



# Brief Review of Workbook, “No Unsafe Lift”

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In 2002, Work Safe Alberta established a goal of reducing injuries in Alberta by 40%. Progress was made in the majority of industries, but Health Services has improved more slowly. Examination of injury statistics in the province reveals that the majority of injuries for healthcare workers are related to musculoskeletal injuries associated with patient handling. Musculoskeletal injuries are a grouping of injuries that affect the nerves, muscles, tendons, ligaments and spinal discs.

The “No Unsafe Lift” work book provides a provincial framework for healthcare employers to develop and implement comprehensive musculoskeletal injury prevention programs for their facilities.

The workbook offers a general framework - not a specific plan. Acknowledged within the framework is the fact that one plan does not meet the needs of all healthcare organizations, therefore, key components are identified and reviewed within the workbook.

The workbook is divided into three sections. Section one is a review of the literature. Section two is the review of the features for an effective musculoskeletal injury prevention program in Healthcare. Section three overviews the planning process, implementation and administration of a musculoskeletal injury prevention program.

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## Section One – Overview (Literature Review):

Prior to the workbook being developed, a complete literature review was conducted. It is evident from the literature review that a “major paradigm shift” needs to occur in healthcare in order to tackle musculoskeletal injury prevention.

In the past, training and education was the primary method of intervention that focused on proper **manual** lifting and handling techniques. These types of programs resulted in minimal impact.

It is widely acknowledged in the literature, that in order to tackle musculoskeletal injury prevention, a number of controls must be implemented. Controls fall into three levels:

1. Engineering controls including lifting equipment, facility design and layout,
2. Administrative controls including staffing, breaks, education and training, and
3. Personal Protective Equipment such as insoles and gloves.

*Note: There is no evidence supporting back belts in the prevention of back injuries.*

Therefore, a program must be multi-faceted and include a number of controls to mitigate identified risks.

*Within the framework, it is acknowledged that one plan does not meet the needs of all healthcare organizations; therefore, key components are identified and reviewed within the workbook.*

### **Section Two – Overview (Key Features of a Program):**

Section two reviews the key features identified in successful musculoskeletal injury prevention programs. Nine key features are identified, which include:

1. **Management Commitment** - understanding the scope of the problem, defining objectives of the program, establishing policies, roles, responsibilities and accountabilities, and follow through – attention and evaluation.
2. **Employee Participation** is critical for program success. Participation throughout the development, implementation and evaluation of the project ensures that needs and limitations of staff are considered and accommodated in the program. Involvement encourages ownership of the program at a local level. Typically, a project steering committee is encouraged to guide the program development and implementation.
3. **Coordination of the program** is needed since it has been acknowledged that adding additional work activities to staff with already very busy schedules is not often effective for long term success of a program. It is recommended that a formal coordinator is put in place to manage and roll out the program.
4. **Risk Assessment** is a critical component required within any health and safety program. An effective safe patient handling program assists in providing a systematic approach to assess risk - both from a facility/equipment perspective as well the day-to-day assessment associated with moves, transfers and repositioning activities. Day to day risk assessment is often guided by a series of algorithms designed to assist the healthcare provider in making a decision on how to best perform a safe patient transfer.
5. **Equipment** is considered one of the critical controls in assisting safe patient lifts, transfers and repositioning tasks. A variety of equipment should be made available, including height adjustable beds, mobile resident lifts, ceiling lifts and repositioning devices, etc. Equipment selection needs meet the needs of the organization.
6. **Biomechanical** considerations should also be supported within the program, encouraging caregivers to understand the impact of the load, the individual worker capabilities, the nature of the task, and the environment. The approach reinforces principles rather than rules.
7. **Training** should focus on patient assessment, proper environmental evaluation, and proper use of appropriate patient handling devices, effective communication and management commitment to enforce policy. Training should include both theoretical and hands-on components, with competency assessed and documented. New hire training along with regular refresher courses are critical to continual reinforce the principles of the program.
8. **Communication** of expectations and procedures and the provision of a follow-up mechanism to ensure that issues that arise are dealt with in a timely manner.
9. **Area Design Considerations** should be considered in new facility design and renovations to support ergonomic principles in patient handling. For example, the installation of ceiling lifts, where warranted.

*Employee participation is critical to the success of a program – involvement encourages ownership of the program at a local level*

### ***Section Three – Overview (Planning Process, Implementation and Follow-up):***

The final section focuses on the planning, implementation and follow-up of a successful program. In the planning process, it is critical to understand both the initial **and** on-going costs of a program, including staff time, a coordinators salary, initial purchase of equipment, communications, training, maintenance and evaluation related costs. Along with developing a budget, timelines and accountabilities should be established in order for effective implementation to occur.

Managing change is critical and a strategy should be developed that supports a comprehensive safety culture (for both patients and workers) in order to improve safety and reduce errors and injuries.

Finally, program evaluation, as well as defining and measuring outcomes, is needed to ensure that the program meets its intended objectives. Evaluation needs to take into consideration the level of implementation, along with the impact of the program. Key components within the program must be evaluated to ensure they are present and effective. Identification of pre-program metrics both leading and lagging indicators need to be established in order to measure the impact of the overall program. It is important that objectives meet the following criteria:

- Realistic and achievable,
- Relevant to the issue,
- Measurable, and
- Identify accountabilities.

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### ***Conclusion:***

The “No Unsafe Lift” workbook is a key resource to assist healthcare organizations in better understanding the key components of a successful musculoskeletal injury prevention program. The booklet provides a framework, not a road map, reinforcing that each organization is unique and therefore needs to be developed and implemented to suit the organization.