

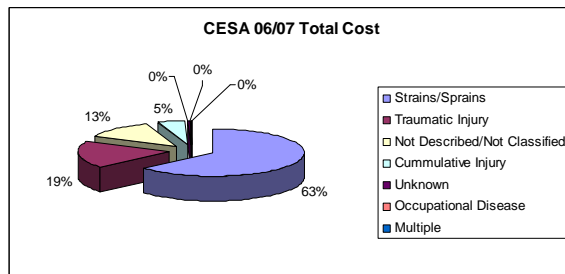
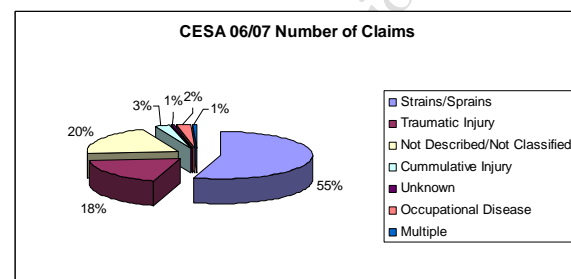
Back Safety for Long Term Care Employees: Take a Bite out of WC Losses

By Michael Boldt, NHA, ARM

In 2006, 9.8 out of every 100 workers in nursing care facilities suffered some nonfatal injury or illness; 6.3 out of every 100 suffered injuries that required time off, modified duty or job transfer. 121,100 persons employed in nursing care facilities suffered some nonfatal injury in 2006. (675,200 in the health care and social assistance industries combined) Bureau of Labor Statistics, US Department of Labor, October 2007

The statistics above are staggering. Working as a care giver in a long term care setting is consistently one of the most hazardous jobs. It is our duty as care givers, administrators, and operators to create a safe environment in which our employees and colleagues are able to provide good care without suffering avoidable injuries. The subject of safety in a nursing home is vast. We are left, therefore, with the age-old conundrum “How does one eat an elephant?” The answer is, of course, “One bite at a time”.

It is appropriate to begin devouring this great beast by identifying the most frequent and expensive injuries in the long term care setting. The most recent statistics from the California State Compensation Insurance Fund confirm that *sprains and strains* are by far the most prevalent and costly injuries among the current members of Convalescent Employers Safety Association (CESA). Within this select group of long term care facilities, 55% of the reported injuries and 63% of claims costs resulted from strains and sprains. The most written about subject within this broad category is



back injury prevention. Implementing strategies prescribed by industrial hygienists to reduce back injuries, for the most part, reduce the injuries included within the broad category of sprains and strains. This article will present the job functions that lead to back injuries; why these duties are so potentially dangerous; and lastly provide some strategies used to reduce the danger to healthcare workers.

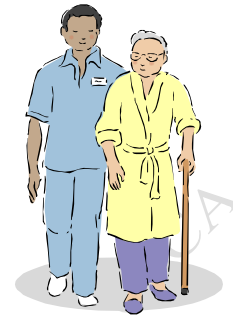
Job Functions

Among the hazardous activities performed by long term care workers in a facility treating patients whose diagnoses are primarily medical, the most dangerous involves bearing the weight of patients. For the minority of skilled nursing, residential care and board and care facilities who primarily provide services related to mental illness and developmental disabilities, injuries related to patient combativeness are far more prevalent if not more severe. Because this article proposes to address issues related to the most common and costly injuries suffered by long term care workers as a whole, patient handling remains the obvious choice of topics on which to focus.

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What are the activities associated with patient handling? One commonly used guide lists the following (Feletto and Graze, 1997):

- Manual lifting
- Laterally transferring between two horizontal surfaces
- Ambulating
- Repositioning in bed or chairs
- Manipulating extremities
- Transporting patients, residents and equipment
- Performing activities of daily living
- Stopping falls or transfers from the floor



Anyone who has worked in a nursing home or residential care facility has, at least, a general understanding of the above listed activities. All of the activities, with the exception of the last one, “Stopping falls or transfers from the floor”, are performed on a regular basis by a caregiver and they are anticipated. Let it suffice to say that the main danger involved in all of these activities involves the healthcare worker bearing weight.

