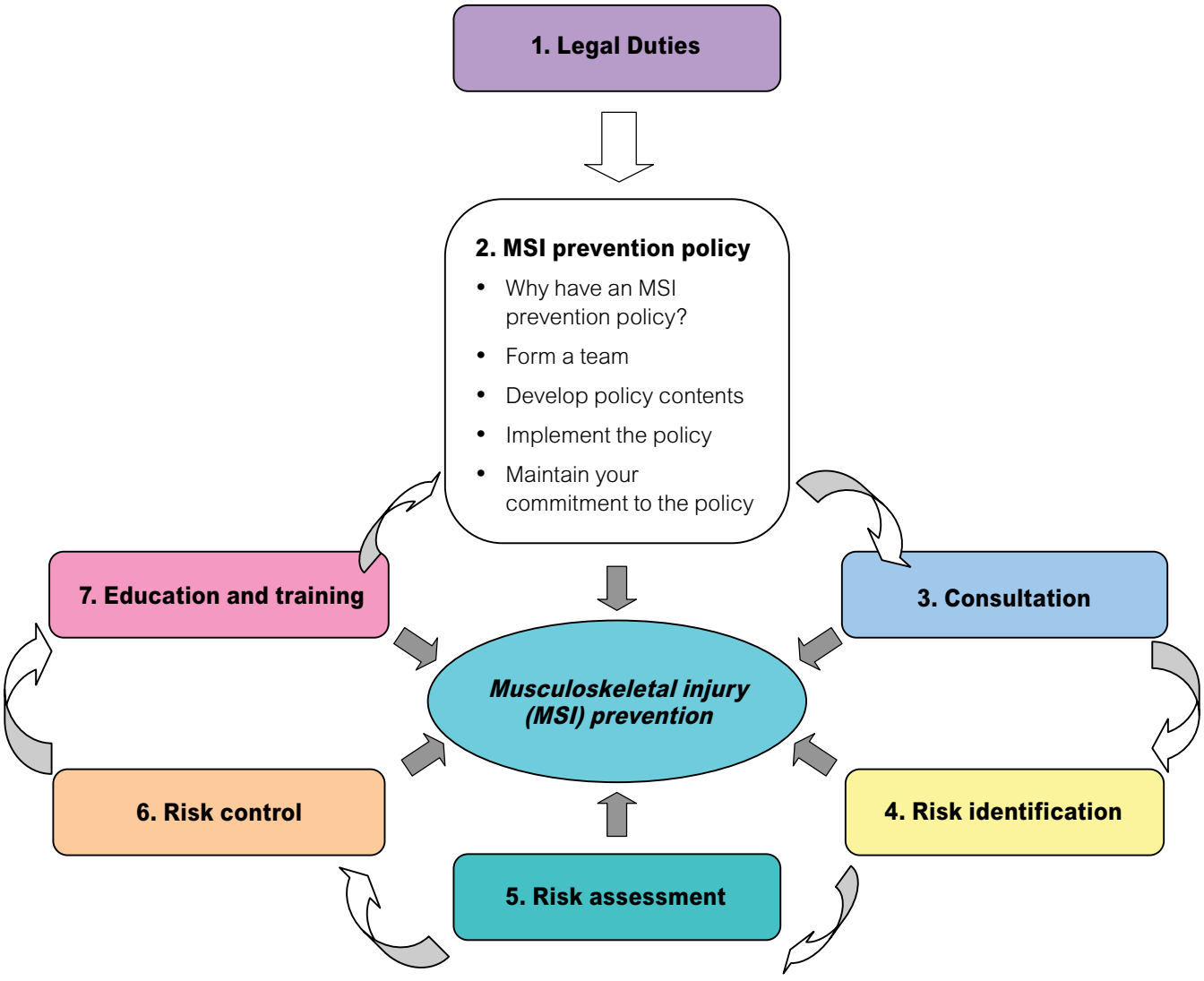
Part 2: Developing an MSI prevention policy for patient handling

