



Safe client handling and mobility in the home healthcare environment



Introduction

This RiskTopic explores possibilities regarding why home healthcare workers may be injured while assisting in client care, particularly when aiding in mobility and client handling. It also offers guidance regarding how workers may safely move clients using safe client handling techniques and any available mobility technology.

Most Americans may suffer from back pain in their lifetime, often due to work activity. Home healthcare workers are particularly vulnerable to the potential of back pain and injuries, as they often work in clients' homes with minimal assistance when treating and handling clients.

Discussion

There are several reasons why home healthcare workers may experience back pain and/or may obtain on-the-job injuries. They may:

- Be in need of physical conditioning or weight loss.
- Have predisposed diseases, birth defects, or a history of chronic overuse.
- Have been insufficiently trained in safety client handling and mobility techniques.
- Improperly lift and handle clients.

For the purposes of this RiskTopic, we will primarily discuss the potential for injury from client handling and mobility.

The most common actions taken by home healthcare workers when assisting with client movement are:

- **Repositioning** the client while turning or pulling him/her up in bed.
- **Lifting** the client from the bed, chair or floor (e.g., after a fall).
- **Transferring** the client from chair to bed and back.

Although this RiskTopic concentrates on **client handling and mobility assistance**, additional duties performed by home healthcare workers that could result in back and shoulder pain and injury may include:

- **Reaching over** to grasp items off shelves.
- **Lifting or carrying** awkward-sized objects.
- Working in **awkward positions**, such as cramped spaces beside beds and small bathroom areas, particularly around the toilet.
- **Sitting or standing too long**, such as when the workload lessens the ability of the caregiver to take breaks and forces him/her to stand for long periods.
- **Slipping on floors or stairs** due to inattentiveness, or rushing or slipping on a foreign substance (e.g., spilled liquid).



Guidance

Realistically, in a typical home care setting, a caregiver will perform some manual client handling alone. It is important caregivers understand and use good body mechanics, as it may result in reducing stress on the back; however, no amount of safe lift training will make manual lifting of clients completely safe.

With this concern over strain prevention, employers and employees may ask themselves: "What is so wrong with just doing it the 'old-fashioned way,' as long as one follows the correct rules for safe manual lifting?" Take into consideration the human body is simply not built to manually lift heavy objects or people on a regular basis. The force involved can injure discs, muscles, joints and tendons. The use of proper body mechanics is important because this may help reduce the stress on the back. Some considerations to lessen this stress may include:

- Many clients can assist you in some manner. They may not have enough strength to stand alone, but may be able to stand with your assistance. It is important to assess each client as to their ability to assist before going blindly into a full lift, reposition or transfer.
- If friends or family members are available, they can be asked to assist with difficult client movements. These individuals may also give the client more comfort in their personal safety.
- Gait belts are excellent tools to use to help transfer and walk clients. Home healthcare workers should be trained on proper use during orientation. These belts give the caregiver a better grasp and improved control of client movement.
- There are many products out on the market referred to as "slip sheets." These sheets are usually constructed of a slick material and are used mainly in client repositioning. The slip sheet is placed between the bottom bed sheet and the top sheet, and helps when you use the top sheet as a draw sheet to pull the client back up toward the bed's headrest.
- Unfortunately, most homes do not come equipped with lifts attached to beds or free-standing lifts. When available, the caregiver should use them to help with client mobility whenever feasible.

Communication points to use when moving a client

- Tell the client what you plan to do and ask for assistance when possible.
- Ask family members for assistance when it's possible.
- If an employee is placed in a home where his/her personal safety or the client's safety may be an issue, the concerns need to be communicated to the employee's supervisor. When a worker feels they cannot safely care for the client, this should be promptly communicated to the supervisor so the supervisor can investigate and evaluate care options.

Repositioning¹

One of the most common types of strains from client handling involves repositioning clients, usually when the client has slid down toward the end of the bed. Repositioning involves the need to use upper and lower body muscles in sometimes awkward positions. Safe repositioning involves two people and a slide sheet. In the home healthcare environment, neither may be readily available. Here are some points to remember when repositioning clients without assistance and use of a slide sheet.

- Adjust bed height (if possible) to below your waist.
- Work from the side of bed, with feet pointed in direction of movement.
- Get the client's help when it is possible.
- Reach under the client's shoulders and back and slide. Don't lift!
- Keep your feet apart and knees bent.

Turning clients²

to bathe, change linen or check for bedsores is another form of repositioning. Here are some points to consider:

- Raise the bed to at least waist height.
- Cross the client's arms over their chest.
- Bend the client's leg towards you.
- Push gently across the hip and the shoulder so the client rolls away from you.
- Once the client is in a side-lying position, ensure the client's knees and ankles do not rest on each other.
- Place a wedge behind the upper back, support the top leg using a pillow or an appropriate positioning pad, and do the same for the top arm.
- Check for comfort and readjust.

Lifting to a standing position³

- Position the client's feet on the floor and slightly apart.
- Face the client and place his or her hands on the bed or on your shoulders.
- Your feet should be shoulder-width apart with your knees bent.
- Place your arms around the client's back and clasp your hands together.
- Hold the client close to you, lean back, and shift your weight.
- Keep your head and neck in proper alignment with your spine.
- Maintain the natural curve of your spine; do not bend at your waist.
- Use the muscles in your legs to lift.
- If the client is uncooperative, too heavy, or in an awkward position, get help.

Transferring³ clients from bed to chair

- Bring the client to the standing position as previously described.
- Turn your body and the client's body by moving your feet, not by twisting.
- It is crucial this part of the transfer isn't rushed. Talk your client through the transfer.
- Give instructions and encouragement.
- Once the client's legs are touching the bed, chair or other receiving surface, have the client reach back for the arms of the chair or the surface, lowering the client onto the seating area slowly and carefully, bending your knees as you go.
- Clients often try to sit down too soon and/or too fast. Transfers must be performed consistently every time in order for the client to develop good habits for long-term safety.
- When you perform the transfer back to the original seating surface, it is not just reversed. You must always transfer toward the stronger and/or uninjured side, if one exists.

Providing shower or tub assistance

- Prepare the area, equipment (chairs)/supplies and water.
- Escort the client to the bathing area.
- Encourage the client to use grab bars and other safety devices.
- Explain procedures.
- Help the client with undressing and bathing, as needed.
- Keep floors as dry as possible so you and/or your client do not slip and fall.
- When providing toilet assistance, you use basic transfer techniques; however, you may be limited in space in this area, so extra precaution is advised. Stress the use of safety bars and other devices when available.

Falling clients

- Falling clients represent a significant risk of strain to the healthcare worker. It is a normal reaction to try and “catch” a falling client, but this is not the safest technique to employ for the worker or client.
- If a client is falling, do not try to catch him/her. Slide down to the floor with the client.
- If a client has already fallen, get assistance from a family member or contact 911 if you cannot safely lift them off the floor.

Conclusion

Home healthcare workers, by virtue of working without assistance from other caregivers in most circumstances, are particularly vulnerable to obtaining injuries to their backs while performing their work duties with clients. It is important that employers implement strong employee hiring/selection techniques and provide workers with sufficient safety training to aide in injury prevention. Workers should understand and practice safe handling and mobility techniques each workday to prevent injuries to themselves and their clients.

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