Reasons for Danger

The subject of bearing weight is one of the most studied and written about ergonomic issues and is usually included in a larger subject known as “Material Handling”. There is general agreement regarding the proper body mechanics that should be used by a human being to lift an object.

Workers should learn to squat over the item to be lifted, and face it squarely. In this position, the back gets added lifting strength and power from the legs and arms. Teach workers to tilt the item on edge with its long axis straight up so the center of the weight is as high as possible above the ground. Next, the worker should move up close to the item, because the backbone must act as a supporting column, and it takes the least strain close in. In this position, the worker is ready to lift. Still squatting, the feet should be set with legs pointed right at the load, with the back straightened, the worker may then grasp the load with both arms and slowly stand up with it. State Compensation Insurance Fund, Safety Meeting Topics, Back Injuries – Get Your Workers Back in Control, 2000



The above guidelines work very well for a bushel, box, basket or barbell. The guideline’s usefulness regarding patient handling, however, brings another “B” word to mind. A patient is heavier than most objects moved in an industrial setting and because they are fragile and must be handled with dignity, optimal body mechanics is nearly impossible. Most patient areas are cramped and caregivers must lean over a bed, a foot rest or shower chairs and extend their arms to even touch a patient. Lastly patients sometimes unwittingly or purposely change positions during a move which can subject the load bearer to a great deal of unexpected and sudden force.

Strategies

Clearly, long term care facilities need a back injury prevention program that recognizes the unique environment and requirements with which the healthcare provider must contend. Because of the undesired prominence medical providers have taken in the list of injury prone workplaces, the subject of safety in a healthcare facility is not lacking in attention. According to one authoritative textbook, back safety is addressed as follows (Tweedy, 2005):

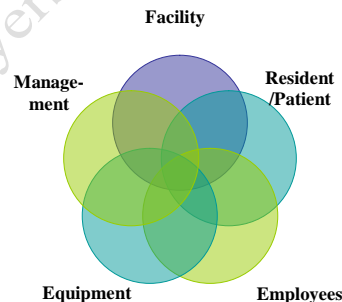
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Management and prevention efforts in the healthcare environment should focus on the following:

- *Study lifting requirements and eliminate lifts wherever possible.*
- *Provide patient handling, transfer and lifting equipment.*
- *Keep equipment in good repair.*
- *Be sure wheelchairs and carts can be moved without excess strain.*
- *Establish patient lift guidelines to help workers safely assess patient handling situations.*
- *Redesign the workplace to increase efficiency and decrease the potential for injuries.*
- *Educate workers about back anatomy and personal back care responsibilities.*
- *Provide recurring education and training on proper body mechanics and patient transfer technique.*
- *Require employees to participate in exercise or stretching routines before lifting.*
- *Establish and train two-person lift and transfer teams.*
- *Use physical or occupational therapy professionals to instruct workers in patient handling techniques.*
- *Investigate all accidents and make changes to prevent recurrence.*
- *Assign a case management worker to oversee medical treatment and return-to-work efforts.*

Rather than address the above list one by one, it is helpful to examine back injury prevention efforts as they relate to the prime components within a long term care facility toward which these efforts must be related:

1. Facility
2. Resident/Patient
3. Employees
4. Equipment
5. Management



Facility

In most cases it is not practical to change the physical aspects of the facility such as room size and shape. Even with this limitation, there are many areas related to the facility itself that can be adjusted to make a positive change in regard to employee safety. In some cases reducing the number of beds in a room can create the space needed to safely maneuver patients and safety equipment. Minor construction like removing walls or enlarging doors is sometimes necessary. Maintaining or installing no slip flooring may decrease back injuries by reducing the number of slips while patient handling is going on. Good housekeeping is essential for the same reason; cleaning up spills immediately; and making sure drawers and bed cranks do not create a tripping hazard. Lastly maintaining ramps, handrails and other related systems will allow residents to more safely utilize their own strength to move and transfer.



