Methods for Injury Prevention While Performing High-Risk Tasks in Medical/Surgical Units

Within the medical/surgical environment, there are several high-risk tasks that push the limits of human capabilities. Patient care risk factors that can potentially lead to caregiver injuries include but are not limited to:

- Heavy Loads
- Sustained Awkward Positions
- Bending and Twisting
- Reaching
- Fatigue or Stress
- Force
- Standing for Long Periods of Time

The first line of defense in risk management is known as “Engineering Controls”. Engineering controls can be defined as equipment, devices or instruments that remove or isolate a hazard. Technological advances over the past several years have addressed patient care ergonomics primarily in the area of horizontal and vertical patient transfers. Equipment is now available for addressing the most strenuous tasks that caregivers perform:

- Transfer From Bed to Chair (Mechanical Lift)
- Transfer From Bed to Stretcher (Mechanical Lift)
- Moving Occupied Bed or Stretcher (Powered Beds or Bed Moving Equipment)
- Weighing a Patient (Mechanical Lift With Built In Scale)
- Reposition Patient Up Or Down In Bed (Friction-Reducing Devices)

However, there are still several tasks in the medical/surgical environment that are potentially physically taxing where technological solutions are not yet available. In these instances, the preferred risk management vehicle that should be utilized is known as “Work Practice Controls”. Work practice controls can be defined as modifications in technique that reduce or eliminate the likelihood of exposure by altering the manner in which a task is performed. Examples of work practice controls that can be utilized in the medical/surgical environment include adjusting the height of the bed to reduce awkward posture, reducing employee exposure time through job rotation and/or frequent rest breaks, requiring two or more staff members for performing high-risk tasks, etc.

Examples of high-risk tasks in the medical/surgical environment where technological solutions are not yet available that should consider work practice controls include but are not limited to:

- Bathing a patient in bed
- Extensive dressing changes
- Undressing/dressing a patient
- Feeding bedridden patient
- Reposition patient in bed from side to side
- Making occupied bed
- Applying anti-embolism stockings

A successful injury prevention program in the medical/surgical environment will encompass both engineering and work practice controls to minimize the risk of caregiver injury. Please contact your United Heartland Loss Control Consultant for assistance with implementing these injury prevention strategies within your facility.