternate procedures developed for cases whereby standard recommendations cannot be followed.

Reference Tools:

Provincial Safe Resident Handling Standards for Musculoskeletal Injury Prevention in British Columbia. *Provincial Residential Care Musculoskeletal Injury Prevention Team.* http://www.phsa.ca/NR/rdonlyres/A5D4428F-C00F-4044-A6C8-6B1A53756B0F/59546/HandbookProvincialSafeResidentHandlingStandardsfor.pdf

It Doesn't Have to Hurt! A Guide for Implementing Musculoskeletal Injury Prevention Programs in Healthcare. *Occupational Health and Safety Agency*. http://www.phsa.ca/NR/rdonlyres/6C69D638-8587-4096-A8AA-7D2B0141C3B2/59544/GuideItDoesntHavetoHurtAGuideforImplementingMSIPPr.pdf

[6] Occupational Health and Safety Agency. (2004). It Doesn't Have to Hurt! A Guide for Implementing Musculoskeletal Injury Prevention Programs in Healthcare.