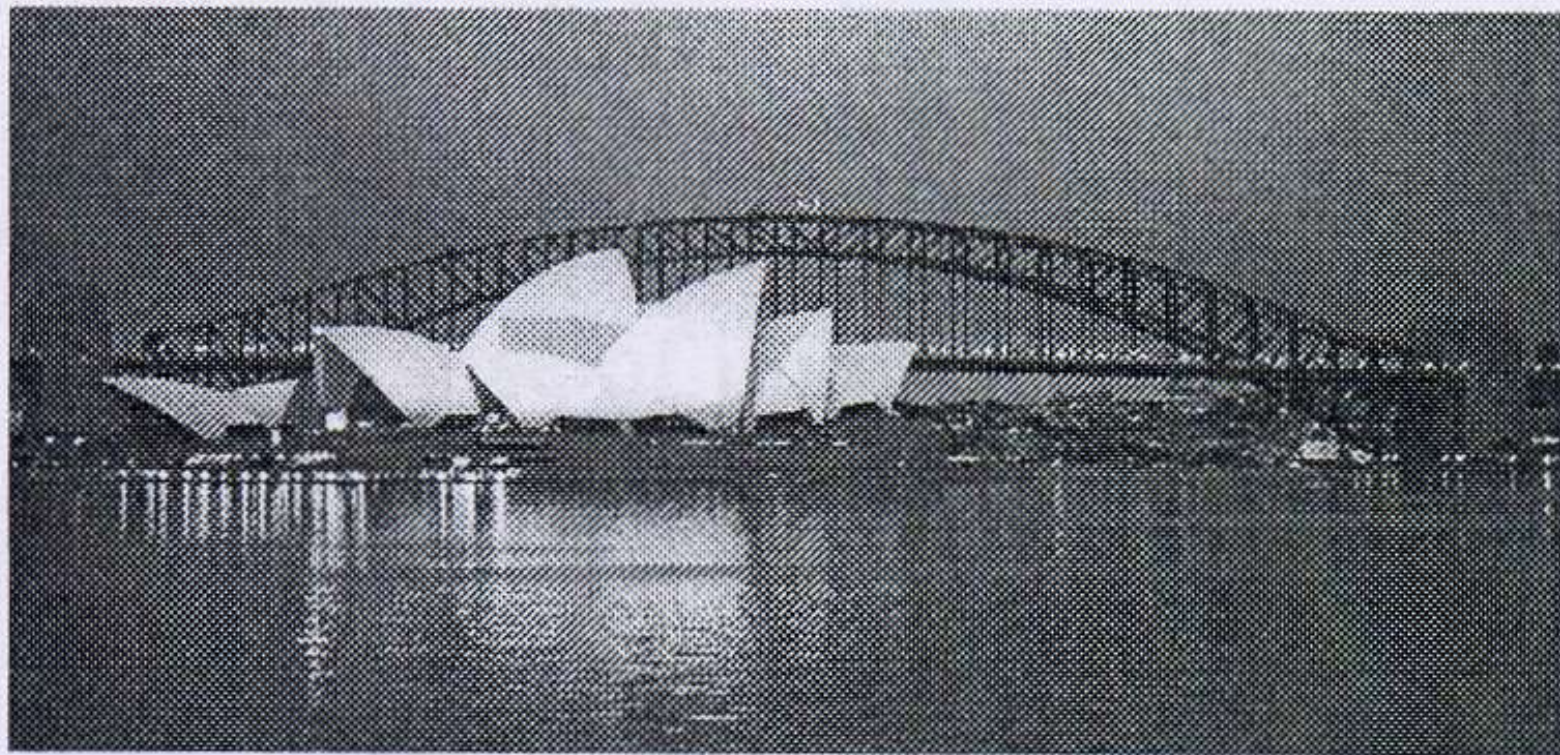


No Lifting Policy:

The Impacts On The Physiotherapy
Profession



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1.1 Introduction

Rank of at-risk occupations for strains and sprains, 2000

6th Registered nurses

5th Cleaners

4th Assemblers

3rd Laborers

2nd Nursing aids, orderlies & attendants

1st Trunk drivers

(US Bureau of Labor Statistics, 2002)

