Standards to protect nurses from handling and mobility injuries

Learn about ANA standards that help safeguard both nurses and patients.

By Amy Garcia, MSN, RN, CAE

The intense focus on safe patient handling and mobility (SPHM) in acute and long-term care has yielded a valuable benefit for nurses and other healthcare workers—a decrease in staff lifting injuries for the first time in 30 years. Nonetheless, nurses still suffer more musculoskeletal disorders than employees in the manufacturing, construction, and shipbuilding industries.

Many employers and nurses believe lifting injuries can be prevented by using proper body mechanics and that lifting equipment is warranted only for obese adults. But the evidence contradicts this notion. The National Institute of Occupational Safety and Health calculates maximum loads for manual lifting, pushing, pulling, and carrying using a range of variables. Typically, a maximum load for a box with handles is 51 lb (23 kg)—lower when the lifter has to reach, lift near the floor, or assume a twisted or awkward position. Of course, patients don't come in simple shapes or have handles. They may sit or lie in awkward positions, move unexpectedly, or have wounds or devices that interfere with lifting. Although proper body mechanics and good lifting technique are important, they don't compensate for most patients' weight.

A patchwork of regulations without teeth contributes to a hazardous environment for caregivers and patients. Congress passed the ergonomic standard of the Occupational Safety & Health Administration in 2000 but rescinded it in 2001 before the regulations could take effect. Only 10 states have laws requiring comprehensive SPHM programs, typically targeting acute and long-term care settings.

ANA standards

The American Nurses Association (ANA) recognized the need for a standard of care that applies to all healthcare disciplines and encompasses the entire continuum of care. In 2012, ANA convened an interprofessional group of subject matter experts to develop standards. Participants included representatives of patients; nursing; surgery; therapy; biomedical engineering; risk management; architecture; law; acute, long-term, home health, and hospice care; the military; Department of Defense; certain government agencies; vendors; and professional associations.

In 2013, ANA published *Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum*. Previous documents referred to safe patient handling and movement. The workgroup changed the terminology from *movement* to *mobility* to distinguish patient-initiated mobility from movement accomplished by others. Also, nurses use the word *mobility* differently than physical or

occupational therapists. The terminology change is designed to align our practices with patients' needs and highlight new research on the importance of early and progressive mobility in the intensive care unit. The workgroup also chose the term *technology* to describe all lifts, slings, slide sheets, computer programs, and other items used to promote patient mobility. It decided that the term *healthcare recipient* is more inclusive than patient for general use.

A closer look at the standards

The eight ANA standards are complemented by substandards, examples, resources, and metrics for evaluation.

Standard 1: Establish a culture of safety. This standard calls for the employer to establish a commitment to a culture of safety. This means prioritizing safety over competing goals in a blame-free environment where individuals can report errors or incidents without fear. The employer is compelled to evaluate systemic issues that contribute to incidents or accidents. The standard also calls for safe staffing levels and improved communication and collaboration. Every organization should have a procedure for nurses to report safety concerns or refuse an assignment due to concern about patients' or their own safety.

Standard 2: Implement and sustain an SPHM program. This standard outlines SPHM program components, including an assessment, written program, funding, and matching the program to the specific setting. Evaluating the physical requirements of a task or role is an important step toward minimizing risk to patients and nurses.

Standard 3: Incorporate ergonomic design principles to provide a safe care environment. This standard is based on the concept of prevention through design, which considers the physical layout, work-process flow, and use of technology to reduce exposure to injury or illness. Healthcare facilities should consider diverse perspectives, including those of nurses and therapists, when planning for construction or remodeling.

Standard 4: Select, install, and maintain SPHM technology. This standard provides guidance in selecting, installing, and maintaining SPHM technology. It emphasizes the importance of investing in appropriate amounts and types of SPHM technology to meet the needs of patients in the organization's specific environment.

Standard 5: Establish a system for education, training, and maintaining competence. This standard outlines employee (and volunteer) training and education needed to participate in the SPHM program. Education should be multidisciplinary and include documented demonstration of competency before the employee uses SPHM technology.

Standard 6: Integrate patient-centered SPHM assessment, plan of care, and use of SPHM technology. This standard focuses on the patient's needs by establishing assessment guidelines and developing an individual plan of care. It also addresses the need to establish an organizational policy on the rights of patients or family members who insist on manual handling. It outlines the importance of using SPHM technology in a therapeutic manner, with the goal of promoting independence. Nurses working in rehabilitation or assisted-living settings may believe using lifts or other technology limits the patient's independence, but selecting SPHM technology to be used in a progressive manner can provide support and a sense of safety as the patient gains or regains independent movement. For example, a patient may need full-body lift technology immediately after surgery, but then progress to a sit-to-stand lift for bedside toileting and then to technology that supports ambulation.

Standard 7: Include SPHM in reasonable accommodation and post-injury return to work. This standard promotes an employee's early return to work after an injury and use of differently abled workers through a comprehensive SPHM program.

Standard 8: Establish a comprehensive evaluation system. The final standard calls for a comprehensive evaluation system for each SPHM program component, with remediation of deficiencies.

The appendix of *Safe Patient Handling and Mobility* provides an extensive list of resources for meeting each standard. To order the ANA book and the accompanying *Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards*, visit www.nursesbooks.org/SPHM-Package.

Visit www.AmericanNurseToday.com/Archives.aspx for a list of selected references.

Amy Garcia is chief nursing officer for Cerner Clairvia, specializing in workforce issues and was the technical writer for the SPHM standards.