



SWEDISH  
WORK  
ENVIRONMENT  
AUTHORITY

# a **Lift** for Health Care

An ABC for risk  
assessment of  
patient handling  
and moving

In health care services there are risks for musculoskeletal disorders and accidents in the work place brought about by handling and moving patients. The Swedish Work Environment Authority's inspections at a large number of hospital wards throughout Sweden in September 2004 showed that many work places survey the risks, but do not implement risk assessment or take action. There is often a lack of routines and knowledge.

## Which are the risks?

Is the work heavy, does the work imply poor working postures?

Is there insufficient space or are the floors slippery? Study the settings to find the risks.

### Examples of risky settings:

- Moving a patient in a bed and assisting a patient from a bed to a wheelchair.
- Visits to the WC.
- The patient lands on the floor.
- Bed transports between wards.

*– The idea is that all employees, including physicians, are trained. The result will be that you can't avoid it, everyone will have to use the concept. Management should also emphasize the importance of using correct transfer technique; they should clarify regulations and illustrate the point of risk assessment.*

JAN BONNERSTIG, Clinic Superintendent,  
Orthopedic Clinic, at the hospital Karlskoga lasarett

## Training sessions should cover:

The possibility to practise, discuss and reflect on different settings in which a patient can move and be handled.

How load affects the human body.

Employees should learn to recognize the risks in connection with moving and handling of patients and should be able to find suitable solutions.

Knowledge of the regulations in Provisions in Ergonomics for the Prevention of Musculoskeletal Disorders AFS 1998:1 and the Provisions in Manual Handling (Om manuell hantering, in Swedish only) AFS 2000:1 with models for assessment of heavy transfers.

Knowledge of lifting aids that are available and how they are used.

Knowledge of how a patient can cooperate in the transfer by using natural patterns of movement.

The instructor should be able to give employees practical guidance in ergonomics when handling patients and should focus on employees' work techniques.

Training sessions should be followed up in practice and should be evaluated.

Knowledge that enables early symptoms of musculoskeletal strain to be taken seriously.

## How to conduct a risk assessment?

Base it on the Provisions in Ergonomics for the Prevention of Musculoskeletal Disorders *AFS 1998:1 and the Provisions in Manual Handling* (Om manuell hantering, in Swedish only) *AFS 2000:1*. They are available at [www.av.se/inenglish/lawandjustice/provisions](http://www.av.se/inenglish/lawandjustice/provisions)

In conducting an assessment, the following factors are to be considered:

**The premises;** is there sufficient space for transferring and handling a patient? Which lifting aids are necessary?

**The patient's condition;** ability and motivation determine how a transfer is to be done. If the communication is good, then patient and staff can cooperate.

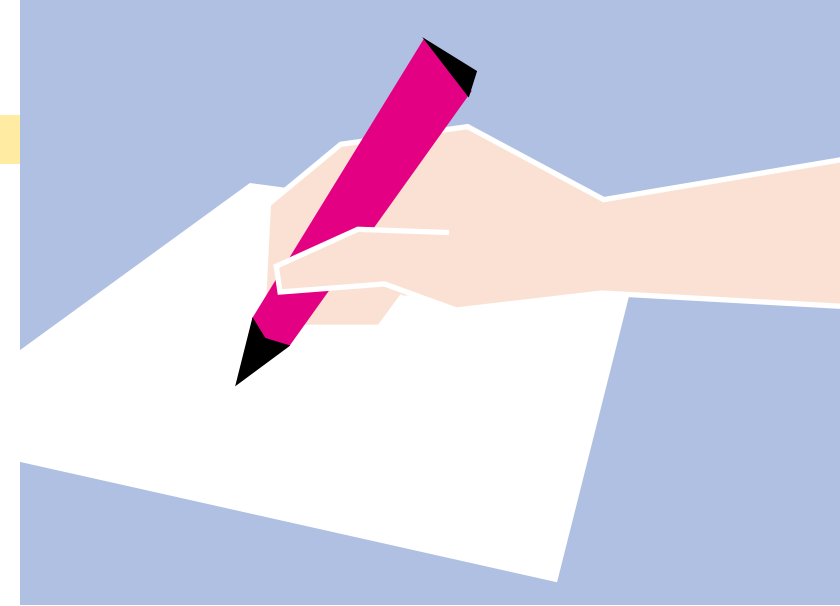
**Employees' knowledge;** a new-hire may not have the same potential to assess the situation as an experienced co-worker. Do all employees have knowledge of transfer technique? Do they all use the same method?

**Strength and body awareness of employees;** with increasing age our ability to react decreases. Moving and handling patients must be adapted to each individual employee's abilities.