1.2 Introduction

- * Nursing staff have one of the highest incidence rates of musculoskeletal disorders of all occupations (Engkvist et al., 1992; Gluck & Oleinick, 1998; Goldman et al., 2000; Gonge et al., 2001)
- * Handling a patient/resident is the major cause of injury (Gagnon et al., 1987; Harber et al., 1985; Burdorf & Sorock, 1997; Engkvist et al., 2001)

1.3 Introduction

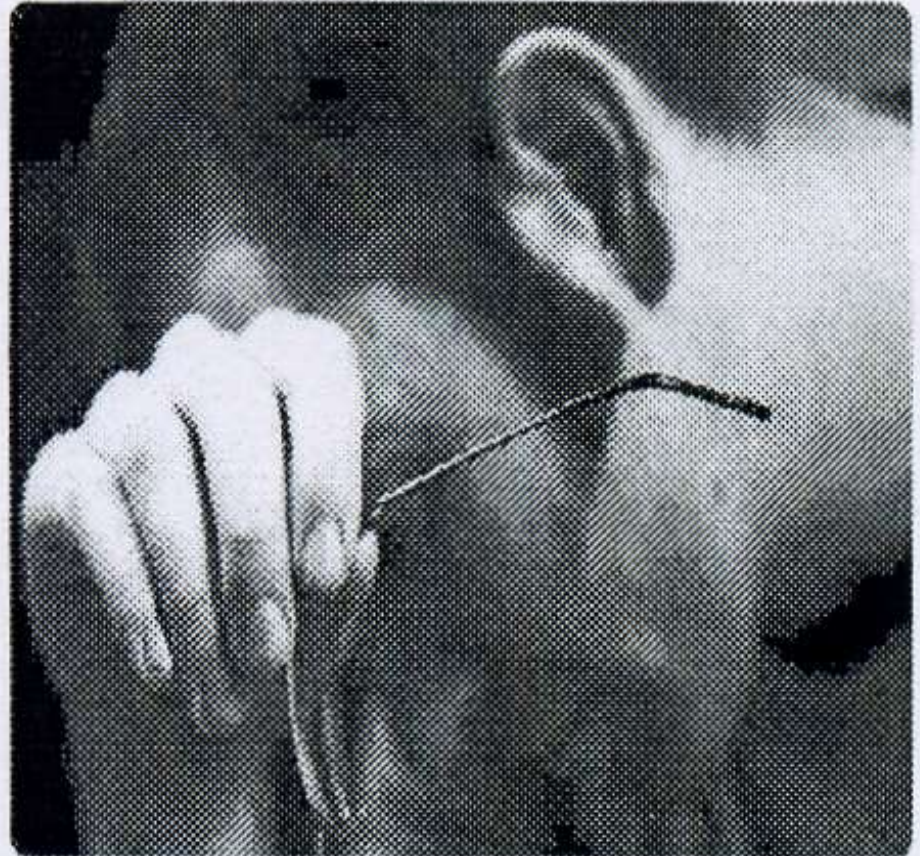
The prevalence and cause of occupational back pain in Hong Kong registered nurses

- *Survey using questionnaire (n=47)
- *One-month prevalence 1/3
- *Lifetime prevalence 80.9%
- *Contributing factor – lifting/transferring patients
- *Under-reporting of pain 92.1%

(French et al., 1997)

2. Personal Costs of injury:

- * Physical
- * Psychological
- * Financial
- * Quality of life
- * Relationship
- * Family



3. Aims

- * To introduce an effective injury prevention program.
- * To explain the impacts on the physiotherapy profession.

4. Overview

- * Manual handling risk factors
- * Risk control
- * What is No Lifting Policy (NLP)
- * How to implement NLP
- * Effectiveness of NLP
- * The impacts & SWOT
- * Summary & conclusion
- * Questions

5.1 Manual Handling Risk Factors

Organisational Factors:

- * **Low staff density** (Lorese & Fiorito, 1994; Yassi et al., 1995)
- * **Nursing aides/assistants** (Stabbe et al., 1988; Cohen-Mansfield et al., 1996)
- * **Geriatric, orthopaedics wards/settings** (Venning et al., 1987; Smedley et al., 1995)
- * **Lack of space** (Marras et al., 1999; Engkvist, 2004)

5.2 Psychosocial Factors

- * **Stress** (Lagerstrom et al., 1995; Taomingas et al., 1997)
- * **Low job satisfaction** (Bigos et al., 1991; Burton et al., 1997)
- * **Lack of work control** (Ahlberg-Hulten et al., 1994; Josephson et al., 1998)
- * **3 Contradictory studies:** (Skovion et al., 1987; Engels et al., 1996; Johnson et al., 2002)

