

SUTN	Ergonómia. Ručná manipulácia s ľuďmi v zdravotníckom sektore (ISO/TR 12296: 2012).	TNI CEN ISO/TR 12296 83 3591
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Ergonomics - Manual handling of people in the healthcare sector (ISO/TR 12296:2012)

Táto technická normalizačná informácia obsahuje anglickú verziu CEN ISO/TR 12296:2013, ISO/TR 12296:2012. This Technical standard information includes the English version of CEN ISO/TR 12296:2013, ISO/TR 12296:2012.

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English Version

**Ergonomics - Manual handling of people in the healthcare sector
(ISO/TR 12296:2012)**

Ergonomie - Manutention manuelle des personnes dans le
secteur de la santé (ISO/TR 12296:2012)

Ergonomie - Manuelles Bewegen von Personen im Bereich
der Pflege (ISO/TR 12296:2012)

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Foreword

The text of ISO/TR 12296:2012 has been prepared by Technical Committee ISO/TC 159 "Ergonomics" of the International Organization for Standardization (ISO) and has been taken over as CEN ISO/TR 12296:2013 by Technical Committee CEN/TC 122 "Ergonomics" the secretariat of which is held by DIN.

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The text of ISO/TR 12296:2012 has been approved by CEN as CEN ISO/TR 12296:2013 without any modification.

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Ergonomics — Manual handling of people in the healthcare sector

*Ergonomie — Manutention manuelle des personnes dans le secteur de
la santé*



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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

In exceptional circumstances, when a technical committee has collected data of a different kind from that which is normally published as an International Standard ("state of the art", for example), it may decide by a simple majority vote of its participating members to publish a Technical Report. A Technical Report is entirely informative in nature and does not have to be reviewed until the data it provides are considered to be no longer valid or useful.

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ISO/TR 12296 was prepared by Technical Committee ISO/TC 159, *Ergonomics*, Subcommittee SC 3, *Anthropometry and biomechanics*.

Introduction

National and international statistics provide evidence that healthcare staff are subject to some of the highest risks of musculoskeletal disorders (particularly for the spine and shoulder), as compared with other jobs.

Manual patient handling often induces high loads on the musculoskeletal systems, in particular on the lower back. Manual patient handling ought to be avoided where possible¹⁾ or be performed in a low-risk manner.

Factors such as the number, capacity, experience and qualification of caregivers can interact with the following conditions to produce an increased risk of musculoskeletal disorders:

- number, type and condition of patients to be handled;
- awkward postures and force exertion;
- inadequacy (or absence) of equipment;
- restricted spaces where patients are handled;
- lack of education and training in caregivers' specific tasks.

An ergonomic approach can have a significant impact on reducing risk from manual patient handling.

A good analysis of work organization, including handling tasks and the above-mentioned risk determinants, is extremely important in reducing risks to caregivers.

The recommendations presented in this Technical Report allow identification of hazards, an estimation of the risk associated with manual patient handling and the application of solutions. They are based primarily on data integration from epidemiological and biomechanical approaches to manual (patient) handling and on the consensus of international experts in patient handling.

The assessment and control of risks associated with other aspects of manual handling can be found in ISO 11228-1, ISO 11228-2, ISO 11228-3 and ISO 11226.

1) As per European Council Directive 90/269/EEC on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers.

Ergonomics — Manual handling of people in the healthcare sector

1 Scope

This Technical Report provides guidance for assessing the problems and risks associated with manual patient handling in the healthcare sector, and for identifying and applying ergonomic strategies and solutions to those problems and risks.

Its main goals are

- to improve caregivers' working conditions by decreasing biomechanical overload risk, thus limiting work-related illness and injury, as well as the consequent costs and absenteeism, and
- to account for patients' care quality, safety, dignity and privacy as regards their needs, including specific personal care and hygiene.

It is intended for all users (or caregivers and workers) involved in healthcare manual handling and, in particular, healthcare managers and workers, occupational safety and health caregivers, producers of assistive devices and equipment, education and training supervisors, and designers of healthcare facilities.

Its recommendations are primarily applicable to the movement of people (adults and children) in the provision of healthcare services in purposely built or adapted buildings and environments. Some recommendations can also be applied to wider areas (e.g. home care, emergency care, voluntary caregivers, cadaver handling).

The recommendations for patient handling take into consideration work organization, type and number of patients to be handled, aids, spaces where patients are handled, as well as caregivers' education and awkward postures, but do not apply to object (movement, transfer, pushing and pulling) or animal handling. Task joint analysis in a daily shift involving patient handling, pulling and pushing or object handling and transport is not considered.