

Lighten the load in patient transfers



MUSCULOSKELETAL DISORDERS within the health care and social care sector are common. Musculoskeletal injuries do not just affect the individual, but also affect the organisation and society. Injuries occur during sudden accidents but can also occur when the body has been subjected to all too great a physical strain over a long period. These physical loads cause long-term problems.

It does not have to be this way! It is possible to both prevent musculoskeletal disorders and also reduce the risk of accidents.

Patient transfers are risky. Good procedures, technical aids and knowledge are therefore needed.

To see that those who work in the organisation have the possibility of working in a good way, one needs to do a risk assessment. It is the employer's responsibility to do a risk assessment, but it is always better if the staff are present. The advantage of a risk assessment is that one can do something about possible problems so that no one needs to get hurt.

Which risks are there?

Is the work heavy, does it entail taxing working positions, is the space tight or are the floors slippery? Is the workload high? There can be risks in the design of the premises and/or how the work is organised and carried out. There are many possible risks.

Examples of risky situations:

- ✘ Patient transfer in bed as well as between bed and wheelchair
- ✘ Toilet visits
- ✘ Patient ends up on the floor
- ✘ Showering of patient
- ✘ Transport – patient needs help getting into the car

Other trying situations:

- ✘ Putting on compression stockings
- ✘ Dressing of sores
- ✘ Feeding patient, making the bed



Risk assessment must always be done

A risk assessment should be done when changes in the activities are planned, as well as during accidents and serious incidents as a part of systematic work environment management

To do a risk assessment entails that the employer assesses whether the risks that have been identified can cause accidents or ill health for the employees. How serious could the consequences be? An investigation and risk assessment should be done regularly:

- before work is begun with new patients
- upon changes in care load

If competence for this is lacking within the operation, the employer should hire external occupational health services or corresponding expert assistance.

Risk Assessments

Risks for musculoskeletal disorders and accidents, during, among others, patient transfer needs to be assessed. Risk assessment at the unit is done on different levels: unit level **A** for each patient **B** and before patient transfer setting **C**.

A Unit level

Investigate and assess the risks regularly. Document and firmly establish these in the organisation.

Examples of factors that can need to be looked at:

* **Organisation of work and workload;** sufficient time, personnel during days, evenings, nights and weekends.

* **Physical loads regarding care load;** make an estimation of the patient's needs, body weight, and size.

* **Space;** is it sufficient to be able to work in suitable working positions and for the necessary technical aids?

* **Knowledge;** the staff needs guidance in concrete situations as well as to regularly practise and follow up their basic knowledge of ergonomics. Introduction of newly employed and substitute staff. The knowledge of the employer. If rehabilitation is the employee's task it requires comprehensive knowledge and time.

* **Access to technical aids and the condition of the equipment;** are the beds worn, do the wheels work well, how is the adjustability of, for example walking aids and wheelchairs?

B Patient

For each patient: assess the ability for independent transfer. Assess the physical load for the employee during patient transfer.



Patient is independent, needs little or no help during transfer



Patient has activity limitations, needs assistance with ADL



Patient has difficulty helping and is dependent on help with ADL.

C Patient transfer situations

Before every patient transfer situation. Assess the risks that can arise. Do something about it!

To think about when assessing risk

Start from the provisions AFS 2012:2 about physical ergonomics, see www.av.se.

How much? How tall is the patient, how big? Workload, how many need help?

How long? How long is the working day, is there the possibility of variation and recovery, long-term static physical load bearing for example feeding and holding plastered limbs?

How often? How often do physically taxing situations arise? For example heavy patient transfers, difficult working positions.

Environment; is there sufficient space to carry out the work? Which technical aids are necessary?

Patient condition; ability determines how the transfer is carried out. Does the communication work; can the patient and the employee work together? Hygiene, risk of contagion and risk of threats and violence can influence the employee's physical strain.

Employee knowledge; a newly employed staff member does not have the same possibility to assess the situation as an experienced one. Does the person have up to date knowledge of patient transfer technique? Is there knowledge about functional and new technical aids? How does the employer ensure that the employee has sufficient and current knowledge?

The employee's different strengths and body awareness; with increasing age the reaction ability deteriorates. Patient transfer must be adapted to each and everyone's prerequisites.

Time; if time pressure is great, the risk of carelessness increases, that means it becomes lifting instead of transferring.

Organisational and social factors
Examples of factors that can entail risks are: a large workload, difficult and complicated working tasks, unclear organisation and working alone. The requirement about systematic work environment management is in the rules.

Measures, action plan and checks

Take steps to fix risks that you have identified in the assessment and check whether the measures are sufficient. It is important to have a holistic perspec-

tive. Measures can encompass both how the work is organised, which technical aids are available and the employee's knowledge.

Incidents

For the employer to have the possibility of preventing difficulties, all employees should know how incident reporting works. That is, what the employee

should report, how this should be reported to the employer and in which way feedback occurs.

Knowledge of ergonomics and patient transfer techniques

The employer should ensure that those employees who carry out patient transfers have sufficient knowledge about how one transfers patients in an ergonomically correct way. Even managers and team leaders need sufficient knowledge.

To order education in ergonomics and patient transfer techniques

✘ It is important that the trainer has knowledge about physical ergonomics, principles for patient transfer and applicable provisions.

✘ and that the education has sufficient scope.

An adequate education encompasses:

- Knowledge about appropriate working positions and movements.
- The possibility of practising, discussing and reflecting over possible patient transfers.
- How physical loads affect the body.

- The employer needs to learn to see the risks linked to patient transfer in order to be able to carry out the work in a suitable way.
- Knowledge about the rules in the provisions AFS 2012:2 about physical ergonomics.
- Knowledge about which technical aids are necessary and how the technical aids available are used.
- Knowledge about how the patient can participate during the transfer using natural movement patterns.
- That the trainer guides the employee in practice regarding risks of musculoskeletal disorders during patient transfer and putting focus on work techniques.
- Knowledge for taking early symptoms of physical overloading seriously.

It is appropriate to assess the need for repeated training at regular intervals. The education needs to be followed up regularly. It is important that the knowledge is used in the practical work and that the instructions are followed.

Good ergonomics
go hand in hand
with good care



The employee can learn to
make patient transfers more
pleasant for their body.
This also creates a sense of
security in the patient.

Additional copies of this publication can be ordered from:
The Swedish Work Environment Authority
112 79 Stockholm
Telephone: +46(0)10-730 90 00
E-mail: arbetsmiljoverket@av.se
av.se

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