

Patient handling issues in medical transportation

Risktopic - January 2013

Bariatric patient handling issues and solutions

We don't need the media to tell us that more Americans are getting heavier. The special circumstances associated with morbid obesity may be found in both emergency and non-emergency patient populations.

Introduction

One should remember that a client does not need to meet the usual criteria for 'morbidly obese' to present a transfer or transport challenge. Each patient encounter should include an assessment of the appropriateness of the resources available (crew's lifting capability, manpower, equipment, etc.) to safely move the patient.

Discussion

The issues associated with heavy patients can be addressed by engineering, administrative and behavioral controls. The selection of controls, individual or in combination is a function of the assessment of the patient and the environment.

Guidance

Key Aspects of Patient Assessment

- Ability of the patient to provide assistance
- Ability of the patient to bear weight
- Upper extremity strength of the patient
- Ability of the patient to cooperate and follow instructions
- Patient height and weight
- Presence of amputations
- Special circumstances likely to affect transfer or repositioning tasks - e.g. abdominal wounds, contractures, tubes, other medical equipment (attached or implanted)
- Specific physician orders or ancillary personnel recommendation related to transferring or repositioning (joint replacements, recent fracture, specific angles of extension or abduction)

Key Aspects of Environmental Assessment

- Presence of fixed physical obstructions
- Presence of movable physical obstructions
- Terrain which requires lifting and carrying of the patient to the transport medium (cot, wheelchair, stairchair)
- Terrain which makes the use of good body mechanics difficult
- Distance that the client must be lifted and/or carried
- Adequacy of lighting
- Freedom from bystander interference
- Factors which prevent or limit the use of engineering controls – e.g. power assisted cots, lateral transfer aids

Controls

Engineering Controls

The goal of engineering controls is to minimize manual patient handling. Examples of engineering controls include:

- Specialty vehicles ('bariatric' units)
- Ramps with winches
- Lifts
- Lateral transfer aids
- Power Assisted Cots

Administrative Controls

Administrative controls are intended to reduce the possibility of injury through development and enforcement of documents – written policies, rules, guidelines and procedures. Examples of administrative controls include:

- General lifting policy
- Cot, wheelchair and scooter safety policies
- Policy related to patient weight
- Policy requiring use and availability of engineering controls
- Mandatory lift assist policy
- Policy requiring identification and amelioration of patient handling hazards
- Employee selection, training and fitness for duty
- Prohibition of high-risk manual patient handling techniques

Behavioral Controls

Engineering and administrative controls are of little use unless the workforce engages in the behaviors their implementation requires. Management oversight, enforcement and example create the culture of safety that makes employees want to use the resources available to them. Examples of behavioral controls include:

- Primary and refresher training in body mechanics and lifting techniques
- Primary and refresher training in fitness for duty
- Provision of physical fitness equipment or access to gym facilities
- Education and training in proper selection and use of engineering controls
- Call taker/dispatcher tools and algorithms to ensure that appropriate resources are allocated to each event

Conclusion

The history of patient transport is one of musculoskeletal injuries. It is rare to find an experienced employee who has not sustained a back or joint injury (often more than once) due to patient lifting or handling. As the industry has matured it has been recognized that similar controls to those in other industries should be available and used to prevent these injuries. It has also been realized that the same controls used to protect workers can also protect patients from accidental dropping and positioning injuries. Engineering controls continue to come down in price, and managers are realizing that the cost of this equipment may be saved by the prevention of just one severe accident.

Zurich Services Corporation

Risk Engineering

1400 American Lane, Schaumburg, Illinois 60196-1056

800 982 5964 www.zurichna.com

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