



Scientific documentation

Ceiling lifts

DO ERGONOMIC PRINCIPLES IN PATIENT HANDLING TECHNIQUE HAVE IMPACT ON THE WORK LOAD OF THE HEALTH CARE STAFF?

WHAT ARE THE DIFFERENCES BETWEEN WORK LOADS, WHEN HANDLING FLOOR LIFTS VS. CEILING LIFTS?

DOES IMPLEMENTATION OF CEILING LIFTS HAVE IMPACT ON THE RISK FOR HEALTH CARE WORKER INJURIES?

WHAT IS THE RETURN ON INVESTMENT PERIOD?

Physical work load in patient handling

Health care staff should master patient handling techniques as well as techniques related to the principles for working with friction or non-friction devices. If they succeed in that, the work load is optimized (1, 2, 3).

The work load when handling floor vs. ceiling lifts

Under manoeuvres with a floor lift the interface between the floor surface and the wheels are significant for the friction forces between wheels and floor. Small wheels on a rough surface make a higher load on the low back than large wheels on hard floor. In all cases ceiling mounted lifts impose significantly smaller loads (4).

Reduction of healthcare worker injuries after implementation of ceiling lifts

Several studies show long term effectiveness of use of ceiling lifts in reducing the risk of injury to workers (5, 6, 7). The number of claims, compensation costs, and time loss are shown to decrease after implementation of a ceiling lift program, and continues to decline after the intervention (6, 7).

Return on Investment

The implementation of a ceiling lift program may generate economic benefits due to reduced compensation costs within 3 years of intervention (6).

Conclusion

The rapid economic gain and sustained reduction in the frequency and cost of patient handling injuries strongly advocate for ceiling lift programs as an intervention strategy (6).

References

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