

Research has shown that repositioning residents is a high injury risk task for caregivers.

- Repositioning residents, including turning and lifting or pulling patients up in bed, was ranked as the most likely activity to result in caregiver injuries (Fragala & Pontaini-Bailey, 2003).
- Traditional bed repositioning techniques applied within the healthcare industry present one of the highest occupational risks to caregivers in healthcare (Marras et al., 1999).

Traditional resident repositioning techniques can harm residents.

- When Residents are grasped under the axillae (armpits) and then lifted or pulled toward the head of the bed, caregivers can compress the resident's arteries and damage the brachial plexus which is the bundle of nerves that controls the upper extremity (Metzler & Harr, 1996).

Friction reducing devices have been proven to reduce caregiver injuries.

- Research has indicated that use of friction reducing devices is recommended to decrease the caregiver injury rate associated with resident repositioning (American Nurses Association [ANA], 2003; AOHP, 2004; Bohannon, 1999; Division of Occupational Safety and Health, 2002; Follmer, 2004; Lloyd & Baptiste, 2002; Nelson, Lloyd, Menzel, & Gross, 2003; OSHA, 2003; Retsas & Pinikahana, 1999).
- The traditional lateral transfer device that's widely used in clinical practice: the draw sheet, performed poorly compared to friction reducing devices. Several biomechanical evaluations, including (Lloyd & Baptiste, 2006) recommend using friction reducing devices because draw sheet use exceeds safe human capabilities.

Discussion topics

- Under what circumstances do we use FRDs in our organization?
- What does our policy say about FRDs?
- How comfortable and competent does everyone feel with FRD use?