**Time;** insufficient time for a work task means a greater risk for carelessness,

*– We talk constantly about everything from how to drive and handle a bed to the kind of shoes we're wearing. How can we avoid musculoskeletal injuries when transferring a patient from a gurney to a bed? How do we move a patient with a collum fracture?*

MARIANNE ELDH, Training supervisor/instructor,  
at the hospital Karlskoga lasarett



## Actions and Plan of Action

Take action against risks you have identified in your assessment.

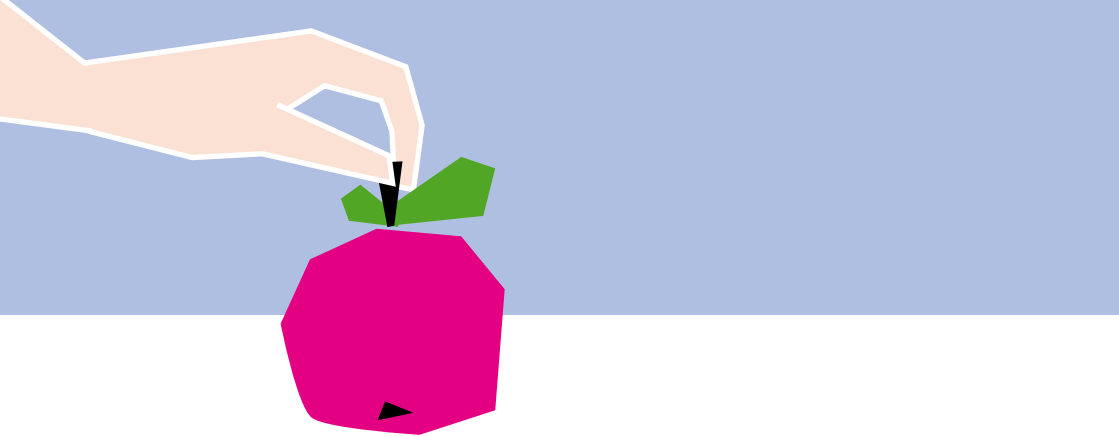
The risks that cannot be dealt with immediately are to be recorded in a plan of action which lists:

- Which measures are to be implemented,
- When the measures are to be implemented,
- Who is responsible for the implementation.

Two points of departure for creating routines can be the health care planning and each patient's chart, if other documentation is lacking.

*– We have few new cases of long-term sick leave and work place injuries caused by patient transfers in recent years. I believe this is because we work preventively with plans of action, training and repetition of transfer technique.*

SUSANNA BERGLUND, Unit Supervisor, Orthopedic Clinic,  
at the hospital Sunderbyns sjukhus



## Training sessions in transfer technique

It is important that the employees who perform heavy transfers, in particular, and also their supervisors, have sufficient knowledge of how to transfer patients in an ergonomically correct way.

### To order training sessions in transfer technique

- The instructor should have knowledge of ergonomics, the principles for moving and handling patients and valid regulations.
- Training sessions should have sufficient scope.

*– Auxiliary nurses and registered nurses can ask the physiotherapist or the occupational therapist for assistance in special cases. Situations must be rehearsed regularly for the knowledge to stick and to establish a dialogue between different professional categories.*

CHRISTINA GELIN, Supervisor Nursing Unit, Ward 232, Geriatric Clinic, at the hospital Mölndals sjukhus

## Risk assessment

Risk assessment means assessing whether or not identified risks can cause accidents or ill-health for employees.

How great is the probability of an accident or ill-health?

What is the potential seriousness of the consequences?

If the organization lacks sufficient knowledge in this context, then the employer is to engage the services of occupational health care or an equivalent external expertise.

**A** Investigate and assess the risks regularly.

Document and establish the results in the organization.

Examples of factors that may need to be examined are:

- **The way work is organized and the amount of work;** staffing in the evenings, at night and on weekends.
- **Work space;** is there sufficient space to work in suitable positions?
- **Knowledge;** employees need supervision in the health care settings, and need to train and follow up their basic knowledge of ergonomics continuously.
- **The condition of lifting aids;** are the beds worn, can walkers and wheelchairs be adjusted sufficiently?

*– When a patient comes from the emergency room to us there is already a slide sheet, you are always one step ahead. If we send a patient for operation we see to it that the necessary lifting aids also go along with the patient. We help each other. This way of thinking about each other in the context of the work environment is a good way to facilitate planning and cooperation between different wards.*

JAN PERSSON, Clinic Superintendent, Ward 6, Orthopedic Clinic, at the hospital Karlskoga lasarett

**B** For each patient: Assess the extent of the load on staff during patient transfers.

**C** For each transfer setting: Assess risks that can arise.

The employer is responsible for surveying work conditions, assessing the risks and taking action against them, not only concerning patient moving and handling. This is to be done regularly as well as when there has been a workplace accident, a serious near-accident, occurrences of ill-health and when changes in work activities are planned.

### Do you want to know more?

Further information can be found on our English language website [www.av.se/inenglish](http://www.av.se/inenglish)

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