

Using soaker pads to reposition patients puts workers at risk of musculoskeletal injuries (MSIs) such as sprains and strains. This risk can be controlled by using alternatives.

Soaker pads, also known as incontinence pads or bed pads, are designed to absorb urine. They help keep beds and linens dry and protect patients' skin.

"I understand the challenges workers experience at the bedside. Soaker pads are convenient and easy to access when repositioning a patient; however, misusing them comes with huge risk," says Arvin Cajigas, WorkSafeBC occupational health and safety consultant for health care. "There are a number of injuries related to manually repositioning patients."

Soaker pads should only be used for their intended purpose, notes Cajigas.

Risks of using soaker pads to reposition patients

There are several concerns with using soaker pads to reposition patients in bed:

- Soaker pads are not designed for repositioning patients.
- Soaker pads do not have low-friction properties. Sliding them requires great effort.
- Soaker pads are small and positioned under the lower part of a patient's trunk and upper legs. The pads do not fully support the patient's trunk and shoulders. So using them for repositioning results in an unbalanced load and greater effort.

In fact, using a soaker pad for something other than its intended purpose is against section 4.3(1)(b)(i) of the Occupational Health and Safety Regulation, which states that all equipment must be used in accordance with the manufacturer's instructions.

Controlling the risks of repositioning

So what options do workers have when it comes to moving patients safely? Cajigas says that it comes down to risk assessment to find the best tools for the job.

Employers must identify any risk of musculoskeletal injury to workers, then assess and control those risks using measures that are safest for both the patient and worker. Ideally, risks would be eliminated, but where that is not possible, employers must mitigate risks using other options in the hierarchy of controls: substitution, engineering controls, administrative controls, or personal protective equipment. A single control measure may not eliminate or minimize the risk. In this case, a variety of control measures may be needed.

Employers can purchase a number of mechanical devices and non-mechanical aids, varying from lifts to air-assisted devices and walking slings, and grab bars. Given the changing nature of patient care, the method of control needs to be outlined in a patient's care plan and constantly re-evaluated.

"Workers also have a role in ensuring their safety," notes Cajigas. "They need to participate in the employer's risk assessment process, conduct a 'pointof-care' risk assessment during each patient

interaction, and notify their supervisor if there are any concerns."

Receiving appropriate training

It's not enough just to buy the equipment. All workers responsible for patient moving or handling task must be trained in the safe use of the control measures. If a worker hasn't received training in how to use a piece of equipment, they should let their supervisor know right away.

"Instruction and training are key elements to ensuring that control measures are effectively implemented," says Cajigas. "To retain their knowledge and skills, workers should be encouraged to practise, practise, and practise some more."

To find out more

For more information on patient handling, see the Patient handling webpage on worksafebc.com, which includes resources on:

- Patient Handling: Overhead lifts vs. floor lifts what's the difference?
- Patient Handling: Using slings with overhead lifts and floor lifts
- Point-of-Care Risk Assessments in Long-Term Care

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