5.3

Physical Factors

- * **Patient handling** (Garg & Owen, 1992; Leighton & Reilly, 1995; Knibbe & Friele, 1996)
- * **Awkward postures** (Videman et al., 1989; Garg et al., 1991; Engkvist et al., 1998)
- * **Patient/Resident conditions** (Garg, 1992, Winklemolen et al., 1994)

5.4 Personal Factors

* Age

Older (Skovron et al., 1987; Lee & Chiou, 1994; Thomas et al., 1996)

Younger (Venning et al., 1987; McAbee, 1988; Engel et al., 1996)

* **Previous injury** (Stubbs et al., 1983; Cata et al., 1989; Ryden et al., 1989; Smedley et al., 1997; Josephson et al., 1998)

6.1 Risk Control

- * **Training** (Videman et al., 1989; Yassi et al., 1995; Engkvist et al., 2000; Lynch & Freund, 2000)
- * **Ergonomic program** (Garg & Owen, 1992; Hellsing et al., 1993; Owen et al., 2002)
- * **Assistive aid** (Daynard et al., 2001; Yassi et al., 2001; Evanoff et al., 2003)

6.2

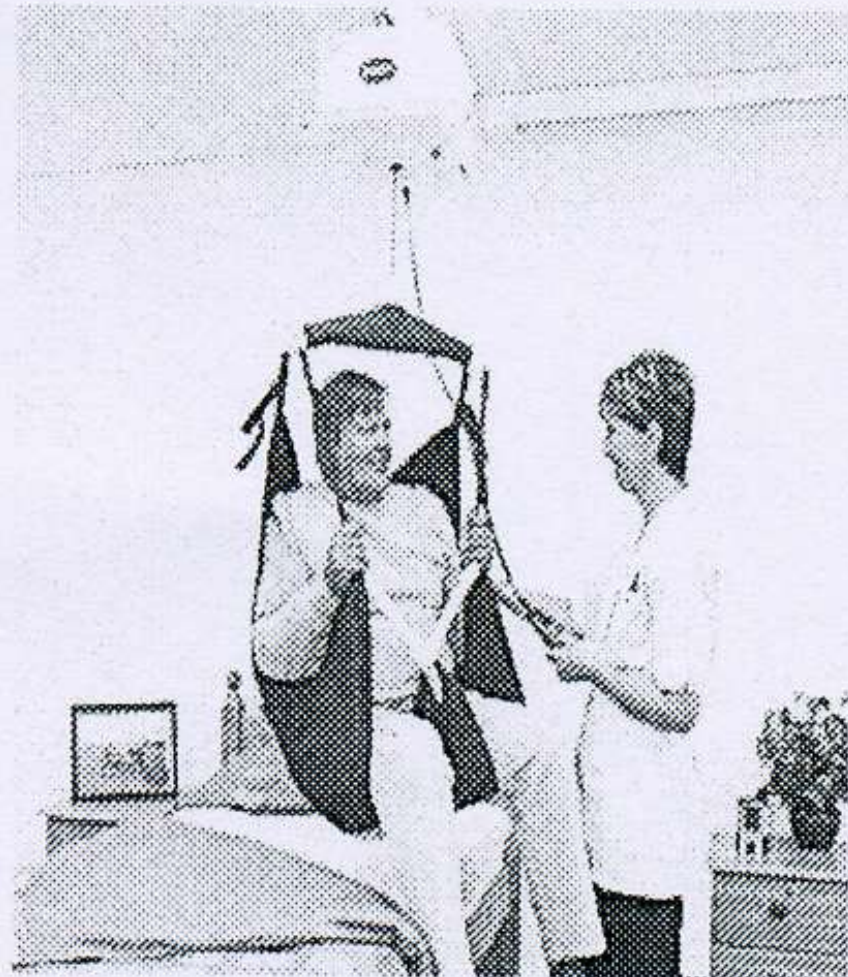
Risk Control

* Team lifting

(Charney et al., 1991;
Charney, 1997)

* No lifting policy

(Dixon et al., 1996; Collins et al.,
2004; Engkvist, 2000)



7. What is a No Lifting Policy?

- * Manual handling of patients/residents should be eliminated or minimised wherever possible
- * Methods and aids used to provide the highest level of protection to staff and patients/residents