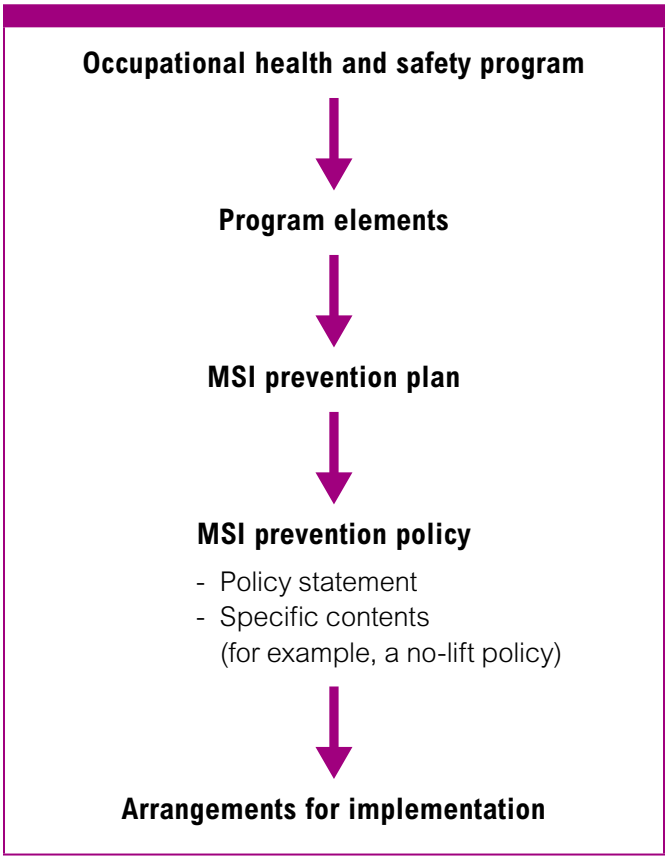


Why have an MSI prevention policy?

An MSI prevention policy is one way an organization can demonstrate its commitment to managing the risk of MSI within a facility. MSI prevention documentation can establish:

- A general MSI prevention policy for employers and workers and specific additional policies, as necessary, that focus on high-risk activities such as patient handling
- A structure that allows for allocation of responsibilities and for policy implementation

The policy is simply a tool that provides guiding principles, objectives, and goals and that allocates duties. It allows for the streamlining and enhancement of the decision-making process.



Form a team

Some facilities have found that policy development is best achieved by forming an MSI prevention policy development and implementation team. A typical team is composed of workers who are familiar with the various hazards associated with patient handling and other professionals who can provide additional guidance. The size of the team and the level of professional guidance may vary depending on the type of facility and the patient population. For typical team models, see "Consultation Models," page 19.

Develop policy contents

Once a team has been formed, a policy outlining the main terms of reference from which the team will operate will need to be developed. For a sample policy, see Appendix III on page 105.

Policy statement

When developing patient moving and handling procedures, many facilities have found it useful to write a policy statement outlining the general goals/objectives of the policy, including principles of safe moving and handling.

Other contents

In addition to the policy statement, other possible policy contents include:

- Introduction of a no manual-lifting policy (a "no-lift policy") for patient handling
- MSI reduction goals for the organization
- Resources required to meet reduction goals
- Roles and responsibilities of the administrator, supervisors, and workers involved in the strategy
- People and skills needed for the core assessment team

- Types of lifting, transferring, and repositioning activity permitted and not permitted within the facility (normally included in the written work procedures)
- Expectation that workers will use the safest techniques
- Means of communication for patient needs and handling requirements
- Provision of resource materials
- Safe work procedures for the evacuation of dependent patients in emergencies
- Supervision of workers
- Education and training of workers and supervisors
- Maintenance procedures
- Special handling situations (for example, for very heavy patients)

No-lift policy

In the health care sector, one of the most effective ways to eliminate or minimize many of the risks associated with patient handling is to make a no-lift policy an integral part of the overall patient handling strategy.

The Royal College of Nursing (U.K.) defines the aim of a no-lift policy as the elimination of hazardous lifting in all but exceptional or life-threatening situations.

Some proactive care facilities have already developed their own no-lift policies. These policies may have different names such as "safe lift" or "minimal lift" but most have the same intent: eliminating manual lifting of patients by workers where it is practicable to do so and implementing suitable control measures where it is not.

Emergency planning

Certain emergency situations may require the manual lifting of some patients. Most emergencies such as fire can and should be planned for. The law states that written evacuation procedures are required in workplaces where there are persons who require physical assistance to move. It is important to consider the handling risks associated with patient evacuation. Injured workers are of little use during such emergencies and may pose a risk to themselves and others if they are not trained and instructed in what to do.

Implement the policy

After developing the contents, implement the policy. Implementation can occur in stages.