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Resident/Patient

Implementation of admitting policies and effective patient assessment are important in maintaining a safe facility. Employees and equipment at a particular facility are much better at handling patients for which they are designed and deployed on a regular basis. Bariatric patients or those who have a history of falls, seizures or combativeness put employees at high risk if the facility does not normally care for such patients. In addition, facilities that are able to successfully encourage and assist their patients to move themselves have less back injuries.

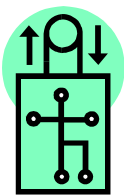


Employees

Employment practices should have as its goal the employment of motivated safety conscious employees, properly trained, performing a job that is within their capabilities. Screening employees for back health is imperative for any facility concerned with workers' compensation loss reduction. Safety committees should offer an opportunity for workers to make a contribution and take ownership of the safety at the nursing home or residential care facility. Modified duty positions should be identified, in advance, for those who might need it. Safety training should be delivered like a vote in a Chicago election; early and often. It should be noted, however, that study after study indicates that traditional training programs alone will not have a major impact on the number and severity of back injuries at a healthcare facility. (Charney and Hudson, 2004) Sadly, many safety professionals and facilities operators see safety training programs as an easy and cost effective way to address the issue, and do not take any other required actions.

Some facilities have been innovative in cost effectively dealing with the very important employee factor in the safety equation. Encouraging employee health and strength through paid gym memberships and mandatory pre shift yoga classes have helped reduce injuries. Others have created special Lift Teams. Deploying these teams of specially trained and physically capable employees has been very effective in improving patient handling safety and reducing workers compensation losses.

Equipment



The number of companies manufacturing and/or selling safety equipment that specifically addresses the needs of the long term care facility has dramatically increased over the last 25 years. A compelling case can be made regarding the return on investment from the purchase of safety equipment. The effectiveness of "no-lift" and similar policies makes this equipment an easy sell. An ocean of patient lifting devices, transfer aids, special beds, seat springs, etc, is available for anyone thirsty for assistance in reducing workers compensating injuries.

Companies who make and/or distribute these devices invest heavily in trainers to help sell their product. It is advisable when making a purchase of this type, to consult with a safety professional that has had experience with different products.

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Management

Management is the key component for all the aforementioned factors. Nursing home management is ultimately responsible for creating the appropriate physical setting, setting admission policies, implementing hiring/training practices, and purchasing the proper equipment that will create a safe workplace.

Administrators and/or other management designees, also have constructive actions that can not be delegated. Safety meetings should be held regularly and top management participation is a must. Safety incentive programs have been an effective way to foster a facility wide focus on management's safety goals. Any safety related incidents should be thoroughly investigated and options explored for improvement. Lastly, there is the very important matter of attitude. Management's attitude towards worker safety and injuries is perhaps the most important indicator of how a facility will do vis-à-vis other facilities with regard to workers' compensations losses.

A management team who shows concern for their workers' safety through concrete actions and a commitment to continuous improvement will go a long way towards improving a facility's safety record.



Conclusion

The case has been made for facility's to focus on the reduction of back injuries through a variety of suggestions in order to reduce losses. There are many resources available from private safety consultation firms to OSHA. It is vital to avoid being intimidated by the challenges of reducing workplace injuries in a long term care facility. Ultimately, all the stakeholders will greatly benefit from the earnest efforts to create a safer workplace. Bon appetite!

About the Author:



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Convalescent Employment Safety Association (CESA), in association with the State Compensation Insurance Fund, provides group workers' compensation insurance programs to California nursing homes and residential care facilities. The partnership between CESA and State Fund has provided employers with stable and superior services since 1980. For additional information, contact CESA at CESA@cesa-cal.com.

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The information and advice provided in this article is general in nature and should not be considered a substitute for a customized safety program prepared by an ergonomic or safety professional.