

Patient lifts and transfers



Workers in some jobs are required to help patients, clients, residents or students move or get up. Many of these workers don't receive enough training or time to use proper lifting techniques or equipment. Every year, thousands of workers need time off work due to back injuries sustained on the job.

Even in workplaces where safe lifting policies exist, there may not be enough staff to lift safely. Because they put patients first, workers may feel they have no choice but to risk their own health and safety and skip safe lifting practices. This can lead to injuries for both workers and the people they support.

Change requires a commitment from all workplace parties to develop and implement lift policies that minimize risk to workers and patients. Safe lifting policies benefit everyone. Workers and patients are less likely to be injured and employers save on compensation costs.

Lifts and transfers

- A **lift** means moving a person where the worker or equipment is bearing the majority of the weight. This includes repositioning a person in a bed.
- A **transfer** means moving a person who can assist with the movement in some capacity.

Some workplaces use different words to describe these movements.

How injuries happen

Injuries often happen when a transfer suddenly becomes a lift. A common example is when a patient starts to fall during a transfer and the worker has to catch them quickly.

The risk depends on the amount of weight being lifted and the body position of the person doing the lifting. For example, holding even a small amount of weight away from the body can strain the lower back, while bending forward increases pressure on the spine.

Injuries from lifts and transfers usually affect the lower back. They can also affect the neck, shoulders, elbows, wrists, hips and knees.

How to address hazards

If lifts and transfers are causing injuries or concerns in your workplace, speak to your supervisor. If your concerns aren't addressed, contact a member of your health and safety committee or union executive. These representatives can recommend improvements. If needed, they can also contact a health and safety inspector.

To address any hazards, the health and safety committee should review:

- How many people are in the facility
- How many require lifts or transfers
- What lift equipment is available
- What training workers have received
- Staffing levels on each shift
- Whether worker-to-patient ratios fluctuate
- Whether shifts are ever short-staffed
- How often shifts are short-staffed
- Whether rooms and hallways have enough space for lifts
- Whether any people have a history of violent behaviour

After this review, the committee should compare needs with available equipment, staffing and training. Policies should also be reviewed against actual workplace practices. A policy isn't effective if workers don't have the resources to follow it.

Best practices

A well-designed transfer plan, with enough trained staff and proper equipment, helps workers and the people they support.

A **no-lift policy**, where manual lifting isn't allowed without lift equipment, is the safest approach. Mechanical lifts should always be used with the recommended number of staff.

Permanent, ceiling-mounted lifts provide the highest level of safety. They are the most stable type of lift and the easiest to use.

In buildings where ceiling-mounted lifts aren't possible, **portable lifts** can work. These are effective for vertical lifts, but less convenient for horizontal moves. Workers often must push or pull the unit to accommodate the patient's position.

Transfer belts worn by patients can help reduce stress on workers' lower backs when positioning or helping patients get up. The belt should be adjustable and wide enough to provide good support while keeping the patient comfortable and secure. It must have multiple handholds so workers can get a good grip and release quickly if needed.

Adjustable beds can reduce stress on workers' backs. Beds should allow repositioning without requiring the worker to bend and should be able to be set to the height of the transfer surface.

Slider sheets reduce friction, allowing workers to move people in bed more safely and easily. Workers must be trained before using them.

If lift equipment isn't feasible, **trained lift teams** may be used. Lifting is a skilled task, not something done by whoever is available. However, lift teams are a last resort because they are riskier to workers and patients than lift equipment.

FOR MORE INFORMATION, CONTACT:

CUPE National Health and Safety Branch 1375 St. Laurent Boulevard, OTTAWA, ON K1G 0Z7
Tel: (844) 237-1590 (toll free) Email: health_safety@cupe.ca