





PREVENTING MUSCULOSKELETAL DISORDERS AND **TRAINING**: FAQ'S

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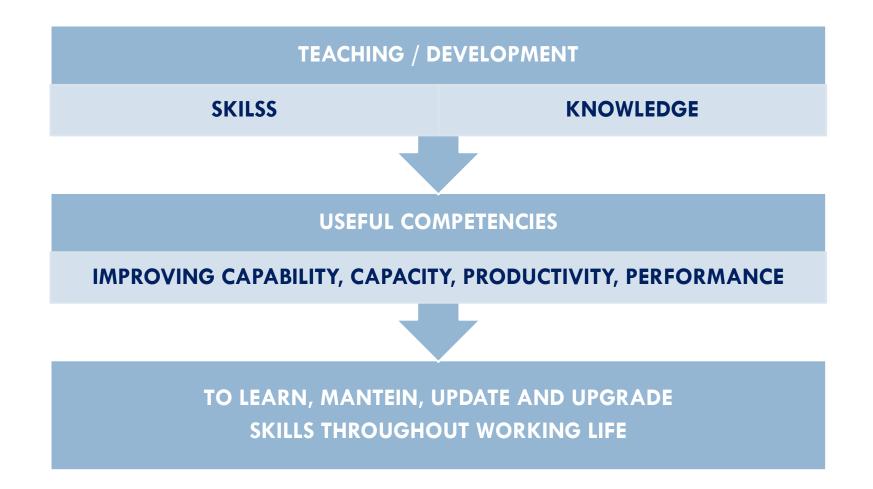
Social partners' conference on approaches to the issue of musculoskeletal disorders

SERVIZO GALEGO de SAÚDE A Coruña Paris, 25 March 2015

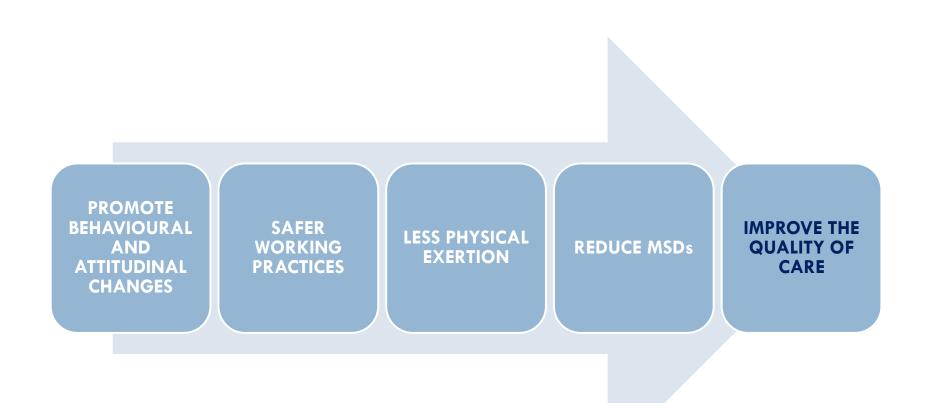


CONCLUSIONS		
HOW	• DO WE KNOW IF OUR TRAINING IS EFFECTIVE?	
WHICH	SHOULD BE THE COMPETENCIES?	
HOW	SHOULD BE THE PROPER TRAINING?	
WHO	MUST BE TRAINED?	
WHY	IS NEEDED?	
WHAT	IS TRAINING?	

WHAT is TRAINING?



WHY is needed?



WHY is needed?

