What the Experts Say

Lateral Transfers: Potential for Staff Injury

NURSING INJURY
American Nurses Association (ANA)
4,614 nurses responded to a 2011 ANA survey and their top three health and safety concerns were:

1. Acute/chronic effects of stress and overwork (74%)
2. Disabling musculoskeletal injuries (62%)*
3. Contracting an infectious disease (43%)

*emphasis added


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In an 8-hour shift, the cumulative weight that nurses lift is equal to 1.8 tons.

Bureau of Labor Statistics
2008 Injury Incident Rates
(per 10,000 full time workers)
- Nursing/Health Care Support 132.1
- Nursing/Health Care Practitioners 46.4
- Construction Industry 74.6
- Manufacturing/Production Industry 50.0
- Maintenance/Repair Industry 78.2


2007 Number of nonfatal injuries and illnesses involving musculoskeletal disorders with days away from work
- Nurses aides/orderlies and attendants 24,340
- Registered Nurses 8,580
- Licensed Practical and Vocational Nurses 2,880
- Nursing TOTAL 35,800

SAFE PATIENT HANDLING
AORN
Gaps identified using equipment for Safe Patient Handling and Moving:
- Equipment that has not yet been developed
- Equipment that exists, but has not been purchased
- Equipment that exists and has been purchased, but is not being used


Since 2003, 11 states have implemented safe patient handling laws and regulations.

H.R.2480 Nurse and Health Care Worker Protection Act of 2013
“Establishing a safe patient handling, mobility, and injury prevention standard for direct-care registered nurses and other health care workers is a critical component reasonably necessary for protecting the health and safety of nurses and other health care workers, addressing the nursing shortage, and increasing patient safety.”

SAFE PATIENT HANDLING GUIDELINES

AORN

Ergonomic Tool #1: Lateral Transfer from Stretcher to and from the OR Bed

Potential Risk Factors:
- Excessive reaching
- Pushing or pulling
- Bending
- Awkward posture/position
- Excessive load

Location of Risk/Impact of Task:
- Back
- Shoulders
- Hands
- Knees

Essential Task Elements:
Maintain the patient’s body alignment and airway, and support extremities during transfer to protect the patient from a positioning injury.

Task Recommendations:
General lateral transfer
- Use lateral transfer device and 4 caregivers
- Destination surface should be slightly lower

Supine
- Anesthesiologist supports head and neck
- Weight < 157 lb
  - Use lateral transfer device and 4 caregivers
- Weight > 157 lb
  - Use mechanical lift with supine sling, mechanical lateral transfer device, or air-assisted lateral transfer device and 3 to 4 caregivers

OSHA

Lateral Transfer to and from: Bed to Stretcher, Trolley

For patients who are partially able or unable to assist:
- If patient is <100 pounds: Use a lateral sliding aid and 2 caregivers.
- If patient is 100-200 pounds: Use a lateral sliding aid -or- a friction reducing device and 2 caregivers.
- If patient is >200 pounds: Use a lateral sliding aid and 3 caregivers -or- a friction-reducing device or lateral transfer device and 2 caregivers -or- a mechanical lateral transfer device.

American Nurses Association (ANA)

2.1.7 Reduce the physical requirements of high-risk tasks
The organization will focus on reducing the physical requirements of high-risk healthcare recipient transfer, repositioning, and mobilization, and other applicable tasks through engineering, safe work practice, and/or administrative controls.

4.1.5 Provide and strategically place SPHM technology for accessibility
The organization will develop a process for providing SPHM technology that ensures ease in accessibility. The quantity and type of SPHM technology will be sufficient to minimize risk for the healthcare recipient population served and the environment of care.