8.1 How to implement NLP

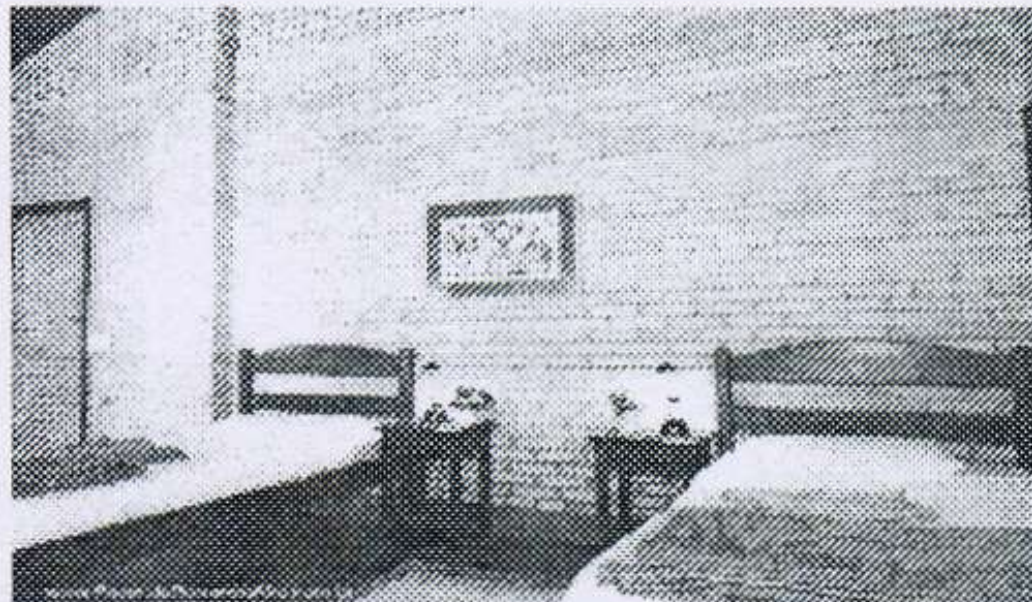
- * Use mechanical lifting aides & equipment
- * Assess and review a patient/resident's handling needs and ability
- * Conduct manual handling risk assessment
- * Maintain a resident's mobility & independence
- * Encourage a resident to assist

8.2 How to implement a NLP?

- * Conduct training & competency test
- * Consult staff in the selection of aids & equipment
- * Ensure equipment is adequate & easily accessible
- * Maintain equipment in good working order
- * Provide adequate staffing levels

8.3 How to implement a NLP?

- *Ensure sufficient & clear space for manual handling
- *Provide adequate space for equipment storage



5.5 Increase patient/resident comfort

- * ↑ Comfort
- * ↑ Mobility
- * ↑ Independence
- * ↑ Morale
- * ↓ Injury e.g. skin tears, bruising, fracture



(Owen & Fragala, 1999; Zhuang et al., 1999, 2000; Owen et al., 2002; Nelson et al., 2003b)

9.2 Effectiveness of NLP

- * ↓ Staff injury rate (Victorian Government Department of Human Services, 2002)
- * Comply with OS&H Regulation – CAP509A
- * Reduce costs (Spiegel et al., 2002)
- * Improve staff morale (Doyle et al., 2003)

9.3 Effectiveness of NLP

- * Evidence based (Nelson & Baptiste, 2004)
- * Proven effectiveness (Victorian Department of Human Services, 2004)
- * Comprehensive program (Highnett, 2003)
- * Team work & participation (Engkvist, 2006)
- * Change the culture (Engkvist, 2006)

10.1 The Impacts and SWOT

- * Strength?
- * Weakness?
- * Opportunities?
- * Threats?



10.2 SWOT

Threats:

- * Assessment by nursing staff, with a physiotherapist when necessary
- * Manual lifting of patients is to be eliminated
- * Extend the policy to allied health staff and all health care sectors

10.3 SWOT

Opportunities:

- * Maintenance of a patient's independence by encouraging mobility
- * Assessment include risk factors such as awkward postures
- * Continuing education & training
- * Adequate equipment & staff

11. Summary / Conclusion

- * NLP is an effective injury prevention program
- * Understand & support NLP
- * Participate in the NLP & OSH Committee
- * Maintain/build-up good rapport with other professionals
- * Improve knowledge & skills

12. Questions?

