

FACT SHEET



FS No. 88-048-0821

SAFE-PATIENT HANDLING AND MOBILITY

Protecting our military and Civilian healthcare providers from risk of work-related musculoskeletal disorders (WMSD) is of vital importance as they provide the highest standard of care to injured Soldiers, retirees, and their Families. Manually moving and handling patients is a risky activity undertaken many times each day by healthcare staff.

Implementation of a safe-patient handling and mobility (SPHM) program can result in decreased injuries, discomfort, and lost work time and improved morale and staff retention. In addition to these provider benefits, SPHM may reduce the risk of patient falls and skin shears and enable early mobilization. Because these factors affect the overall quality of care, it is crucial that patient handling-related injury risks be minimized and eliminated.



Source: U.S. Army, APHC, (Christina Graber)



The Facts:

- The National Institute for Occupational Safety and Health has determined that the maximum allowable weight for manual movement of a dependent patient is 35 pounds (lbs).
- According to the Bureau of Labor Statistics (BLS), nursing is consistently near the top of the number of nonfatal injuries and illnesses involving musculoskeletal disorders with days away from work.
- Underreporting of injuries in nursing is common due to a perception that back pain is just part of the job.
- Workers in industrial settings use manual handling equipment, such as forklifts, to move heavy objects. However, patient-care providers manually move patients weighing in excess of 150 lbs. many times every working day.
- Patient outcomes, such as skin shearing, patient falls, and mobilization, can be affected by SPHM programs and equipment.
- SPHM programs can impact healthcare through both direct and indirect costs of decreased injury rates, decreased lost time, improved morale among staff, and improved patient satisfaction.

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Core elements of a SPHM program:

SPHM program elements include the following. Refer to Department of the Army Pamphlet (DA Pam) 40-21 Ergonomics Program, Chapter 7 for more details:

- (1) Program initiation and evaluation. Identify actionable data elements describing program outcomes, including SPHM equipment, procedures, and activities as well as patient handling-related occupational health risk factors, related WMSDs, injuries, and near misses in staff who handle patients.
- (2) Policy. Publish a local facility SPHM program policy outlining procedures, criteria, and implementing guidance. The policy should address roles and responsibilities, compliance, equipment use, program management, training, and risk assessment. An SPHM policy should eliminate manual lifting to the extent feasible.
- (3) SPHM equipment. SPHM equipment refers to medical supplies and equipment that are intended to facilitate safe patient transfers, repositioning, mobility, and transport. Traverse track ceiling lifts and their associated slings are preferred due to convenience and usability.
- (4) SPHM Unit Champion Program. Assign unit staff from clinical areas where patient handling occurs to provide unit level expertise in the SPHM program as a collateral duty. Unit champion expertise is needed to advise co-workers, demonstrate equipment use, and champion the SPHM initiatives.
- (5) Education and training. All staff receives competency training on the use of new SPHM equipment and retraining at least annually.
- (6) SPHM committee. Multidisciplinary group that oversees SPHM program activities. Committee members may include but are not limited to clinical staff, management staff, infection control, biomedical engineering, union representation, facilities, environmental services, logistics, contracting, safety, occupational health, rehabilitation, and patient safety.
- (7) Facility renovation planning. Ensure that an ergonomic patient-handling and mobility analysis is conducted as part of the design requirements planning process for new construction, renovation or facility major, minor and nonrecurring maintenance projects that involve units and clinical areas where patient handling occurs.

Resources:

- APHC Ergonomics Branch - <https://phc.amedd.army.mil/topics/workplacehealth/ergo/Pages/default.aspx>
- American Nurses Association Interprofessional SPHM Standards - <https://www.nursingworld.org/nurses-books/safe-patient-handling-and-mobility-interprofessional-national-standards-ac/>
- Federal Guidelines Institute SPHM White paper - <https://fgiguideelines.org/new-guidance-on-patient-handling-and-mobility-released-by-fgi/>
- Occupational Safety and Health Administration - https://www.osha.gov/dsg/hospitals/patient_handling.html
- BLS - <https://www.bls.gov/iif/>
- Veterans Health Administration SPHM - <https://www.publichealth.va.gov/employeehealth/patient-handling/index.asp>

