



JessenDakile (Pty) Ltd.

Leaders in Accessibility Solutions
RAMPS • HOISTS • LIFTING PLATFORMS & BATHROOMS

CREATING ACCESS, MOBILITY AND INDEPENDENCE FOR PEOPLE WITH DISABILITIES AND THE ELDERLY

CASE STUDY

Riverside Manor Retirement Village

'No lift' Policy & Safe Patient Handling - Guldmann Hoist in Riverside Manor Retirement Village

Riverside Manor Retirement Village is situated in Sunninghill and meets the needs of over 55's offering independent living, medium and fail care.

Their secure well-planned grounds have individual homes and apartment blocks as well as a Community Centre, Assisted Living Suites and a Comprehensive Frail Care Facility, which looks more like a hotel than an assisted care facility. Rooms are spacious and the lounges and eating areas are tastefully decorated and completely accessible. There is 24 hour medical response and security.

The entire staff compliment is friendly and approachable, from the cleaners up to the manager Linda Venter, who believes in protecting not only the elderly and infirm residents but her staff as well. To do this she has had a Guldmann Pontus ceiling hoist installed and all staff had been trained by JessenDakile's Hospital Consultant on usage.

International Best Practice states that there should be a **No-Lift policy** in place, but unfortunately South Africa still opts for physical handling of patients and the elderly. This can cause *skin-shear*, a condition that can lead to *pressure sores*, and with compromised immune systems and fragile skin due to medications, the options of hoisting a person with limited contact to the skin are far superior to manual handling. The chances of the elderly falling when getting into or out of bed are far greater, and hoisting avoids these possible disasters waiting to happen!

What is Safe Patient Handling

Every day, nurses suffer career-ending and life-altering injuries from repeatedly lifting and moving patients. Healthcare workers are over represented specifically for upper extremity musculoskeletal disorders (MSD) among worker's compensation claims.

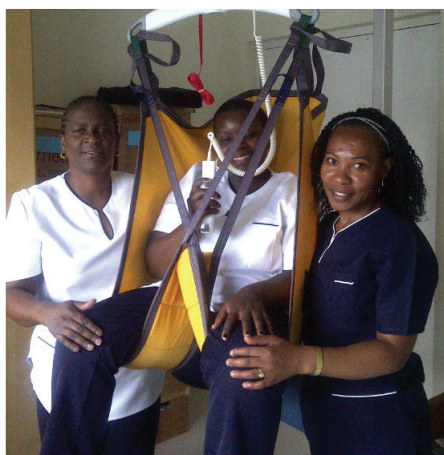
Injured nurses contribute to about one-fourth of all claims and one-third of total compensation costs. In order to prevent injury and protect nurses' wellbeing in the workplace, health care facilities need to implement sound ergonomics programs.

Safe patient handling (SPH) is the term referring to policies and programs that enable nurses to move patients in a way that does not cause strain or injury. The Occupational Safety and Health Administration (OSHA)

recommends that manual lifting of patients be minimized in all cases and eliminated when feasible and that employers should put an effective ergonomics process in place that provides management, involves employees, identifies problems, implements solutions, addresses injury reports, provides training, and evaluates ergonomic efforts.

Background on SPH

Despite the recognition that manual patient handling is a high-hazard task, few health care organizations in the United States (U.S.) today have adequate equipment, designed specifically to lift and move patients, or safe patient handling programs including ergonomic training and leadership support to meet the needs of nurses and other health care personnel who repetitively lift and moving patients.



According to the Bureau of Labor Statistics (BLS), nursing aides, orderlies, and attendants reported the highest numbers of work-related musculoskeletal disorders (WMSDs) requiring days away from work in 2009 (BLS, 2009). This group was ranked first on the top ten list of occupations in the U.S. reporting the highest numbers of WMSD's requiring days away from work. Registered nurses were ranked sixth on this top ten list of selected occupations (BLS. In 2009).

In 2009, over 46,000 registered nurses, licensed practical nurses, nurse's aides, orderlies, attendants, emergency medical technicians, paramedics, home health aides and personal care aides reported WMSDs injuries (BLS, 2009). More than one third of back injuries among nurses have been associated with the handling of patients and the frequency with which nurses are required to move them. It is estimated that the cost to the nation in 2008 was 7.4 billion dollars in direct and indirect costs for worker's compensation claims, medical bills, and staff replacements for health care workers (U.S. Senate, 2010; UMass, 2011). *Injured nurses constitute about one-fourth of all claims and one-third of total compensation costs.*

The BLS tracks injuries reported by the private and public sectors which are used to plan strategies to reduce numbers of injuries in targeted occupations such as nursing. The ANA statistics demonstrated that between 2000 and 2009, the numbers of WMSDs reported by RNs changed little over the last decade, demonstrating the need for continued efforts on a national scale for ANA to work with its' partners, the National Institute of Occupational Safety and Health (NIOSH), Department of Veterans Affairs, and others, to promote funding for research and innovative solutions to reduce these numbers

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor, February 14, 2011

If you wish to hear more about Guldmann Hoist products and JessenDakile's experience in this field, please contact us on 011 793 6260.

Kind regards

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