Legal requirements

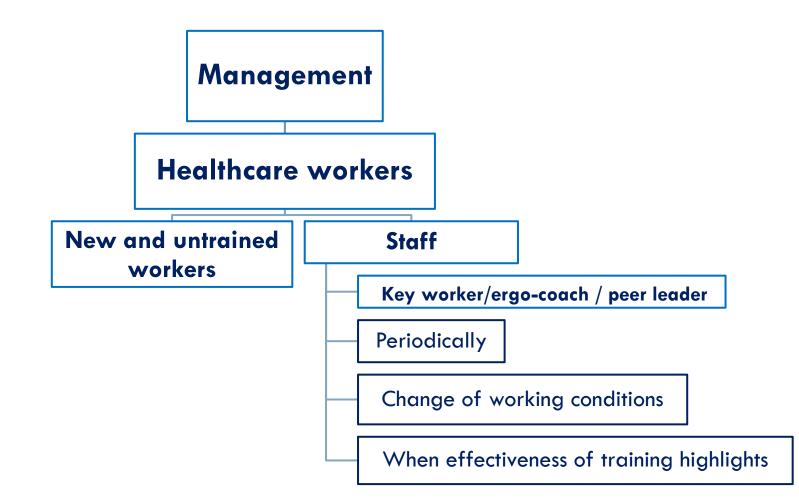
Directive 89/391 EEC (Safety&Health)

Directive 90/269 EEC (Manual handling of loads)

International standards

ISO/TR 12296

Ergonomics - Manual handling of people in the healthcare sector



Caregiver students

ISO/TR 12296

Ergonomics — Manual handling of people in the healthcare sector

If not already provided, it is recommended that the indicated educational contents be included in the teaching programmes of caregiver schools.

NURSING SCHOOLS

Dutch Study

Method: Survey (n= 45 nursing schools, response 80%) and expert meeting

On average 11,4 hour is spend on patient handling, ergonomics

Almost 50% of the schools offer ergonomics as a special subject

80% systematically intertwine patient handling in other subjects

89% of the schools explicitly focus on ergonomics during internships

Ergonomie in de zorgopleiding, Vries EM de, Knibbe NE, Knibbe JJ (LOCOmotion). Gezond & Zeker, Stichting RegioPlus, Zoetermeer (2011)

NURSING SCHOOLS

German Study

Documents on which nursing vocational education is based in different German federal states

Inadequate form of specialist learning materials

Insufficient prerequisites for the proper teaching of Ergonomic Patient Handling among teachers

Lack of regulations governing cooperation between learning sites

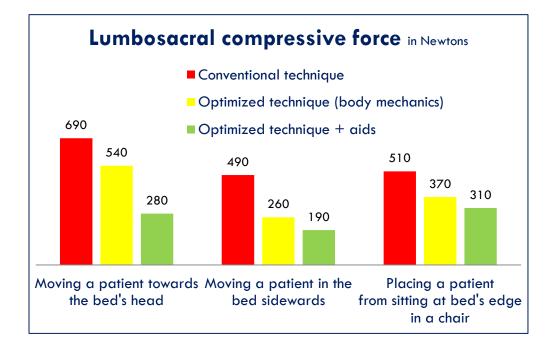
Differences in the implementation of practical training at practical learning sites

Ergonomic patient handling in the nursing vocational education. Current situation in Germany and consequences for action, Hermann S, Michaelis M, Shulz A. (2014)

HOW should NOT be the proper training?

Isolated action

Lifting techniques based solely on "proper" body mechanics

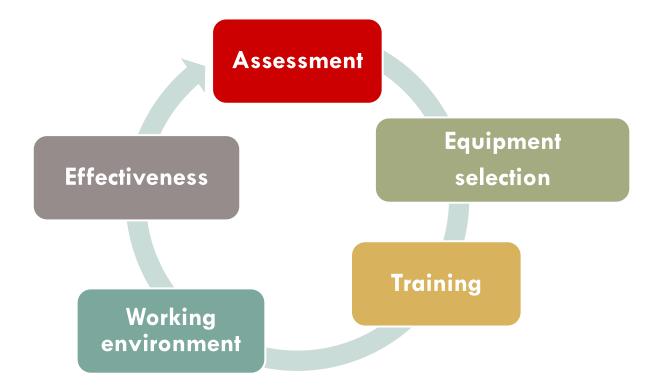


Limits for compressive forces on lumbar discs			
Age	Female		
20	440 N		
30	380 N		
40	320 N		
50	250 N		
≥ 60	180 N		

Dortmund Lumbar Load Study (Jäger, 2007)

HOW should be the proper training?

