Safe Patient Handling for Spine Injury Trauma Patients

Creating a Culture of Safety for Fairview’s Employees and Patients
Target Audience

This lesson is intended for all healthcare providers that care for trauma patients in a Fairview facility, per unit managers choice.

Contacts

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Estimated Duration and Viewing Instructions

The expected time to complete this learning activity is 15 minutes. If you are unable to complete during scheduled work time it may be completed outside of work with prior approval from your supervisor. Any overtime must be approved.
On completion of this lesson, learners should be able to:

1. Review Fairview’s policy on Safe Patient Handling and Movement
2. Identify the different Safe Patient Handling equipment available within the Fairview System
3. Describe indications and contraindications with use of Hovermatt
4. State considerations for trauma patients
5. Explain how to safely transfer patients with suspected/confirmed spinal trauma
POLICY  SAFE PATIENT HANDLING AND MOVEMENT

- Patient care providers will assess all patient lifting/handling requirements in advance to determine the safest way to accomplish them for both the patient and the employee.

- Mechanical lift equipment and/or approved safe patient handling devices will be used in the lifting and handling of patients whenever possible. If mechanical means of lifting or transfer is not possible or feasible, patient care providers are expected to use safe lifting guidelines.

- Use mechanical lifting devices and other approved patient handling aids in accordance with manufacturer instructions and training.

Link to policy below:
http://intranet.fairview.org/Policies/Category/HumanResources/EOHS/S_046038
SAFE PATIENT HANDLING EQUIPMENT

- Hovermatt (Airmat)
- Ceiling lift
- Mobile lift (Golvo)
- Slider board
- Rollboard
- Zoom cart
- EZ lift/Bariatric EZ lift
- EZ stand
- Lift accessories: repositioning sheet, universal sling, high back sling, lift pants, mastervest, multistraps, extension loops

Pictures of all the Safe Patient Handling Equipment:
http://intranet.fairview.org/fv/groups/intranet/documents/web_content/s_049026.pdf
Hovermatts are the most frequently used piece of SPH equipment used throughout the Fairview System.

Hovermatts can be found in all inpatient care areas as well as ED, Imaging, Periop, & Endoscopy Departments.
Indications for Use

- Lateral transfers
- Repositioning/boosting
- Turning patient on to side

*Mandatory: minimum of 2 person assist*
SAFE PATIENT HANDLING EQUIPMENT
HOVERMATT (AIMAT)

Indications for Use

• Lateral transfers
• Repositioning/boosting
• Turning patient on to side

*Mandatory: minimum of 2 person assist

Contraindications for Use

Patients who are experiencing thoracic, cervical, or lumbar fractures who are deemed unstable.

Source: Hovertech (Hovermatt user manual)

TRAUMA PATIENTS CONSIDERATIONS

Confirmed, potential, and uncleared spinal trauma patients are all treated the same until proven otherwise.

"The diagnosis of an unstable spinal injury and its subsequent management can be difficult, and a missed spine injury can have devastating long-term consequences. **Spinal column injury must therefore be presumed until it is excluded.**"

Trauma.org, 2002
TR A U M A  P A T I E N T S  C O N S I D E R A T I O N S

For the safety of the patient with a mechanism of injury or assessment findings that indicate potential spinal column injury, full spinal alignment must be maintained.

“Stabilization of the spine at the scene of the accident until clinical clearance has proven to reduce the extent of spinal cord injuries......If there is any pain in the thoracic spine or lumbar spine, the patient is maintained in T&L precautions until injury is ruled in or out, and definitive care completed.”

Freeborn, 2005
The American College of Surgeons Committee on Trauma indicates that the logroll technique is used to safely transfer a patient with an unstable or potentially unstable spine.

UMMC and UMCH Pediatric Trauma Services recommends use of the logroll technique for safe transfers of trauma patients.
TRANSFERRING TRAUMA PATIENTS LOG ROLL

The following is required to perform a logroll transfer:

1. Slider board
2. Preplanning and coordination
3. 4 + healthcare providers depending on the size of the patient
4. Maintain neutral anatomic alignment of the vertebral column

American College of Surgeons, 2012
TRANSFERRING TRAUMA PATIENTS

**LOG ROLL**

The 4th person assists with placement or removal of the slider board.

More people may be necessary depending on the size of the patient or concurrent injuries requiring additional stabilization.

One person maintains inline immobilization of the head and neck. **This person coordinates the roll and controls the count.**

Two people roll the chest, pelvis, and limbs.

- On the count of three everyone rolls the patient at the same time.
- The number and degree of rolls should be kept to an **absolute minimum.**

*Brohi, 2002*
“Neutral anatomic alignment of the entire vertebral column must be maintained while rolling or lifting the patient”

(American College of Surgeons, p.190)

- This is applicable for all log rolls and transfers of the patient
- Unless the cervical spine has been cleared, cervical spine precautions must be maintained with log rolls and transfers
- If you are unsure if all or part of the spine is cleared or considered stable, clarify with the physician
Tips on how to maintain neutral anatomic alignment for the full spine once the patient has been log rolled onto the slider board:

Person at the head of the bed maintains cervical spine precautions and controls the count.

Be sure the surfaces are even with one another & at a height that is ergonomically appropriate for the team.

To prevent potential skin shearing/tears, a sheet needs to be placed between the patient and slider board.
Tips on how to maintain neutral anatomic alignment for the full spine once the patient has been log rolled onto the slider board:

The person at the head of bed counts to three and the team collectively moves the patient from surface to surface using the slider board.

The American College of Surgeons state in order to maintain safe movement, 4 or more individuals are needed depending on the size of the patient (p. 190).
Considerations for Transferring Trauma Patients with Hovermatt:

- Until unstable spinal injuries are ruled out, Hovermatt use is contraindicated.
- Therefore, any patient with potentially unstable thoracic, cervical, or lumbar spine should not be transferred with the Hovermatt until their spine is cleared.
- This is pertinent throughout the continuum of care including all inpatient units that care for trauma patients as well as ED, Periop, Imaging, & Endoscopy departments.
Considerations for Transferring Trauma Patients with Hovermatt:

- Due to variances in the patient’s condition and mechanism of injury, you may encounter exceptions where a hovermatt may need to be used despite potential spine injury.


- When in doubt, clarify with the physician
Can a Rollboard be used instead of a Slider Board?  

**NO!**
Safe Patient Handling:
Creating a Culture of Safety for Staff AND Patients

• It is Fairview’s goal to provide a safe environment for both our staff and patients. Supporting this culture of safety takes a collaborative approach among disciplines of care and departments.

• Be sure to communicate decisions made on how to safely transfer the patient to all members of the healthcare team.

• Coordination amongst departments and healthcare disciplines is required to ensure the adequate number of staff are present to safely transfer the patient.

• Ask yourself, “Is this safe for me and is this safe for the patient?”
Culture of Safety for Staff *AND* Patients

Trauma care guidelines are constantly evolving due to new equipment, technology, and research.

_Stay tuned for potential updates and changes in safe patient handling guidelines..._
REFERENCE LIST


http://www.trauma.org/archive/spine/cspine-stab.html


You have finished this lesson!

*There is a test connected to this lesson.*

Once you are finished, close out of the lesson, click on the title again and the test button will be made available.