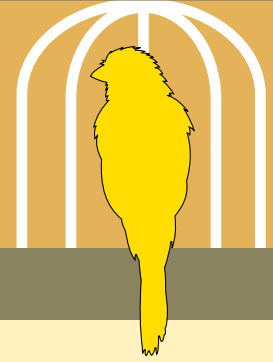


Patient lifts and transfers



HEALTH AND SAFETY FACT SHEET

CUPE / Canadian Union
of Public Employees

CUPE members in certain jobs are often required to assist patients, clients, residents or students to move, or get up. Often these workers are not given adequate training or sufficient time to employ proper lifting techniques or to use lift aids. Over 60,000 workers in health care suffer time loss injuries every year as the result of a back injury.

Even in workplaces where policies and procedures exist, many CUPE members report that an adequate number of staff is not on hand to perform the lifting tasks properly. The health and wellbeing of patients being their top priority, many workers believe they have no choice but to risk their own health and forgo the lift policy.

Unfortunately, the strain of these conditions eventually catches up, and workers, clients, or both can be injured.

Lifts vs. Transfers

When it comes to a lift or a transfer, different terminology is used in workplaces across the country. In this document, lift refers to moving a client who cannot bear weight on at least one leg, including horizontal or vertical lifts to reposition clients on a bed. A transfer is a shared effort in which the client helps with the transfer and is able to bear weight on at least one leg.

How do injuries happen?

Injuries that are suffered while lifting or transferring patients commonly occur in the lower back, but can also affect the neck, shoulders, elbows and wrists. Injuries to CUPE members often occur when a patient transfer unexpectedly becomes a lift (e.g. a patient suddenly starts to fall), forcing

the worker to bear the entire weight of the patient to protect them from a fall.

It is not just the weight of the person being moved that must be considered, but also the position of the worker assisting the move. A mere 10 pounds, when held away from the body with the back extended, can put 100 pounds of force on your lower back. Spinal disks are especially vulnerable when bending forward as they are also supporting the weight of your upper body. It's not just your back that is at risk; these lifts and transfers can leave workers exposed to injuries in their shoulders, elbows, hips, and knees.

How to address the hazard

If lifting and transferring patients is causing injuries or is a concern in your workplace, speak to your supervisor. If your supervisor is unwilling to make improvements, speak with a member of your health and safety committee or your local's executive. Your local's representatives can make recommendations to improve health and safety in the workplace. If these representatives deem your workplace policies or practices to be unsafe, they can contact a health and safety inspector.

To properly assess the hazard, your committee may need to analyze the work being performed. This analysis should ask the following questions:

- How many patients are in the facility?
- How many of those patients may require lifts or transfers?
- What type of mechanical lifts are available?
- What training have workers received?

- How many workers are available on each shift and do worker to patient ratios fluctuate?
- Are shifts often short-staffed?
- Do rooms and passageways allow sufficient room to move patients on lifts?
- Do any patients have a history of violent behaviour?

Once a needs analysis has been performed, it must be compared to existing resources in the facility to determine if additional equipment, staffing or training is required. Existing procedures must also be examined and compared to the current practices and expectations of management and staff. A great policy is of no use if management does not provide adequate resources to follow the policy.

Best practices

A well-designed transfer plan with an appropriate number of trained staff and mechanical lifts can help ensure both worker and patient safety.

A no-lift policy that makes manual lifts without mechanical support impermissible is ideal, and the best practice. In this case, mechanical lifts are always used with the proper number of staff (as recommended by the lift manufacturer).

Permanent lift equipment (ceiling-mounted lifts) provide the highest level of safety for both patients and workers. These devices are the most stable and often much easier to use. Unfortunately, many CUPE members work in older buildings where room design and construction prevent the use of permanent lift equipment. In such cases portable lift equipment can be used. These standalone units are good for vertical lifts but less convenient than permanent, overhead-mounted units for horizontal moves. Most of these devices rely on workers to push or pull the unit to accommodate the position of the patient.

Transfer Belts worn by clients help reduce stress on the caregiver's lower back while positioning, and helping patients get up. The belt should be adjustable and broad enough to provide good support while allowing the client to feel comfortable and secure. The belt must have multiple handholds that allow caregivers to get a tight grip, but also allow them to release the handhold quickly, if necessary.

Adjustable beds that allow for repositioning without requiring the caregiver to bend over, and can also be manoeuvred to match the height of any transferring surface will reduce stress on a worker's back.

Slider sheets can help reduce friction to safely and easily position patients on beds. As with all patient moving equipment, slider sheets should not be used without adequate training.

If, after a full analysis, the use of lift equipment is found to be unfeasible, specially trained lift teams can do the job. Lift teams must ensure only workers trained to lift as a team are permitted to perform the lift. Using this approach, lifting is viewed as a specialized skill requiring training, rather than a simple task fulfilled by whoever is available. The teams can also be equipped with appropriate lift equipment, such as mechanical lifts, slings and slider sheets, wherever possible. It should be noted that lift teams are a last resort option, as they still leave workers and patients exposed to hazards.

There are significant advantages to implementing lift policies. While workers will enjoy a safer workplace, employers also benefit from reduced workers' compensation costs. Change requires a commitment from all workplace parties to develop and implement lift policies that minimize risk to workers and patients.

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