

## Safe Resident Handling Program Rationale

Patient and resident care providers are among the highest ranked professions for injuries in the country and consistently report higher injury rates than construction workers, truckers and others engaged in physical demanding work (1). Experts attribute the large numbers of injuries in this group to challenging job duties including the repeated transferring and repositioning of residents. Additional factors contributing to high injury rates include the aging population, rising obesity levels, and the increased demand for caregiving services to be delivered in community settings (2). In response, groundbreaking research has led to new recommendations and methods for delivering care.

After investigating the forces placed upon the bodies of care providers during work tasks, researchers have set a 35-pound lifting limit and recommend the use of assistive devices to transfer a resident when weight exceeds this limit (3). The 35-pound limit is equivalent to a minimal amount of lifting and often conflicts with the traditional practice of training employees solely in the use of body mechanics to protect them from injury as well as the attitude that heavy lifting is "part of the job." In fact, evidence indicates that relying only on body mechanics is insufficient and does not adequately protect caregivers (4). Instead, using a *combination* of safe manual handling techniques, equipment and administrative controls is now considered the preferred practice (5).

It is recommended that all senior living communities develop a comprehensive Safe Resident Handling Program to minimize the frequency and severity of injuries to care providers. There are several program guides available in the public domain which provide examples of best practices to assist with the development, implementation, and maintenance of a Safe Resident Handling Program (several are listed below). In addition, Church Mutual Insurance has developed a variety of forms that may be useful to your community.

### Safe Resident Handling Program Guide Resources:

1. Safe Patient Handling Workgroup: Report to the Commissioner of Health; New York State Department of Health: [https://www.health.ny.gov/statistics/safe\\_patient\\_handling/docs/sph\\_report.pdf](https://www.health.ny.gov/statistics/safe_patient_handling/docs/sph_report.pdf)
2. Safe Patient Handling and Mobility Guidebook; VHA Center for Engineering & Occupational Safety and Health (CEOSH) 2016
3. Safe Lift; Minnesota Hospital Association; <http://www.mnhospitals.org/quality-patient-safety/quality-patient-safety-initiatives/patient-handling>

### References:

1. Bureau of Labor Statistics (BLS) 2015: <https://www.bls.gov/news.release/osh2.t09.html>
2. Safe Patient Handling and Mobility: Inter-professional National Standards Across the Care Continuum; American Nurses Association 2013.
3. National Institute for Occupational Safety and Health (NIOSH) 2017: <http://www.cdc.gov/niosh/topics/safepatient/default.html>
4. Safe Patient Handling Training for Schools of Nursing; National Institute for Occupational Safety and Health (NIOSH), Veterans Health Administration (VHA), and the American Nurses Association (ANA) 2009.
5. Safe Lifting and Movement of Nursing Home Residents; Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) 2006.

**Disclaimer:** Church Mutual Safe Resident Handling forms and tools are presented as a model. Before applying a particular form to a specific use by your organization, it should be reviewed by knowledgeable personnel concerning applicable state health care laws and regulations as well as the policies of your community. The forms should not be used or relied upon in any way without consultation with healthcare professionals who have full knowledge of each particular resident's history and medical condition.