



**AMERICAN INDUSTRIAL HYGIENE
ASSOCIATION**

**SAFE HANDLING
OF
PATIENTS AND RESIDENTS**

- **Position Statement - Adopted June 30, 2009**

American Industrial Hygiene Association

Position Statement Safe Handling of Patients and Residents

It is the position of the American Industrial Hygiene Association (AIHA) that:

- 1) The proper implementation of legislation can help to reduce the presence of the risk factors associated with musculoskeletal disorders, including work-related musculoskeletal disorders (WMSD), arising from the manual handling of patients and residents. Some of the critical components of legislation to address this exposure:
 - AIHA believes that management systems are the best/recommended approach to hazard identification, risk assessment, and risk mitigation. As such, AIHA recommends that hospitals, nursing homes, and other health care facilities have a written safe patient handling policy or related policy incorporating all the necessary elements of a management system, such as elements in the AIHA/ANSI Z10-2005, *Occupational Health and Safety Management Systems*.
 - The need for occupational providers of these services to have a patient handling committee or sub-committee. The committee should have representation from, but not be limited to, administration, education, unit management, nurses, nurses aides, maintenance, housekeeping, techs, and transport.
 - The policy needs to address patient handling hazard assessment, task type and frequency, patient dependency levels, environmental restrictions, enhanced use of mechanical devices, incorporating space and construction design for mechanical lifting devices into job design and architectural plans, details for assuring proper equipment maintenance, storage and availability, training programs, responsibility and accountability systems for both management and associates.
 - The policy needs to address how to evaluate the effectiveness of the program. Activity, outcomes and compliance measures should be in place to evaluate success.
 - The policy should address methods of sustainability and enhancement of the program as new technology and/or additional resources becomes available.
 - While there is significant ergonomic risk associated with handling residents in home health care, there is currently a lack of knowledge regarding how to properly control this exposure. Research should be funded and other efforts undertaken to fill this knowledge gap.

- 2) There is a significant need to improve safe patient and resident handling with the resultant positive outcomes to include:
 - The reduction of musculoskeletal disorder development and their resulting costs.
 - Improved caregiver efficiencies and productivity. Reduces non-value added task for caregivers thereby freeing them up to spend more time on patient care.
 - Reduction in the physical demand required to provide this care.
 - With the ever increasing concern due to nursing shortages, improving caregiver safety will help reduce the loss of human assets as well as reduce turnover, recruitment and training costs. Improvement in the desirability of providing this care, thereby increasing the population willing to enter and remain in the health care profession.
 - With the use of lifting devices and progressive mobility models for patients, caregivers can reduce the number and severity of pressure ulcers and wounds, decrease the number of patient falls, enhance lung function and circulation thereby improving the clinical outcomes for patients and residents and provide a greater quality of care. This will lead to a reduction in length of stays and related healthcare costs.
- 3) There is a significant body of scientific evidence (as a start, see the references that follow) demonstrating that effective ergonomics programs applied to patient and resident handling will result in the positive outcomes mentioned above.
- 4) The funding of research into improving home health care ergonomics, including the increase of the availability and quality of resident handling equipment, should help lead to:
 - Reduction in home health care worker WMSD.
 - Reduction in the need to have family members sent to nursing homes or hospitals to receive care.
 - Reduction in the overall healthcare cost during the period when care can be provided at home.
 - Maintaining a stronger family unit during the period when care can be provided at home.

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