What is a *lift?*

In this guide a *lift* refers to lifting the whole or a large part of the weight of a patient. Based on this definition, some transfer and repositioning techniques may involve lifting the patient. The worker carrying out the task may not be aware that the technique involves a lift, which results in an increased risk of injury to the worker. For examples of these types of lift, see pages 35-42 of "Risk Factor Group A: Physical Demands of the Task."

Case study: Implementing a no-lift policy
(from *Hesta Better Health and Safety Case Studies*, 1997, pp. 10–11)

Cyril Jewell House is an aged care facility which introduced a "no lifting approach" as a result of staff, management and resident consultation. The key to the success of the program is that all residents are assessed on admittance by the physiotherapist and carers and a plan established for minimizing manual handling. The emphasis is on the use of appropriate equipment for each resident taking into account risk factors, resident condition and resident/family wishes. Daily care requirements are detailed in the care plans. There is also a written handover that highlights any changes in care plans.

As a result of the program, overhead lifting systems are installed in the bathrooms and toilets while lifting and standing machines and pivot boards are also available. All beds are of the adjustable height hydraulic type.

Induction and ongoing training in safe manual handling techniques and use of equipment is provided for all staff.

The OHS objectives relating to the no lifting approach have been incorporated into the centre's Quality Improvement Plan objectives.

Provide practicable alternatives to lifting

Employers must provide practicable alternatives to manual lifting (for example, mechanical lifts, slide sheets, slide boards with sliding discs, and other handling aids). Without alternative means of lifting, transferring, and repositioning patients, risks will remain and injuries will continue to occur.

Employers must ensure that transferring and repositioning techniques that pose the lowest risk of injury to the worker are used where practicable. The lowest-risk techniques are those that pose the fewest risk factors for the handling activity.

Inform and educate others about the policy

Inform and educate everyone who works in the facility about the contents and intent of the policy and how it affects them. Do not forget to include temporary workers such as casual nursing staff.

Managers and workers in the facility need to be clear on the intent of the policy and the implications for day-to-day management of care.

Other care professionals such as occupational therapists and physiotherapists need to know that their choices of lifting, transferring, and repositioning options follow the intent of the law (in other words, eliminating or minimizing the risk as much as practicable). Choices may vary depending on the situation, education and training of staff, and type of patient or patient population.

Some care professionals who carry out patient mobility assessments have education and training that allow them to undertake more technically demanding manual transfers successfully. However, that may not be the case for workers such as resident care aids. Therefore, any specific patient handling technique must take into account the skill and training of the workers undertaking the task.

Employers should ensure that workers are educated about their legal duties involving the manual handling of patients. For example, safer modes of lifting, transferring, or repositioning must be chosen whenever practicable.

Communication with a patient's family may also be important. The patient and their family may need to know why manual lifting is no longer considered acceptable, particularly if the patient is accustomed to being manually lifted.

Effects of no-lift policies on patient care activities

When change is introduced into a workplace, concerns may be raised about the effects on the standard of care received by patients. No-lift principles are meant to enhance standards of care and safety for both workers and patients. They are not meant to stop contact with patients or inhibit the daily handling activities necessary for patient care. A balance has to be established to ensure respect for the clinical and personal needs of patients and safety for health care workers.

Maintain your commitment to the policy

For an MSI prevention policy to be effective, employers and workers must be committed to achieving and maintaining excellence in workplace health and safety.

Management can demonstrate their commitment to health and safety by following these guidelines:

- Commit resources to health and safety and endorse positive behaviour.
- Ensure that risk assessments are conducted where risks of injury or disease have been identified.
- Implement control measures.
- Ensure that all incidents are investigated and corrective action is implemented without delay.
- Plan health and safety activities and respond to incident trends at management meetings.
- Make regular health and safety meetings with workers a priority.
- Regularly solicit MSI prevention concerns and ideas from workers on ways to reduce risks.

Health and safety requires commitment

Although legislation helps improve safety, compliance alone does not result in an outstanding safety record. A National Research Council report[3] states:

> The initiative to achieve and maintain excellent safety performance must come from management . . . [since] they alone have the authority . . . to establish the policies and priorities and to communicate them throughout their organizations.

The report also emphasizes that "the best safety program in the world, developed by the most committed management, will work only if it has the wholehearted support and active cooperation of [its workers]."

Accompanying resources

Appendix III: Safe patient handling policy (example), page 105

3 National Research Council. Committee on Underground Coal Mine Safety. *Toward Safer Underground Coal Mines.* Washington, D.C.: National Academy Press, 1982.