



To: ISO TR 12296: Ergonomics – Manual handling of people in the healthcare sector Committee

From: The Association of Safe Patient Handling Professionals

Date: 1.13.12

RE: Editorial Comments for TR 12296

The Association of Safe Patient Handling Professionals (ASPHP) is a non-profit association that brings together like-minded individuals that want to share ideas, support research, and advocate for sound regulatory activity that improves and promotes a safer working environment for all caregivers. We also seek to establish standards and practices for both the practitioner and the facilities where they work.

We appreciate and encourage the efforts made by this ISO Committee to develop consensus standards related to safe patient handling which are in line with current research and best practices. We are happy to offer comments to further develop this standard to encourage consistency of best practice throughout the industry.

On behalf of the ASPHP, we (the Executive Board) welcome any feedback or questions related to the attached comments and recommended changes.

Thank You

Executive Board – Association of Safe Patient Handling Professionals

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Template for comments and secretariat observations

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1	2	(3)	4	5	(6)	(7)
MB ¹	Clause No./ Subclause No./ Annex (e.g. 3.1)	Paragraph/ Figure/Table/ Note (e.g. Table 1)	Type of comment ²	Comment (justification for change) by the MB	Proposed change by the MB	Secretariat observations on each comment submitted
US	Introduction	2	te	It is important to instill a focus on the use of mechanical handling aids as a primary risk reduction strategy.	Manual patient handling should be avoided where possible (EG 90/269/EWG), performed with the use of mechanical handling aids or otherwise completed in a low-risk manner.	
US	Introduction	6	ed/te	Grammatical recommendation and change the word "problems" to "hazards" to be consistent with safety terminology.	Recommendations presented here allow for the identification of hazards and estimation of the risk associated with manual patient handling and the application of solutions.	
US	1 Scope	1	ed	Define the first use of the "TR" acronym.	This Technical Report (TR) provides guidance to assess problems.....	
US	1 Scope	6	ge	This last paragraph is confusing and it is recommended it be restructured and clarified. It is also important that the reader understand that the pushing and pulling of patient handling aids is an important part of the hazard assessment and it is not the intent of this statement to negate that.	The TR provides recommendations for patient handling considering work organization, type and number of patients to be handled, aids, spaces.....	
US	2 Normative References		te	Include ISO 6385:2004 - Ergonomic Principles in the Design of Work Systems as a Normative reference . As ISO 6385 establishes the fundamental principles of ergonomics as basic guidelines for the design of work systems and defines relevant basic terms it is an important reference to include.		
US	3 Terms and definitions	3.1 aids and equipment et al.	ge/te	The term "co-operating" patient is used throughout the document. The use of this term conflicts with terminology commonly used when referring to the ambulatory status of a patient or "mobility". Mobility refers to the physical capacity of a patient to ambulate while co-operative would infer a mental capacity to resist or assist in a transfer. Refer to the "Assessment Criteria and Care Plan for Safe Patient Handling and Movement" incorporated with the algorithms developed by the VA for further clarification of terminology. <u>Please note, this change is recommended for all uses of the term "co-operating" in every section of the</u>	Example: 3.1 aids and equipment any assistive devices eliminating or reducing the caregiver's physical effort during handling of a non or partially weight bearing patient. Example: 3.6 type of patients — totally non weight bearing patient (a patient to be fully handled by a caregiver).	

1 MB = Member body (enter the ISO 3166 two-letter country code, e.g. CN for China; comments from the ISO/CS editing unit are identified by **)

2 Type of comment: ge = general te = technical ed = editorial

NOTE Columns 1, 2, 4, 5 are compulsory.

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US	3 Terms and definitions	3.5 Patient	te/ed	Enhance patient definition to broaden the context of the document to include long term care, home health care and social services. <i>standard.</i>	3.5 patient any individual in an acute care, long term care, assisted living or social service setting who requires assistance to move	
US	4 Recommendations	4.1 General aspects. Para 1	ed	Grammatical recommendation	A systematic review of patient handling literature shows that a strategy for risk assessment and management must be comprehensive (multifactor interventions) to be successful.	
US	4 Recommendations	4.1 General aspects. Para 1	Te/ed	Recommended change to ensure the application of physical controls is integral to any systematic review.	A systematic review on patient handling literature shows that a strategy for risk assessment, application of engineering controls and management must be comprehensive (multifactor interventions) to be successful.	
US	4 Recommendations	4.1 General aspects.. Para 3	ed	A more well-rounded statement is recommended.	The strategy includes the use of managerial processes and systems for reducing the causes and effects of musculoskeletal and other organizational losses from healthcare institutions.	
US	4.2.1 Hazard Identification	Para 1	ed/te	Edit recommended for a more precise statement	A hazard is present when patients are manually handled. The number and type of these patient transfers should be quantified (e.g. on a daily average) in different ways according to the healthcare area considered.	
US	4.2.1.3 Posture and force exertion	Para 1	ed/te	Recommend incorporating the use of equipment when discussing factors related to "Lumbar load".	Lumbar load strongly depends on the mobility status of the patient, equipment in use, posture adopted and the forces exerted by the caregiver to perform the handling action.	
US	4.2.1.3	Para 1 & 2	te/ed	Significant concerns with the last 2 sentences of paragraph 1 and the entire second paragraph. They		

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	Posture and			neglect to state the importance of engineering controls in the prevention of patient handling related injury. Those involved in patient handling safety have worked tirelessly to negate the notion that handling exposures may be mitigated through proper posture. While this is covered in section 4.2.1.4 we would have great concern that the following statement could be misunderstood or taken out of context and therefore recommend revision. A reduction of high lumbar loads can be achieved by using "optimized" transfer modes (i.e. avoiding exertion of high action forces in awkward postures). The caregiver should exert the force with a stable and balanced posture enabling application of his/her body weight to their environment (e.g. bed, chair, patient) and thus minimizing the forces acting on the back and shoulders.		
US	4.2.1.5 Environment	Para 1	te	Thresholds play a significant role in the use of patient movement devices and we recommend inclusion in the list of environmental factors.	Additional factors as thermal constraints, steps, thresholds, obstacles and slippery floors must be considered.	
US	4.2.1.7 Patient's characteristics	Para 1	Te/ed	Recommend amendment of para 1 for grammatical and technical reasons. Detrimental cognitive states may be brought on by medication.	Special hazards may arise if patients oppose the motion for psychiatric or cognitive problems or issues due to medication. In this case, biomechanical load of musculoskeletal structures could be high.	

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