



SAFE LIFTING AND TRANSFERRING

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The Dilemma:

Moving and repositioning is essential to treatment and recovery but poses risks to both health workers and patients.

Background

Individuals requiring transfer and repositioning face risks from both manual and mechanical lifting and moving. During manual lifting, people may sustain injuries to arms and shoulders, aggravated arthritis pain, skin tears and open sores, bruising, and anxiety from the fear of being dropped or falling. Those who are dropped may sustain head injuries, fractures, and other traumatic injuries. During mechanical lifting, some individuals experience pain, spasms, or other discomfort, and others dislike the insecurity and loss of dignity of being suspended mechanically, jerking and swinging during the stop-and-start process.

Health care workers who move and transfer patients are also exposed to risks. Nationwide, more than half of nurses and caregivers complain of chronic back pain. A significant number of nurses either leave, or contemplate leaving, the profession or require a leave from work or days off because of back pain.

Despite these risks, moving and repositioning people in hospitals and other clinical settings is essential to the treatment process. Insufficient repositioning can lead to complications including pneumonia, deep vein thrombosis, low blood pressure, urinary tract infections, endocrine imbalances, weakening of bones, pressure sores, and psychosocial effects like depression. Benefits of safe repositioning include improvements in hygiene, musculature, balance, quicker rehabilitation, and a greater sense of personal dignity by allowing the individual to assume sitting positions.

Strategies to Resolve this Dilemma

1. Training of care providers and a safe-lifting team

All workers in hospitals and other clinical settings should be trained in risk assessment and techniques for safe manual and mechanical lifting. At least annual competency training and refresher training on lifting and transferring for all health care workers is critical, optimally including actual execution and practice of manual and mechanical techniques.

Use of a trained safe-lifting team is strongly encouraged as an effective means to promote the safety of both workers and patients, increase efficiency, and reduce costs. A team trained in use and maintenance of lifting equipment fosters choices of equipment that are well-suited to the particular individual and task at hand and helps to ensure that such equipment is accessible, properly used, and in good working condition. For patients who prefer a manual lift, the team should be trained on ergonomic principles and techniques. Studies on safe-lifting teams demonstrate that facilities and their workers benefit through reduction of staff and patient injuries; reduction of lost work days; lower workers' compensation insurance premiums; and increased worker morale.

2. The primacy of personal choice and dignity

As discussed, a preference for manual or mechanical lifting and moving is very much an individual matter. Manual lifting may result in physical injuries and psychological trauma consisting of insecurity, anxiety, and embarrassment. Some people being mechanically transferred experience pain, spasms, or other discomfort and dislike the insecurity and loss of dignity of being suspended mechanically.

A lifting and transferring policy must embody the right of people to choose among a range of options that include both manual and mechanical lifting. An analogy may be drawn to the choices provided to passengers in accessing a public bus: step up entrances for nondisabled persons, wide ramps for persons using wheelchairs and scooters, and kneeling buses, all options to be selected by the passenger and not by the transit operator. In the health care context, respect for dignity and choice requires recognizing that people who require lifting and transferring know what kind of assistance will work best for them. Their preferences should be honored except in rare circumstances, such as a bariatric patient's preference for manual lifting which would place both the individual and staff at risk of injury. If a personal choice is overruled in compelling circumstances, the hospital or clinic should have a policy and practice of documenting in writing the circumstances and reasons for the refusal.

Over the last few years, Access Living, in collaboration with Multiple Sclerosis Society-Illinois Chapter, the Illinois Nurses Association, the Illinois Hospital Association, AFSCME, and representatives of the nursing home industry, have worked successfully on bills, now laws, to mandate these policies for Illinois hospitals and nursing homes. Those bills may be accessed by clicking on these links: [Public Act 097-0122](#) and [Nursing Home Care Act](#).

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