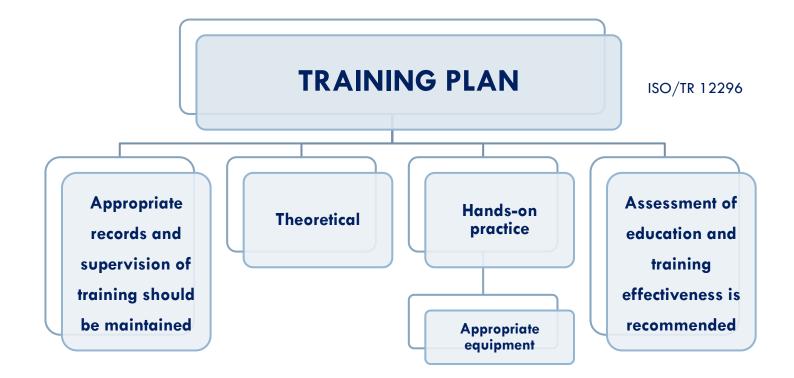
Safe Patient Handling Strategy/POLICY



HOW should be the proper training?



HOW should be the proper training?



WHICH should be the competencies?

ISO/TR 12296









CORE COMPETENCIES

Knowledge of legal responsibilities, local policy and procedures

Understanding potential risk factors in patient handling activities

Acquired basic knowledge of ergonomics, anatomy and biomechanics of the musculoskeletal system, causes of injury and musculoskeletal disorders

Ability to carry out risk assessment of patient's condition

Ability to select and use appropriate equipment safely

Knowledge and skills to apply principles of normal human movement to achieve safer patient handling and maximize patient independence

HOW do we know if our training is effective?

EFFECTIVENESS

ISO/TR 12296

Managers/supervisors monitor compliance with patient handling policies and procedures

Patient handling risk assessments are in place and are implemented

Managers audit and monitor practice in the workplace and correct unsafe practices of staff

Managers monitor the outcomes and effectiveness of the training as an integral part of a risk management system

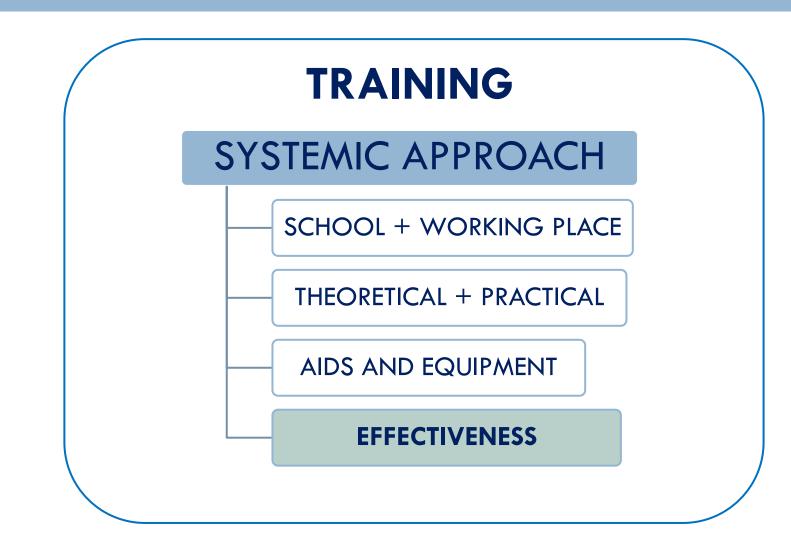
Managers check whether lifting equipment is being stored, serviced and used correctly

Performance is measured against agreed-upon standards; competencies or the work technique are assessed

Reporting and investigation of accidents/incidents which result from patient handling activities

Find out more: TROPHI: development of a tool to measure complex, multi-factorial patient handling interventions, Fray M, Hignett M. Ergonomics (2013)

CONCLUSIONS



MERCI BEAUCOUP!





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